



HM Inspectorate of
Prisons

An Inspection of
Campsfield House
Immigration Removal
Centre

March 2002

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1. Background

The 1999 Immigration and Asylum Act conferred on the Chief Inspector of Prisons the responsibility for the inspection of detention centres in England, Wales and Scotland,¹ which were renamed Removal Centres within the Nationality, Immigration and Asylum Act 2002². Prior to this, any inspection of detention centres took place by invitation of the Secretary of State. Following the introduction of the Detention Centre Rules 2001³ it was decided to carry out full inspections of all the detention centres in the UK and to aggregate the findings in a subsequent discussion paper. Five Centres were originally inspected in February and March 2002, followed by the inspection of the last remaining two in September and October of the same year. This report is being published alongside the other four reports on the Centres inspected in phase one.

Methodology

An Immigration Removal Centre is not a prison. Detainees have not been charged with a criminal offence, nor are they detained through normal judicial processes. Our inspections are therefore based on our assessment of what constitutes a healthy environment for people whose liberty has been temporarily removed from them in these circumstances.

When inspecting prisons, this Inspectorate has produced a detailed set of criteria, called *Expectations*⁴. In recognition of the fact that immigration detainees are different and their treatment and conditions should reflect this, we have produced a different set of *Expectations* to guide the inspection after consultation with a range of relevant groups. These consist of a series of broad outcomes and more detailed expectations for each area inspected. The outcomes are reproduced in the report at the start of each chapter to which they relate, and the expectations will be published later after further consultation.

Similarly, we have adapted the four 'healthy prison tests' that we use in relation to prison establishments⁵ to meet the specific needs and circumstances of immigration detainees. These tests are based upon the

¹ The Immigration and Asylum Act 1999, Part VIII, section 152, paragraph 5.

² Section 66.

³ SI 2001 No.238

⁴ Published as an Annex to the Chief Inspector's Annual Report, 2001

⁵ These tests are that those within an establishment should be safe, treated with respect, able to engage in purposeful activity, and prepared for resettlement.

World Health Organisation's assessment of what constitutes a 'healthy' environment for those deprived of their liberty.

We were assisted in these inspections by inspectors from the Adult Learning Inspectorate and by child care, dental and pharmacy experts. Specialists in psychiatry and immigration law also acted as consultants in these areas and completed case studies for the reports. The detainees who became the subjects of case studies were inevitably those about whom there were concerns, and the published case studies therefore tend to illustrate poorer practice. This is not to say that we did not also find good practice, and where we did, this is highlighted in the report and at the end of each relevant chapter.

As in our inspections of prisons, we carried out surveys of the experience of detainees through a questionnaire, which was compiled and translated into 25 languages. Interpreters representing the main languages spoken in the Centre assisted with a series of focus groups, explained to detainees the purpose of the questionnaire and interpreted for interviews. The fourth chapter of the report records the findings from the focus groups and survey, and the full survey analysis is reproduced in full in Appendix 1.

Acknowledgements

The inspection of Campsfield House was carried out between the 18th and 20th of March 2002. The team consisted of:

Colin Allen	HM Deputy Chief Inspector of Prisons
Monica Lloyd	Head of Thematic Reviews
Marjorie Simonds-Gooding	Consultant Inspector
Rev Jim Siller	Consultant Inspector
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The questionnaire⁶ analysis and management of interpreters⁷ was carried out by:

Victoria Richardson	Senior Research Officer
Sarah Leask	Research Officer

The team were assisted by:

Nicola Rogers	Immigration Law Specialist ⁸
Christina Pourgourides	Consultant Psychiatrist ⁹
Tim Shewin	Pharmacy Inspector
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⁶ Translation arranged by Sally Walker Language Services

⁷ Provided by Lexicon Linguistics

⁸ Garden Court Chambers, Temple

⁹ Sutton South Community Mental Health Team

2. Fact page

Task of the Establishment

The task of Campsfield House is to hold those detained by the Immigration Service as overstayers, illegal entrants or failed asylum seekers prior to their removal from the country. It also holds a proportion of detainees whose cases have not yet been determined, but who are considered to be at risk of absconding.

Location

Kidlington, Oxfordshire

Contractor

Group 4

Number held

184 male detainees, 168 at the time of the inspection

Escort provider

Wackenhut Escorting Services UK

Type of accommodation

There are 184 places for male detainees in 91 rooms with single, double or multiple occupancy within three blocks. All services are located within the main building with the exception of the education facility which is provided in two temporary classrooms within a central courtyard, and a prefabricated two cell separation facility also outside the main building.

Last full inspection

October 1997

3. A Healthy Establishment summary

3.1 We have applied to the inspection of removal centres four tests which we consider determine whether overall they provide a healthy environment. They are:

- *that detainees are held in safety;*
- *that they are treated with respect;*
- *that they are purposefully occupied during the day;*
- *that they are able to keep in contact with the outside world and are prepared for their release, transfer or removal.*

Below, we summarise the findings in this report under those four heads.

Detainees are held in safety

3.2 There are two aspects of safety that relate to immigration detainees who are held for indefinite periods and face involuntary removal from the country. The first is that they are held in a safe custodial environment. This means that a removal centre meets its duty of care in protecting detainees from physical and psychological harm. This includes the management of the risks of fire, accident, violence, intimidation and mistreatment; it also includes the quality of mental health care provided. The second is that the inevitable insecurity of their position is not exacerbated by being unable to obtain timely information about the progress of their cases, by anxiety about welfare concerns outside, or by difficulty accessing competent legal advice which may prevent their removal to an unsafe country or situation.

3.3 In applying this test we have been mindful that detainees had received a major setback by being taken into detention and were facing an uncertain future. In these circumstances we did not expect them to report feelings of wellbeing, but we did expect that they would feel safe within the Centre. From the survey of detainees at Campsfield House only a third felt safe on their first night and after a few days this had fallen to less than a quarter (22%), and those who said they did not feel safe (52%) said they felt this way most of the time. Detainees were not able to lock the doors to their rooms and nor were they locked in by staff. The connecting doors between the blocks were only locked down at midnight. Only 30% of detainees claimed that staff had enquired after their wellbeing, despite this being a requirement under the Detention Centre Rules¹⁰, and there were no call bells anywhere in the detainees' accommodation to summon help from staff. Levels of staff supervision were too low in our view, and we shared the concerns of detainees that they would not be able to evacuate safely in the event of a fire. Detainees reported quite high levels of, though not frequent, verbal and

¹⁰ SI 2001 No 238

physical victimisation by staff and other detainees, and a degree of sexual harassment which was virtually non-existent in the other Centres¹¹.

3.4 That said, there had never been a suicide and the Centre staff were experienced at managing distress, self harming behaviour and food refusal within a multi-disciplinary model which included health care and religious affairs staff. The new induction arrangements promised to be able to provide closer supervision and assessment of new arrivals before they were placed in the main accommodation. However, there were no arrangements for dealing with detainees' welfare problems or needs outside the Centre, or their concerns about families left behind. A local consultant psychiatrist was able to offer in-patient beds to those who were sectionable, but those who were not, but who were still in need of psychiatric care remained in the non-therapeutic milieu of the Centre. The nursing staff provided support to those who wished to remain in their quiet room throughout the day and an exceptional rapport existed between the nursing staff and their patients.

3.5 There were major concerns however over access to information about detainees' immigration cases, or to good quality legal representation. Casework was not progressed efficiently and on-site immigration staff had little involvement in this. Many detainees did not know why they were being detained and monthly reviews, where they were occurring, did not inform them about the progress of their cases. Some detainees were not being produced for their bail or appeal hearings, and there was no access to the internet despite the importance to detainees of accessing information about their countries of origin. A significant proportion of detainees had no legal advice or representation, and many did not know how to obtain it. A number were receiving an inadequate service and there was no monitoring of its quality.

3.6 We could not conclude overall that Campsfield House was a safe custodial environment, though the quality of multi-disciplinary work with the vulnerable was very good. There was also no effective system for providing advice and help with detainees' welfare problems outside the Centre. The level of information about the progress of cases and access to legal support was poor and afforded little protection against the damaging effect of unanticipated and indeterminate detention.

Detainees are treated with respect as individuals

3.7 This test concerns the extent to which the Centre meets detainees' basic needs to be treated humanely and with compassion. It applies to all aspects of Centre life, but specifically it concerns staff attitudes to detainees, the way they are received into the establishment, the provision of interpreters and translated information, race relations and concern for welfare needs. It also concerns the quality of accommodation, food, healthcare and the regime, the provision of an effective complaints system and the means for detainees to be able to practise their faith.

¹¹ From the way this question was asked it was not possible to tell whether unwanted sexual attention came from staff or detainees, though we think it more likely that it came from detainees.

3.8 There were long delays in reception for those being admitted and the area was too small for the numbers passing through. Although there were photographs of the Centre on display, there was a lack of written information in the languages of detainees explaining where they were and how the Centre operated. Searching was carried out sensitively and strip searching only on the basis of a positive indication. But detainees were not aware they could use the staff phone in reception, and those who had been taken into detention without warning or who were being discharged without warning were not able to pass on this essential information. There was also no system for identifying and addressing immediate welfare concerns.

3.9 The Healthcare centre was new and provided good accommodation and the medical staff had received specialist training in the health needs of asylum seekers and the Islamic culture. Long term detainees were given a thorough health check and completed a health questionnaire in their own language. They were checked for TB and offered vaccination with no compulsion. Specialist HIV counselling and treatment was also available. Patients were asked about previous mistreatment, though specialist interpreters were not used, and two thirds of those claiming to have health problems associated with mistreatment had revealed these to health care staff.

3.10 The accommodation was of a good standard though detainees did not all have a chair or access to a table in their rooms. There was a no-smoking policy, which was enforced, and an incentive scheme to encourage pride in their surroundings. There were low levels of vandalism and graffiti. Detainees were able to wear and launder their own clothes, had access to good showers at any time and experienced full access to the Centre's facilities except for a period overnight when they were confined to their accommodation blocks and encouraged to remain in their rooms. The system for receiving phone calls was the best we had seen in the detention estate, and there was no intrusive tannoy.

3.11 There was good provision for detainees to worship in their own faith and all enjoyed a high level of pastoral care from the Manager of Religious Affairs, though the facilities for Christian worship were not ideal. The food was varied, balanced and culturally suitable and meals were provided at suitably spaced intervals with snacks in between, though packed lunches were not reaching those being discharged. The Centre shop did not provide a sufficient range of products or phone cards and there was confusion about who was eligible for free toiletries and phone cards. Ongoing efforts were being made to consult with detainees about the food and the shop, with mixed results. Staff did not readily engage with detainees and the attitude of some suggested that they did not have a wide appreciation of the cultures and conflicts which characterised the backgrounds of different national groups. Detainees had direct access to the Visiting Committee and were able to make an official complaint, though they had no access to an independent Ombudsman if they were dissatisfied with how their complaints had been handled. The lack of interpreters was a major omission.

3.12 Overall, we conclude that Campsfield House treated detainees with respect. The accommodation was in good order and the facilities provided were generous within the physical limitations of the Centre. Those who were vulnerable were monitored and supported by good multi-disciplinary work that included very good input from healthcare staff. There was a need for more training to help residential staff understand

the backgrounds of detainees and engage with them, and scope for more translated information and use of interpreters.

Detainees are engaged in constructive activity

3.13 This test concerns the extent to which a full regime is provided, together with the incentive to engage with it so that detainees are able to keep themselves active, fit and healthy during the time they are detained.

3.14 Education was delivered to a good standard by the local education authority and met detainees' interests in English and IT. In addition dedicated activities staff worked alongside teachers and games staff and provided a range of competitive events and entertainment, and encouraged participation. There was a well-equipped fitness room providing good access, induction and qualified supervision, and sports kit was provided. The library was popular and provided computer games, board games and weekly newspapers in most of the relevant languages, but not the internet. However, detainees felt under-occupied and about half expressed a desire to work.

3.15 We conclude that Campsfield House afforded a good level of constructive activity, though not enough to satisfy the needs of detainees, and there were no opportunities for paid work.

Detainees are able to keep in contact with the outside world and prepare for their release, transfer or removal

3.16 This test concerns the extent to which the damaging effect of detention is mitigated by opportunities to keep in touch with family, friends and the outside world and to access crucial information about the situation in countries of origin. It also concerns the extent to which the Centre assists detainees to prepare for their release, transfer or removal by providing adequate notice and help to prepare a viable release plan.

3.17 The provision for visits was good, but the visits room was barely adequate in size. The system for sending and receiving mail and faxes worked well, as did that for receiving incoming phone calls. However the price of phone cards was prohibitive, particularly for international calls, and funds for the provision of free phone cards for those without means had been exhausted.

3.18 There was also no acceptance of any obligation on the part of the Immigration Service to prepare detainees either for their transfer to another place of detention, temporary admission to the country or removal from the UK. Detainees were given insufficient warning of their next move and were unable to prepare themselves or inform their families, friends or legal representatives what was happening to them. Those granted admission to the UK for the first time were given no help to orient themselves to life in the UK or to understand the system that would support them. Those being removed were lucky to have more than three days notice, and some did not have that. There was no removal plan which ensured that their affairs in the UK

were closed and they knew what to do on arrival at their next destination. No-one would choose to board a plane in these circumstances, and it was inappropriate to expect detainees to do so.

3.19 We conclude that Campsfield House succeeded in allowing detainees to keep in touch with the outside world through phone, fax and visits, but that there was insufficient preparation for release, transfer or removal.

Conclusion

3.20 We could not conclude that Campsfield House was a place of safety, mainly because of poor levels of supervision and despite the best efforts of most staff. Detainees were however treated with respect in terms of the quality of custodial care, health care and pastoral care they received. However, there was a blindness to their welfare needs outside, and a lack of information about their cases or access to competent independent advice and representation. Detainees were, however, professionally served in terms of activities and entertainment within the limits of a regime that did not allow paid work, but they were inadequately prepared for their release, transfer or removal.

4. What detainees told us

This section reports the combined results of the questionnaire and what we were told by detainees, via interpreters, on the first day of the inspection. 84 filled in questionnaires¹² and we spoke to Albanian, Algerian, Hindi, Punjabi and Urdu and English speaking detainees in groups. The results are reported here with little interpretation, though they are discussed further in the body of the report.

4.1 From the questionnaire, the most common nationality was Pakistani (14%), Nigerian (10%) and Albanian (10%). In terms of language 20% spoke English, 13% Urdu, 10% Albanian and 10% Punjabi. Three-quarters (67%) understood some spoken English and over half (56%) understood some written English.

4.2 The majority of the questionnaire sample (72%) had been in detention elsewhere before arriving at Campsfield House. Almost three-quarters (74%) of the sample had been in detention here or somewhere else for over a month. The longest time spent at Campsfield House was eight months, and the largest single proportion of people (38%) had been in Campsfield House for between two and four months.

4.3 Detainees were asked what they were doing either in the UK or in their home country before they came into detention. The information was not given in almost a third of cases, but for those who did reply the following occupations were given:

- Student 19% (n=11)
- Skilled craftsman 10% (n=6)
- Business man 5% (n=3)
- Shop keeper/salesman 5% (n=3)
- Merchant/ trader 5% (n=3)
- Computer engineer/consultant 3% (n=2)
- Manager 3% (n=2)
- Cleaner 3% (n=2)
- Builder 3% (n=2)
- Unemployed 7% (n=4)
- Many jobs 5% (n=3)

Occupations also mentioned by individual detainees were: seaman, teacher, farmer, journalist, medical profession, a broker, media, ironing job, government worker, organiser of games, driver and self employed.

¹² The full analysis is included in Appendix 1.

4.4 Two fifths (43%) of the detainees sampled had children. In almost two-thirds (61%) of these cases the children were in the detainees' home country. For the most part, the children were looked after by the second parent or family member.

4.5 Discussion with detainees in groups, and comments made in the questionnaires were mixed with regard to their treatment by staff and the standard of custodial care. Some said that staff 'wound them up' on purpose and others said the staff were helpful and kind. In the questionnaire, detainees were asked whether a member of staff had asked after their well being since they had been at the Centre, to which the vast majority (70%) answered 'no'.

4.6 There was also a good deal of frustration expressed by detainees who did not know what was happening with their cases. Many said they did not know where they were going until they arrived at the removal centre, they were not given the reason for detention or told how long they might expect to be detained. From the survey, two-thirds were told why they were being detained in a language that they could understand and 56% were given written reasons why they were being detained. There were mixed feelings about how easy or difficult it was to see an immigration officer. Nineteen percent thought it was easy, 20% not easy or difficult and 25% difficult. The largest proportion 36%, however, did not know, though the Punjabi, Urdu and Hindi speaking group said that they had been seen by immigration officers on reception. The English speaking group said that if you ask an immigration officer a question the answer was always 'I don't know'. Of those eligible for a monthly review, 38% had had one but 52% had not. For 38% of those who had had a review, it had been on time, whilst for 38% it had not. Legal representatives were rarely present to explain the results. On the basis of such uncertainty about their cases they were relatively unconcerned about their treatment and conditions at the Centre. One asked, "who cares about life at Campsfield House?" A similar comment from the Algerian group was "The psychological effect of detention is bigger than life here".

4.7 Under a third (29%) of those surveyed remembered being told what would happen on their first night or day at the Centre. The largest proportion, 61% did not feel they had been told. The majority of detainees, 67%, felt that the search procedure on arrival had been carried out in a sensitive way. Only a third of the detainees (34%) said that they felt safe on their first night at Campsfield House, and 58% said they did not.

4.8 We were told that detainees were confused about how to get legal advice and what assistance was available. From the survey the majority of detainees had a solicitor or legal representative, but 21% did not, and of these only nine percent knew how to get legal advice. In groups we were told that it was difficult to contact the Refugee Legal Centre (RLC), the Immigration Advisory Service (IAS) or Asylum Link (a local voluntary organisation offering advice).

4.9 Many told us that they had been living in the UK for a number of years before being detained, others said they had been in the country only a few days. These differing needs created their own problems and a large proportion of the surveyed detainees (82%) identified problems which had been caused by their detention. Of the 55 detainees who claimed they had problems these were identified as:

- *Not knowing what was happening to them* 50% (n=26)
- *No-one was looking after their families* 29% (n=15)
- *Needing to let someone know where they were* 19% (n=10)
- *Having property on the outside* 17% (n=9)
- *No-one was looking after their pets* 10% (n=5)

In addition, other areas of concern to the detainees were:

- *I am depressed and physically and mentally I am suffering* 15% (n=8)
- *I am worried about my family* 10% (n=5)
- *I am too far from home for visits/lawyer* 6% (n=3)
- *I am worried about my future* 4% (n=2)
- *Came from one persecution to another* 4% (n=2)

4.10 There were complaints from the groups about a number of aspects of day to day living arrangements, and there was no detainee consultative committee to discuss these issues:

- *They did not like the midnight curfew which was imposed on them.*
- *Some personal lockers were insecure and items had been stolen from them.*
- *The reward scheme for having a clean room was unfair because it was not consistently applied.*
- *Algerians were not allowed to share the same room.*
- *There was concern that there would be another fire as some had experienced this both at Yarlswood and previously at Campsfield House.*

4.11 In terms of the food, detainees complained that food was not allowed in the rooms and there was no snack provided after 6pm¹³. With the shop closing in the evening, they could not purchase a snack to eat with their drink. From the survey, just over half (55%) felt they did have enough to eat, 34% felt that it was well cooked but 62% did not and about half (49%) felt that it met their religious needs. Only a quarter said that it met their dietary and cultural needs. The English speaking group told us that the kitchen Halal meat was used in traditionally 'English' meals rather than in those more suited to minority ethnic tastes. Further, pre-selected meals could not be changed.

4.12 Questionnaire results indicated that about half (53%) claimed they could see a minister of their own religion (30% said they couldn't, 16% that they didn't know and eight percent that they didn't want to).¹⁴

4.13 The majority (82%) of the detainees who completed the survey said they had no money to spend in the shop and of these a large proportion (82%) said that they were not provided with enough toiletries by the Centre.¹⁵ In the groups we were told that detainees received a £3 phone card in reception but were refused further cards regardless of their circumstances. Of those who had money, 62% could get what they needed from the shop.

4.14 Almost all (92%) wore their own clothes though a half said they did not have enough changes of clothes. One detainee said he had only one pair of tracksuit

¹³ In fact tea, coffee and biscuits were provided at 9pm.

¹⁴ See 9.12

¹⁵ see 5.15

bottoms and a pair of old trainers¹⁶. In terms of private property, over half (57%) said this had been removed when they arrived. Access to property was reported to be rather hit and miss by detainees, 57% said you could access it, 26% said you couldn't and 17% did not know. One detainee complained that he was not allowed access to his debit card, which was in storage, which meant he did not have any money in the Centre.¹⁷ Forty-eight percent of the detainees who were taking medication when they arrived at Campsfield House had this taken away from them on arrival. The majority (86%) were able to take it or similar after consulting with a doctor.

4.15 After being in the Centre for a few days, two-thirds of detainees felt that they understood the rules and routines. However smaller proportions claimed to understand the role of the Visiting Committee (41%) or how to make a complaint (49%). When asked how easy or difficult it was to see a member of the committee, 46% said they could not comment as they did not know who they were. Of those who did, 38% felt it was easy, 31% felt it was neither easy nor difficult and 31% felt that it was difficult. In terms of making a complaint (not necessarily to the Visiting Committee) a quarter had exercised this right, and of these three-quarters were unhappy with the way it was handled.

4.16 Most of the questionnaire sample (89%) had experienced the service from health care and had mixed opinions about it. Thirty-four percent rated it as good, 37% as neither good nor bad and 29% as bad. In the groups, detainees told us that they had complaints about the medical care, although none gave specific details. We were told that it took so long to see the dentist that two had resorted to DIY. From the survey, only 76% said they were given a medical examination by the doctor within 24 hours of arriving at the Centre. This may be because some detainees saw the nurse instead of the doctor. Interpreters (a service mainly provided by other detainees) were used by the doctor in nine percent of cases. In the groups detainees told us they had never seen a 'professional' interpreter in the Centre. Half of the detainees in the survey felt they had problems caused by mistreatment in their home countries. Over half (59%) had spoken to someone in health care about this.

4.17 The uncertainty about the future of the Centre which pervaded the atmosphere at Campsfield House possibly had an impact on detainees' feelings of safety. Over half (52%) said that they did not feel safe, 22% said they did and 26% did not know. Reported levels of insulting remarks made by other detainees (22%) and staff (32%) were quite high. Seven percent claimed to have been physically assaulted by another detainee and 12% claimed to have experienced unwanted sexual attention within the Centre. Fifteen percent also claimed to have been victimised because of their nationality by other detainees. No one in the groups mentioned feeling particularly unsafe. However the Algerian group commented that they felt discriminated against.

4.18 Detainees were not able to work, though over half (59%) expressed a desire to do so. Just over two-fifths (42%) attended education, and 88% of those who did found it helpful. Nearly two-thirds (64%) said there were books in their own language in the library. We spoke to a group of five students and asked them for their views about the

¹⁶ in fact when detainees do not have sufficient changes of clothes they are issued these from store.

¹⁷ in fact detainees were allowed access to their debit cards and Group 4 staff would escort detainees to cash point machines to withdraw cash.

education provision. They felt that the computer resources were good and liked the drop in Centre where learning materials could be borrowed. They were given a flyer to remind them about the classes for the day, but this was written in English. They had huge praise for the teacher and said, "*She is kind and willing to teach and everyone learns here*". Overall, just under a third (32%) said they had enough to do in the Centre.

4.19 With regard to communication with the outside world, detainees reported being able, in most cases (86%), to receive incoming calls and to make outgoing calls (68%). A small number in groups and through the questionnaire told us that there was a long delay before an incoming call was put through to the individual detainee. They also complained that some phones were out of order, and that it was too expensive to call using BT phone cards. Those who had experienced the postal service said they had few problems in sending or receiving mail. Just under a half (48%) had received a social visit from their family or friends and a third (34%) had had a visit from community groups or volunteer visitors. Just over half had received a legal visit and whilst the majority 57% felt that the visit had been long enough to explain their case, a third did not. In terms of how they felt they and their family and friends had been treated, the largest proportion, 48%, felt that they had been treated well, 43% said neither well nor badly and nine percent said badly. In the groups we were told that the visiting area was too small, especially at the weekends.

Summary

4.20 The staff at Campsfield House had a difficult job looking after detainees who did not want to be in the Centre and who did not understand why they were there. The lack of information available to them about their cases was clearly a major source of frustration as was the high cost of calls to legal representatives and loved ones. Levels of victimisation were said to be high compared to other Centres, and detainees did not generally feel safe. They were critical of their treatment by staff and when they were asked to add any other comments about the Centre, the most common was that staff were inconsistent in their treatment of detainees. This perception of unfairness and lack of legitimacy in their situation was pervasive.

5. Reception

We expect that detainees are treated with respect, are able to receive information about the Centre in a language they understand and are shown proper concern for their welfare and safety.

Introduction

5.1 Campsfield House acted both as a long term Removal Centre as well as a staging post for detainees being removed from the country. Many were held overnight only, and sometimes this amounted to only a few hours if they were being removed on early flights the next day. The increase in short stays had increased the pressure on both the arrival and discharge processes and on the arrangements for managing risk of self harm.

5.2 Some detainees arrived directly from ports, some from reporting centres and some from other removal centres. Detainees in groups told us that many of those arriving from other removal centres had not been told where they were going, and some believed they were being released. Many of those arriving from reporting centres did not understand why they were being detained. One commented:

“First when I went in Eaton House (Reporting Centre) for reporting there, they said to me your case is dismissed. Then they bring me here by van. Up to now I am here for five days, but when I came here the officer told me you will be in 48 hours, not more than that. Everyone knows my country’s situation at the moment”.

The Reception Area

5.3 The Reception area was used for both those arriving and those being discharged. In the twelve months before our inspection there had been 1,717 receptions and 1,778 discharges. The holding room was designed for a much smaller anticipated throughput of detainees a day. It measured approximately 18’ x 9’ and held just six chairs, which was totally inadequate for the numbers now passing through. Some sat on the floor with their luggage after long journeys while they waited to be dealt with, and many were frightened as they did not understand where they were. The atmosphere in this room was claustrophobic and tense.

5.4 A board displayed information in a pictorial form about the facilities and amenities in Campsfield House, including photos of the Library, Fitness Suite, Sports Hall and Shop, and there were notices in four languages about the role of the Visiting Committee. This was good practice. A television with video player remained in place

although the information video was out of date and was no longer played. There were no telephones for detainees to contact family, friends or legal representatives, though staff claimed that detainees could use their own phone in an emergency. It was unlikely that detainees were aware of this or knew to ask. By the time they were located in their accommodation it was often too late to contact legal representatives. From the survey, over a quarter (28%) said they were unable to make a telephone call within the first 24 hours of arriving at the Centre.

The Reception Process

5.5 Detainees waited in the holding room for several hours, even when they arrived in small numbers. The numbers being processed were far greater than the facilities or resources could cope with. Detainees were supplied with meals and drinks from the kitchen, but there was no drinks machine. The perception of waiting detainees was that they were not a priority. In our survey, detainees commented:

- *I spent three hours at Reception before they could attend to me, and not that we were many, just five detainees. But they were talking and drinking tea. I got there at 11 pm but left at 2 am.*
- *They make me wait for one hour before they could book me in and it's not as though they were busy or something. They were just taking their time.*

5.6 On the first day of the inspection, there were 39 different nationalities at the Centre but these changed on a daily basis. From our survey a third (33%) of detainees could not understand spoken English and 44% could not understand written English. It was therefore difficult for Reception staff to communicate. They did not introduce themselves or explain the reception process but did the best they could using sign language, and any members of staff who spoke relevant languages were asked to help. Language Line was rarely used (34 times in the past two years). Reception staff completed a computerised record which included any observations of injuries or illness, medical needs, dietary or religious requirements. Once personal details were taken detainees were issued with a Photograph Identity Card which allowed access to all the Centre facilities.

5.7 If detainees had cash with them, they were advised to deposit it in the Centre safe and to keep no more than £50 or equivalent with them. Mobile phones were placed in storage. Apart from keys, money and mobile phones, over half (57%) of the detainees we surveyed told us that other personal property was taken from them. The purpose of this was unclear. Staff told us that only passports and travel documents were taken from detainees to be placed in the safe, though 19% of detainees reported that legal documents had been taken from them. Prescribed medication was also sometimes removed. In our survey 42% of arrivals were taking prescribed medication of whom half (48%) said this was taken from them on arrival. Medication taken away was restored, if appropriate, on departure. The majority (94%) of those who had property taken from them had signed for it, and although they could withdraw property, except mobile phones and medication, at any time, this was not always understood by detainees.

Searching

5.8 The searching process was carried out in a professional manner, although staff did not explain the need for it. A metal detector wand was used following a rub-down search. Two thirds (67%) of detainees in our survey said they were searched in a sensitive and understanding way. If it was considered appropriate that a detainee should have a full strip search for security reasons, this included a search of all clothing and footwear and was carried out by male officers. No such searches were observed during the inspection and we were told that it was only done with the authority of the Duty Manager and on the basis of potential risk of harm. This was good practice.

Provision of Information

5.9 The Notice Board in the Reception holding room was an effective way of giving some information about the Centre, but many detainees were too distressed take in much at this point, and other sources of information were also needed. We were told that information videos had been produced in several languages to be shown in Reception, but no member of staff could find them. Reception staff told us that they were in the Induction Unit and Induction staff told us they were in Reception. We were however shown an excellent Induction Pack that contained detailed information about the Centre in English, but again we could find no copies of this. Reception staff believed these were handed out in the new Induction Unit, and Induction staff believed that Reception handed them out. Reception officers were not dedicated to Reception duties and this added to the lack of clarity about procedures. We were later told that this pack existed in twenty languages, but systems for their issue were not yet established at the time of the inspection.

5.10 In our survey, after a few days only two thirds said they understood the rules and routines of the Centre, half understood how to make a complaint or get a solicitor and less than half understood the role of the Visiting Committee or how to get legal advice. When asked whether it was clearly explained to them what would happen on their first night or first day, nearly two thirds (61%) said that it was not, and 10% did not remember. When asked whether they felt safe on their first night at the Centre, 58% said they had not, and two of these commented that this was because no-one had told them what would happen.

Welfare needs

5.11 From our survey, 39% of detainees with children said they were in Britain, mostly (89%) being looked after by family or friends, but in 11% of cases they did not know who was looking after them. Being unable to telephone from Reception left many detainees increasingly agitated about the welfare of families left behind. Some had previously been held with their families but their family members were released when they were brought to Campsfield House. This was particularly difficult for those cultures where the husband made all the decisions and organised family arrangements. No-one asked about dependants on first arrival and there was no system for acting on any of these problems and concerns.

5.12 Two commented:

- *I can't just sit here in this Centre while my girlfriend who is two months pregnant doesn't even know where I am. If she finds out I am here the worst could happen – she could hurt herself. Besides me she has nothing.*
- *My wife and two children are out and there is no-one to look after them. There is a friend out there, but he has got no time. I am worried about my wife and children.*

5.13 From the survey 82% said they had problems caused by their detention. The following problems were ticked by the proportions in brackets:

- *I don't know what is happening to me* (50%)
- *No-one is looking after my family* (29%)
- *I need to let someone know I am here* (19%)
- *I have property outside* (17%)
- *No-one is looking after my pets* (10%)

The following comments were made by the numbers in brackets:

- *I am depressed and suffering physically and mentally* (n=8)
- *I am worried about my family* (n=5)
- *I am too far from home for visits/lawyer* (n=3)
- *I am worried about my future* (n=3)
- *I came from one persecution to another* (n=2)

Some individual comments were:

- *"Group 4 can't assist in finding a good solicitor"*
- *"I told everyone that I had to make a call but no-one listened"*
- *"It really destroys my business and family"*

Asylum Welcome

5.14 This independent trust provided visitors to detainees and helped with welfare matters, funds and bail sureties where they could, but were only able to work with those detainees who were referred to them. Notices advertising their services in several languages were on notice boards in the Centre, but they were not able to routinely respond to welfare matters from the point of arrival. The Manager of Religious Affairs saw those new arrivals, other than those who were to stay overnight, and took a keen pastoral interest, liaising with Asylum Welcome as appropriate, but it highlighted the need for the Centre as a whole to take welfare needs more seriously.

Essential supplies

5.15 Hygiene packs containing toothbrush, toothpaste, shower gel, shaving cream, comb and razor were issued to all detainees on arrival, though those arriving in the

middle of the night and leaving the next morning were not all issued with a hygiene pack, and often had nothing with them other than the clothes they arrived in. Destitute packs containing toiletries, writing paper, envelope and a £3 phone card were also available for those without means, but staff were not clear who was eligible for them or when they should be replaced. Detainees in groups complained that it was not possible for those without means to get a replacement phone card. The Induction Pack stated that toiletries, soap and toothbrushes could be obtained from the D.I.C on production of their Identity Card, but there was no explanation that D.I.C. meant the Detainee Information Centre. The Campsfield House Procedures Manual also stated that tobacco could be issued at the discretion of officers, but detainees did not know that they could ask for it. From the survey the majority (82%) of those without funds said that they were not provided with sufficient toiletries or phone cards.

Summary and Recommendations

5.16 The reception holding room was too small for the numbers passing through. There were long delays and although there were photos of the Centre on notice boards, the information video was out of date and no longer used. A good information pack in all relevant languages was not yet in regular use. Detainees were 'wanded' with a metal detector and given a rub down search unless there was intelligence to suggest that a body search was necessary. Personal property, legal papers and medication were sometimes removed in reception without obvious reason. Many detainees were troubled by concerns about the welfare of their families or the fate of property or businesses left behind, but they had limited access to phones in reception and there was no system to identify such problems and provide practical help. 'Destitute' packs, hygiene packs, tobacco and phone cards were available for those without means, but staff were confused about who should receive them and how often they should be replaced. Detainees spent their first two nights on an Induction Unit where they received close attention from staff before moving to the main accommodation. Anyone classified as extreme risk was placed in the Isolation Unit for continuous observation.

Recommendations

- 1. A larger room should be allocated as the Reception holding room and this should contain sufficient chairs for all detainees to be able to sit down.*
- 2. The use of the video player to impart information in translation to new arrivals should be re-instated.*
- 3. A telephone with acoustic hood should be installed in Reception and a telephone card provided for the use of arriving and departing detainees.*
- 4. A water machine and facilities to make tea and coffee should be installed.*
- 5. Legal papers should not be removed unless this is the detainee's wish.*
- 6. Dedicated staff should be allocated to Reception and trained in reception duties.*

7. *Detainees should be given written information about the Centre and what will happen to them in the first 24 hours in a language they can understand.*
8. *The policy on the allocation and replenishment of essential items to those without means should be clarified and communicated to all staff and detainees, in line with best practice in other Centres.*
9. *'Destitute' packs should be re-named reception packs.*
10. *A system should be in place for providing help with the legitimate welfare concerns of detainees on first arrival.*

Good Practice

1. *A board displayed information in a pictorial form about the facilities and amenities in Campsfield House.*
2. *Detainees were only strip searched if there was intelligence to suggest that this was necessary.*

6. Accommodation and facilities

We expect that detainees are held in decent conditions in an environment which is safe, well maintained and respectful of cultural norms.

The main accommodation

6.1 There were 184 places for detainees and the Centre had not been asked to exceed this capacity. There were 91 rooms available for accommodation in seven, six, four, two and single rooms in three blocks distinguished from each other by their colour. Pink, yellow and blue blocks offered the same facilities though different size rooms and provided access to showers and toilets as well as outgoing and incoming phones. The allocation of rooms was apparently based on availability and detainees saw this as arbitrary and unfair.

6.2 All the residential accommodation was in good decorative order. The rooms had solid doors and walls and were reasonably insulated against extraneous noise. Despite some complaints about the comfort of mattresses and beds, we found that they were in good condition and reasonably comfortable. The initial provision of bedding and its subsequent laundry was managed well. There was a certain amount of graffiti, chiefly on bedroom notice boards but few displays of material which might be considered offensive. There was a general no smoking rule in the bedrooms. Furniture was just adequate and most detainees had a bed, wardrobe and chair, though no table. Detainees each had a blanket and counterpane, a pillow, pillow slip and two sheets. This was only just sufficient. There were some without chairs, apparently because they were awaiting repair. None of the rooms had privacy locks, though there was a lockable section in each wardrobe to which the detainee had a key. There were no observation panels in the doors.

6.3 All the sanitation and washing facilities were very good. There were no baths but showers were freely available. The provision of floor level toilets was good practice, although one or two of these were lacking hoses. The provision of low level washing facilities was also practical for foot washing. Contract cleaners cleaned the accommodation, but there was an incentive scheme for detainees to keep their rooms clean and tidy and to get up promptly in the morning. This scheme was not universally understood and was a source of some grievance. Detainees were rewarded with a voucher if they scored maximum points or maximum points minus one during any Monday to Friday period. An officer scored each room daily and points were awarded per room as follows:

- *Bed made neatly = 1.*
- *Top of wardrobe clean and tidy = 1.*

- *No old newspapers, books, food = 1.*
- *No graffiti on walls or woodwork = 1.*
- *Out of bed at 9.00 a.m. = 1.*

6.4 Antagonism occurred where it was perceived that other individuals had detracted from the score for the room, particularly by not getting up promptly in the morning, and it was inappropriate that the outcome was based on collective behaviour. Whilst we had sympathy with the aims of this scheme, we felt that it was inappropriate for detainees.

6.5 Detainees were not locked in their rooms and were able to move freely within their accommodation blocks at night. Neither were they able to lock their own doors. Between midnight and 6.30 detainees were encouraged to be in their rooms and accommodation units were locked off from other association areas.

Central facilities

6.6 There were four common rooms to which detainees had access, two smoking and two non-smoking. In addition there was a Christian chapel, a mosque and a multi-faith room to which they had free access. A large room with a lofty roof provided good natural light, heating and ventilation and was used for large screen television viewing and for any Centre wide activity, including religious services. This was a useful and highly valued facility.

The Induction unit

6.7 All detainees were located in the new Induction Unit in nine bedrooms for 48 hours following their reception or until they were settled enough to join the main accommodation. The unit provided a safe space for adjustment after arrival and staff were patient with distressed, confused and sometimes confrontational detainees. However, the presence of those lodging overnight in the induction unit was disruptive, particularly when they were angry about their imminent removal from the country. The accommodation was clean and welcoming and men were shown how to make their beds and what cleanliness and hygiene standards were expected of them in the main unit. Here the doctor and healthcare staff saw them soon after arrival, and liaison between them and the officers was good. However, a new Induction programme had not yet been delivered and staff were unsure of their role and severely handicapped by not being able to communicate with non-English speaking detainees. They were unable to answer legitimate questions and there did not seem to be information packs in any language. Clarification of the respective responsibilities of Reception and Induction staff was needed.

6.8 Most new detainees were unknown quantities, but some had special needs that were identified in advance and communicated to staff by means of a 'special needs' list produced every morning. The categories were:

- *Serious Criminal Act*
- *Suicide or Self Harm Risk*

- *Medical*
- *Disruptive Behaviour*
- *Food and/or Fluid Refuser*
- *Sex Offender*
- *Minor or age dispute case*
- *Violent*

6.9 The Induction Unit enabled staff to get to know a little more about individual detainees before placing them in the main accommodation. The stay of those considered vulnerable or a risk to others could be extended if necessary, but generally after 48 hours detainees were allocated to rooms recommended by reception staff to the Duty Shift Manager, matching nationalities wherever possible. Anyone classified as SN (Special Needs) was placed in the Isolation Unit for continuous observation.

Summary and recommendations

6.10 There was accommodation for up to 184 detainees in three blocks in a range of single, double, four, six and seven bedded rooms. The system for allocating detainees to rooms was based on availability and appeared arbitrary to detainees. The accommodation was in good decorative order and the furniture provided was just sufficient, though there was a shortage of chairs and no tables. There was a no-smoking policy in the bedrooms and two no-smoking common rooms in the Centre. Bedrooms did not have privacy locks, but detainees were able to lock a section in their wardrobes. Low level washing and sanitation facilities were excellent and there was open access to showers. The incentive scheme for keeping rooms clean and tidy needed adjustment and clearer communication. A new Induction Unit had the potential to allow a phased introduction to the Centre and more informed decisions concerning placement in the main accommodation, but the planned induction programme was not yet being delivered. Clarification was needed about the respective roles of reception and induction staff.

Recommendations

1. *Each detainee should have a chair and access to a table in his room.*
2. *Greater effort was needed to explain the reasons for allocation decisions to new detainees.*
3. *The incentive scheme should be based on the behaviour of individuals rather than rooms and the details communicated in the languages of detainees.*
4. *Clarification should be given to staff in Reception and those on the Induction Unit about their respective roles and responsibilities.*
5. *Information packs should be made available to detainees in their own languages.*

Good practice

- 1. Detainees had the use of low level washing and toilet facilities.*
- 2. Detainees spent their first two nights on an Induction Unit where they received close attention from staff before moving to the main accommodation.*

7. Access to legal advice and representation

We expect that detainees are able to obtain expert legal advice and representation from within the Centre and to receive visits and communications from their representatives without difficulty in order to be able to progress their cases efficiently.

Introduction

7.1 The Centre accommodated a large number of long term detainees, the vast majority of whom were detained for longer than one month. Access to good quality legal advice and representation was important in ensuring that the ultimate outcome was based on a full and fair consideration of each individual case.

7.2 Immigration advice and representation is regulated by the Office of the Immigration Services Commissioner (OISC). We expected to find that detainees had access to legal representatives regulated, directly or indirectly, through OISC, and that this facilitated the efficient and effective processing of their cases. We considered it crucial that detainees understood their entitlement to independent legal advice regarding bail, appeals and other aspects of their cases and were able to access this on site.

Access to legal representation

7.3 The questionnaire revealed that after a few days at Campsfield over half of detainees (57%) did not know how to obtain legal advice or get a solicitor. One fifth (21%) were without representation, and more than half of these (55%) reported that they were unable to obtain legal advice. Many were unaware of the services offered by free legal advice centres such as the Refugee Legal Centre or the Immigration Advisory Service, and those who were had experienced difficulties in obtaining representation from either organisation. Asylum Link, a voluntary organisation run by two academics, visited the Centre twice a month and offered limited advice to detainees, normally recommending that they speak to their representatives. This was well meaning but wholly inadequate given the paucity of good legal representation in the area and the lack of interpreters.

7.4 Difficulties in obtaining representation were caused by inadequate funds to purchase telephone cards, the lack of ability to communicate in English, and a lack of

specialist legal representation in the Oxfordshire area, with representatives being unwilling to take on detention cases.

7.5 From the questionnaire, less than half of detainees (44%) had received visits from legal representatives, which is very low given that the vast majority (76%) had been in Campsfield for more than a month. Legal visits were permitted between 9 am and 9 pm every day (apart from an hour and half when the Centre was closed for lunch). Some representatives complained that the hours were rigidly applied which could lead to them having to wait over the lunch break even when they were nearing the end of their consultation, however this was a generous level of access. Detainees were able to communicate with representatives through telephone and fax, though there were no e-mail facilities and detainees without means were not provided with free phone cards.

Case Study – Hasan

Hasan is an Iraqi national of Kurdish origin who spoke no English. He had been detained on arrival in the UK when he claimed asylum some three months earlier. He had no solicitor and did not know how to obtain one as he did not speak English. Neither did he have any phone cards to call a solicitor. He had some contacts in the UK who might have been able to assist him. However his documents with their details had been taken from him when he was arrested and immigration staff had no record of this. He was feeling extremely isolated and helpless.

7.6 Legal representatives were not routinely invited to attend interviews with immigration staff except for substantive asylum interviews, and interpreters were very rarely used. Thus detainees were presented with removal directions and other important decisions without the presence of either their representative or an interpreter to explain the decision or to advise them of its implications.

Legal representation

7.7 Many detainees complained about the failure of their legal representatives to visit or telephone them, to make bail applications on their behalf or progress their cases. Detainees are a particularly vulnerable group, and can be a soft target for exploitation, but no monitoring of the quality of legal representation took place. It appeared that a number of detainees had received wholly inadequate advice and service from their representatives. We came across many instances where representatives did not appear to have made relevant applications or representations to the immigration authorities and where detainees had been given inaccurate advice. There was no information about how to complain about legal representatives, no lists of properly regulated advisers or lawyers, and no information about legal aid, or what a legal representative should be expected to do. Some detainees wanted to change representative but did not know if they could or how to do this.

Case study – Kieran

Kieran is a national of Chad who had arrived in the UK in 2000 and claimed asylum. His asylum claim had been refused. He believes that his representatives had destroyed his case. They had never taken any documents from him concerning the situation in Chad. They had lodged an appeal without taking his instructions. They had visited him once during his five month detention for a very short period of time. They had never made a bail application on his behalf.

Production in court

7.8 Some detainees complained that they had not been produced at bail hearings. The responsibility for producing a detainee in court was split between DEPMU who made the decision and Wackenhut who mounted the escort. For detainees, their only means of finding out if they were going to be present at their court appearances was via immigration officers. However, those on site did not consider production at a bail hearing to be their responsibility, and were not proactive in seeking out this information on behalf of detainees. This was a source of frustration for detainees who should be able to attend their court hearings.

Summary and Recommendations

7.9 A significant proportion of detainees had no legal representation and the majority of the un-represented did not know how to obtain legal advice. Of those who were represented, a number appeared to be receiving an inadequate service. There was no monitoring of the quality of legal representation and no information about the role of OISC. Communication with legal representatives was hampered by the lack of the necessary funds to make phone calls. Detainees were often presented with removal directions and other important decisions without the presence of either their representative or an interpreter. Detainees were not always produced at their bail or appeal hearings.

Recommendations

- 1. Arrangements should be made to ensure that detainees have access to advice and representation from qualified independent legal representatives.*
- 2. Detainees should be told, in a language that they understand, of their rights to bail, appeals and legal aid within 24 hours of arrival at the Centre.*
- 3. The Office of the Immigration Services Commissioner should devise a way of regularly checking the competence of those providing legal advice to detainees, who are in an exceptionally vulnerable situation.*
- 4. Detainees should have information in their own languages about the service they should expect to receive from legal representatives, how to complain if they do not receive it, and how to check whether a representative is properly regulated by OISC or a professional body.*
- 5. Detainees should be able to contact their legal representatives by phone, fax or e-mail without impediment.*
- 6. Detainees should have access to up to date legal text books on immigration law.*

7. *Any information or decisions regarding the individual's detention, movements, immigration status, or removal should be communicated to the detainee and his or her representative without delay.*
8. *Detainees should be able to attend their bail and appeal hearings and should be produced on time.*

8. Casework

We expect detention to be carried out only on the basis of individual reasons which are clearly communicated, and confined to the minimum period necessary.

8.1 We expected to find that the authorities made every effort to expedite the cases of those detained indeterminately for administrative reasons. Specifically we expected that detainees would be told the reasons for their detention in a language they understood, would have their cases progressed efficiently and be fully informed of progress by knowledgeable immigration officers.

Reasons for detention

8.2 Contrary to our expectations, the on site immigration staff did not hold copies of the authority to detain form (IS91) or the reasons for detention (IS91R). The only information they had was that provided in response to any specific queries made of ports or Croydon Enforcement Unit, and any reviews that had been received. Immigration staff complained of difficulties in getting the ports to provide information, and the files were extremely thin. From the questionnaire nearly half of detainees (44%) claimed that they were not given written reasons for their detention in a language they could understand. Many detainees we spoke to were clearly distressed by the manner of their arrest and detention and their lack of understanding of the reasons for it. Neither were immigration officers on site able to explain the decision or influence it in any way.

Case study – Abdul

Abdul is an Iraqi national of Kurdish origin. He had been detained when he claimed asylum 2 months earlier. He had no idea why he had been detained. He spoke no English and did not understand what was going to happen to him. He said he felt like he was in prison. He had a wound on his leg which he said was a bullet wound. He had not shown anyone because he did not see the point. He felt so desperate he had said he wanted to return to Iraq. He understood he would be detained for some time.

8.3 From the questionnaire, half of those (52%) who were due a monthly review of their detention had not received one. Of those who had, only a third (31%) considered that the review had told them about the progress of their cases, and a significant proportion (40%) claimed that the review had not been properly explained to them. These forms were passed to detainees without the use of an interpreter, and the majority of detainees to whom we spoke were confused about why they had been detained in the first place and why they continued to be detained.

Case study – Rachid

Rachid is an Algerian national who had arrived in the UK and claimed asylum in 1999. His claim was still awaiting consideration by the Home Office. In January 2002 he was arrested and detained. He did not understand why. He was told on arrest that he was suspected of terrorism, and as far as he was aware this was still the case. His immigration file revealed in fact that he was no longer the subject of police enquiries and the basis of his detention was unclear. He had not received a monthly review and the little information there was on the immigration file had not been communicated to him. He could not speak English well and his solicitor had not visited him at all since his detention.

Efficiency of casework

8.4 Casework was not conducted by on site immigration staff, but by the port authorities or the Immigration and Nationality Department in Croydon. Immigration officers therefore had no information about casework, appeals or bail applications on file and such information was difficult to obtain, particularly from ports. Although file reviews were supposed to take place, in many cases these were signed off as having been done when there was no information or documentation on the file to review. Such reviews did not merit the name and were simply a paper exercise.

8.5 Where an allegation of torture had been made by a detainee and recorded by medical staff, this was forwarded by the immigration staff to the port authorities or Croydon, but release rarely followed and on site immigration staff had no power to release in these circumstances.

8.6 Communication between immigration staff and detainees was poor, partly due to language difficulties and partly due to lack of ownership of cases. At the time of the inspection induction interviews had just been introduced and reception reports were beginning to be completed, but the files we saw were very thin and rarely contained the most basic of information. Whether the detainee could understand or speak English was only occasionally recorded. From the questionnaire, one third of detainees (33%) did not understand spoken English and rather more (44%) did not understand written English, but neither professional interpreters nor language line were used except for substantive asylum interviews. Thus the little information there was on file was not clearly communicated. Immigration staff stated they were frustrated by repeat applications to see them, but it appeared from the files that where this had happened, the detainees in question were unable to speak English and had been spoken to without an interpreter present.

Case Study – Faraq

Faraq is an Indian national who had been living in the UK for several years. His wife and 3 children also lived in the UK. He was subject to a decision to deport. The port had wanted information about his family in order to establish his circumstances and those of his family. An on site immigration officer had interviewed him without an interpreter, acknowledging he had very limited English. The officer elicited some information which was noted and sent back to the port for consideration. Faraq had no idea about his rights in relation to his deportation and did not feel he had fully explained his circumstances to the officer.

8.7 There was no evidence of any urgency in progressing cases and the on site officers did not think that they had a role in expediting casework. The CIO could only

recall one or two cases where he had questioned continuing detention with either MODCU or port. Indeed from the questionnaire, the vast majority of detainees (76%) had been detained in the Centre for over a month and a fifth had been held at the Centre for more than 4 months.

Case Study – Khalid

Khalid is an Afgani national who had claimed asylum on arrival. He had been in detention for 5 months. The Home Office claimed he was Pakistani and this dispute had continued for the duration. He had given the immigration staff his birth certificate and identity document which he understood had been dismissed by the Home Office as forgeries. He wanted to know on what basis they made that allegation. He could obtain no information from on site immigration staff despite requesting to see them once a fortnight. He believed nothing was happening to progress his case.

8.8 In certain cases where immigration staff had concerns that the detainee would resist removal, the serving of removal directions was delayed. The reasons for withholding this information were understandable, but the practice unacceptable as this effectively prevented individual detainees from taking any further legitimate action to press their cases, or preparing for their release (see 13.7).

Age dispute cases

8.9 Some detainees disputed their ages and stated that they were under 18 and should not be held at Campsfield. Staff generally had to accept the age stated by the Immigration Service, but where there had been real concerns they had notified immigration officers and in the past this had resulted in individuals being released. Medical experts were not called upon to give an opinion. One respondent in our survey claimed to be under age:

"I am a 17 year old boy and the other prisoners ask how a boy of my tender age is in a detention centre. The same question was asked by a Group Four officer. I could not sleep because of the tension one night."

Access to information about countries of origin

8.10 The Chief Immigration Officer estimated that 90% of the population of the Centre were asylum seekers in the appeals process, which made access to up to date information about the political situation in their country of origin very important. However, they had no access to the internet where they could access this information and limited access to specialist foreign journals containing detailed information about the political situation at home, which could be material to their case or their personal safety on return.

Summary and recommendations

8.11 Contrary to our expectations, many detainees did not know why they were being detained and monthly reviews, even where they were occurring, did not inform them

about the progress of their cases. There was no expectation that immigration staff on site would have any involvement in casework and this left detainees feeling frustrated and confused. There were supposed to be local reviews of files but these appeared to be at best cursory and at worse non-existent. Allegations of torture made to medical staff, where passed on to the relevant authorities, rarely resulted in release. Immigration staff did not use interpreters to help explain decisions that were made. Those detainees considered likely to resist removal were not told of this until the last minute, effectively denying them the chance to take any further legitimate action. Medical opinion was not sought in age dispute cases. Access to information about countries of origin was hampered by lack of access to foreign newspapers, internet or e-mail.

Recommendations

- 1. It should be a priority to progress the casework of those held in detention.*
- 2. Detainees should be told the individual reasons for their detention in a language they understand.*
- 3. Detainees should receive monthly reviews on time and in a language they understand, explaining fully any progress in their cases and the reason for continued detention.*
- 4. On site immigration officers should have access to the Asylum Casework Information Database (ACID).*
- 5. The role of on site immigration officers should be reviewed and clarified and their casework responsibilities clearly defined.*
- 6. All cases should be regularly reviewed, minuted and signed by on site immigration officers, with a further monthly review by a Chief Immigration Officer.*
- 7. Interpreters or 'language line' should always be used for interviews where detainees are being informed of important decisions or of their rights.*
- 8. Immigration staff should work with other Centre staff to ensure that detainees are prepared for their removal and given adequate time and facilities to consult their legal representatives.*
- 9. The opinion of medical experts should be sought in age dispute cases.*
- 10. Detainees should have controlled access to the internet.*

9. Duty of Care

We expect Removal Centres to exercise a duty of care to those who have been deprived of their liberty and to provide an ordered and predictable environment in which detainees are able to feel safe and respected.

Good order

9.1 Levels of staff supervision in the residential areas were very low and there were occasions when there appeared to be no uniformed staff at all. This did not provide an appropriate level of safety. There were two rooms in a prefabricated building in an outside space within the Centre that had been constructed to provide a segregation facility. Those behaving in an aggressive or disruptive manner could be segregated here under Detention Centre Rule 42. The use of these rooms was properly documented and its use monitored by members of the Visiting Committee.

Fire safety

9.2 The Centre's record in conducting evacuation practice had caused the Fire Officer concern and an action plan had recently been drafted to drive up performance in this area. The fire indicator panel in the Control room had been replaced in July 2001 after an intolerable number of false indications, but some defects were continuing. Electro-magnetic locks which released doors in a fire and smoke alarms were also frequently found to be faulty. There had been nine requests for maintenance jobs over a two week period in February and two call outs to repair defects caused by vandalism. The Centre was very conscientious about using maintenance contracts to maintain fire safety equipment, but the sheer number of times this had happened gave cause for concern.

9.3 We also had doubts whether if all systems operated properly they would be sufficient to compensate for the absence of a sprinkler system in the event of a fire. The complex design of the stairs and passages in the Centre, the regular turnover of detainees, their recent displacement and general disorientation and the barriers caused by language all conspired to make evacuation in the event of a real fire a far from simple matter. In view of this we believe that further specialist advice should be sought on the fire safety provision.

Health and Safety

9.4 Risk assessments were not complete and did not include assessments of the risks to detainees. This was an omission given the use of shared accommodation and the presence of a number of detainees about whom there were serious criminal concerns. Unusually 12% of survey respondents at Campsfield House claimed to have experienced unwanted sexual attention in the Centre, when the proportion in other Centres was no higher than 1%. The Reception area was also small, very busy and not ligature free and we felt that the risk of self harm was high and should be the subject of a separate risk assessment. Single rooms were allocated as a privilege to those keeping tidy rooms rather than for those with special needs (see 10.16). We felt that this facility could be used more creatively to meet individual needs.

Suicide and self harm procedures

9.5 There had been no deaths in custody during the life of the Centre, despite the desperate state of many of the people it accommodated. Prison service suicide and self harm (F2052) procedures were in place, and a newly formed Suicide Prevention Committee had not yet been able to monitor trends and provision. Training was included in the initial training of custody staff and all were aware of their responsibilities in this area. A core of staff formed a dedicated care team to take a front line role. This was good practice. Immigration staff were aware of suicide and self-harm procedures and brought any concerns they had to the attention of Centre staff, though they were not trained to open F2052SH forms. Neither did escorting staff use this system but passed on any concerns they had informally to reception staff. Given the contact they have with detainees at a very sensitive time, they also should be trained in suicide awareness and be able to open the F2052 SH forms as necessary.

9.6 When a form was raised a designated care team member accompanied the detainee to the health care centre where he was assessed and a named member of custodial staff and named nurse allocated. A care plan was drawn up within the F2052 which specified what action was to be taken. A detainee could be managed on normal location, within health care during the day or within a furnished isolation room with continuous supervision. The form moved with the detainee if he was re-located and a multi-disciplinary case conference was called within 24 hours of the form being opened. During the inspection there were four detainees refusing food and these were being closely monitored by means of the F2052SH system and case conferences were taking place as required.

9.7 The furnished isolation room was bare and narrow, off an even narrower corridor and felt oppressive. Detainees placed here were given continuous supervision by a member of staff from a small room opposite, but there was nothing to provide any distraction. In the month before our inspection this had been used for seven detainees:

- *One who had felt threatened by other detainees*
- *Two who were mentally disturbed (and subsequently admitted to hospital)*
- *One who had been transferred from the Segregation Unit pending removal from the country*
- *One who had refused to leave the Centre and had threatened self harm*

- *One who had exhibited disruptive and anti social behaviour*
- *One who had acted in a bizarre manner*

9.8 From the survey about half of detainees (43%) said there was someone they could speak to in the Centre if they felt upset and half (51%) that there was not. When asked who they would speak to the following were endorsed by the proportions in brackets:

- *Another detainee* (81%)
- *A member of staff* (19%)
- *A psychologist* (10%)
- *Someone from Health care* (10%)
- *Religious minister* (6%)

Other detainees were obviously a major source of support, but so were staff and managers, including health care staff and the religious minister. The finding that half felt there was no-one they could speak to however does reflect a high level of personal isolation and distress. We were told that 'buddying' was in place, whereby a detainee at risk was paired up with another speaking his language. This was good practice.

Anti-bullying

9.9 An anti-bullying policy was in place, but it was a recent addition and not part of established practice. No complaints had been received about bullying, but with low levels of staff supervision it was likely that intimidation and victimisation were taking place.

9.10 Anti-bullying policies are usually based on the results of a bullying survey which provides information about prevalence, type of victimisation and trouble-spots. Our survey provided some relevant information. Only 22% felt safe in the Centre and the same proportion (22%) claimed to have been insulted by other detainees, 15% to have been verbally or physically abused because of their nationality and 7% because of their ethnicity or cultural background. It was claimed that such incidents happened just once or occasionally, but these proportions were high relative to the other Centres. In relation to experiences of victimisation by staff, 32% claimed to have been insulted by staff, 3% hit, kicked or assaulted, 7% verbally or physically abused because of their nationality and 5% because of their cultural or ethnic background. Again the frequency of these experiences were claimed to be low, but the proportions were relatively high in comparison with other Centres and confirm that detainees did indeed feel bullied by detainees and staff. Four per cent claimed they had been made to hand over their property to others and 12% (nine detainees) that they had been sexually harassed in the Centre (compared to a norm of 1% for the other Centres). The latter was a surprising finding, and one that is hard to explain. The way the question was asked did not allow us to determine whether staff or other detainees were alleged to be the source of harassment, and the comments offered did not clarify this. Managers needed to seek out this information, possibly by means of exit interviews, in order to have a clearer picture of the extent of intimidation and victimisation in the Centre.

Religious Affairs

9.11 The Manager of Religious Affairs was an (English) Russian Orthodox priest with a history of association with the Centre in a voluntary capacity before his appointment. He and the visiting Catholic priest had spent periods of time in Eastern Europe and were familiar with the backgrounds and cultures of some of the detainees in their care. The facilities included a Christian chapel and a larger Muslim prayer room to which detainees had free access. The chapel was very small and did not face East/West. In itself it was not entirely fit for its purpose and the Manager of Religious Affairs was concerned that both this space and the Muslim prayer room had come to serve as common rooms for Christian and Muslim detainees as much as places for quiet contemplation and worship. A third room was designated a multi-faith room, but as it held the Sikh Holy Scriptures it had been adopted by the Sikhs as a temple. This room had therefore retained its atmosphere, but had come to exclude those of other faiths, or of no faith, who were without a place for quiet contemplation. It was difficult to see how the facilities could be better used. The Centre did not have purpose built facilities for religious worship, and these had to be created from the existing accommodation. The current provision was well used and clearly meeting a need. Ideally the Centre should be equipped with a separate multi-faith facility which could be used exclusively for spiritual purposes.

9.12 The Manager of Religious Affairs provided four days a week to the Centre and ensured that Christian services were covered by a rota of Catholic, Methodist and United Reformed Church ministers. He had also established an arrangement whereby up to three Anglican ordinands from two Oxford colleges visited to provide weekly bible study classes to those Christians able to speak English. The provision for Muslims, who constituted 45% of the population was not as good. A visiting Imam attended on Saturdays, but there was no pastoral input or attendance for Muslim prayers on Friday. From the survey 53% of detainees said they could see a minister of their own religion and 30% said they could not. A further 16% said they did not know and 8% did not want to.

9.13 The pastoral aspect of provision was very strong. The chaplain saw it as his role to provide support to all detainees, regardless of their religious affiliation and enjoyed good relations with the Asylum Welcome welfare group from which he took referrals. This was good practice. He had access to a discretionary fund from which he was able to purchase and supply cheap international phone cards, and he was trusted and respected by both staff and detainees.

Race Relations

9.14 The ethnic mix of the population at the time of the inspection was 36% black, 34% Asian, 27% white and 1% Roma. This represented the highest proportion of black detainees in all of the Centres inspected at this time.

9.15 There was a very effective Race Relations Liaison Officer (RRLO) who had been two years in post. He confirmed that management interest in the area was growing and that recently he had been receiving more time for his duties. He had just got agreement for a Race Relations Management team (RRMT) with input from managers, but this

had not yet started and the Race Relations Committee included only custodial staff and detainees at the time of the inspection. The RRLO had received Prison Service training and had passed this on to Group 4 staff, but this had not been extended to managers at the time of the inspection. All staff had received one day's training and the RRLO was planning refresher training for the summer. He confirmed from his role as a trainer that there were high levels of ignorance of the backgrounds and experiences of detainees and some intolerant sentiments expressed in training sessions. He was keen to raise understanding of cultural difference by further training including outside speakers, and this should be encouraged.

9.16 The importance of good race relations and the complaints procedure was not explained to new arrivals and this was a major omission. In terms of the catering arrangements, there were regular theme menus providing different national dishes and a "Round the World in 90 Minutes" menu and a "Manager's Special" were being introduced to provide more cultural variety. Care was taken to observe all religious festivals and detainees were asked to help in the planning of menus and arrangements for these festivals. Menus also clearly showed which food was Halal and which was not, and certificates of Halal Approval for three suppliers were shown to us. Despite this effort, from the survey only a quarter of detainees claimed that the food met their cultural needs and 49% their religious needs. Those we spoke to confirmed a high level of dissatisfaction with the variety of the diet (see later).

9.17 There were very few products stocked in the Centre shop appropriate for the different ethnic groups at Campsfield House. A DVD player was in place and there was a limited stock of foreign language films or films with sub titles. The RRLO had plans to increase this stock and this should be encouraged. There were several TV rooms and it would be possible to schedule foreign video showings in different locations in the Centre and advertise these in advance. All terrestrial TV channels and film, sport and music satellite channels were also available.

9.18 There was no ethnic monitoring in place and this made it difficult to establish the extent of racial or national victimisation in the Centre or the take up of activities by ethnicity and nationality. This should be monitored to ensure that no particular national or ethnic group was dominating an activity to the exclusion of others, and include statistical interpretation by means of 'range settings'. Any activity where staff exercised discretion over detainees should be also be monitored for ethnic or national bias on their part, however unwitting, such as the winner of the 'tidy room competition'. This would provide management information about fairness and allow any distorted perceptions of racial or national bias to be rebutted. Our survey indicated that detainees did experience a level of victimisation from both other detainees and staff on the grounds of their ethnicity, although this was not as high as that associated with their nationality. Their comments indicated that this was a complex area. Tensions ran high between detainees anyway and when conflict broke out it was easy to attribute it to national or ethnic differences. The following comments were made:

- *because you are black*
- *90% of Group 4 are white, only three are black out of 30 white, that is racial discrimination by the white community towards blacks*
- *the white colour mostly, whenever see that you're black they take you as nobody ...*
- *racial abuse*

9.19 The RRLO confirmed that racial incidents were under-reported. He claimed he often heard of incidents in conversations with detainees that they had chosen not to act upon. There was a system in place whereby detainees could complain directly to the RRLO by filling in slips available by the Race Relations notice board, though it was difficult to get detainees to believe that this really was confidential. Two serious complaints about staff had been received and passed on to management. Usually complaints about detainee on detainee incidents (which were the most numerous) were dealt with by duty managers in a disciplinary rather than a conciliatory way. The RRLO believed that this represented a missed opportunity for promoting cultural understanding and tolerance and would like to introduce training in solving conflict through conciliation rather than retribution. This is consistent with the new diversity agenda and should be encouraged.

9.20 We recognise that diversity issues in Removal Centres are different from, and in many ways more complex, than those in prisons and need a distinctive approach. Given the importance of nationality as an obvious source of difference, we suggest the policy is expanded to include diversity as well as race relations, with a committee responsible for promoting equality and diversity, delivering staff training and monitoring complaints and take up of activities by ethnic and national group. This committee should also have representation from detainees and outside groups wherever possible, to provide continuity.

The Visiting Committee (VC)

9.21 The Visiting Committee was well established and members were confident in their role. From the survey, almost half of detainees (46%) claimed they did not know who the VC were. Those who did were almost evenly divided between those who thought it was easy to get to see them (38%), those who thought it was difficult (31%) and those who thought it was neither easy nor difficult (31%).

Making complaints

9.22 A custody officer took the role of information officer in the main Centre office and was the first point of call for detainees seeking information or with a grievance. During the inspection this officer was always busy speaking to detainees, and this role was clearly a good way of communicating informally. Detainees could also post a confidential request to see a VC member in a box in the information centre, or request a numbered complaints form. Such complaints were logged when they passed through key stages to their completion, but no-one chased their progress, so that individual complaints could get stuck and this would not be picked up. From the survey about a quarter (26%) had made a complaint, but only 19% of those making a complaint were satisfied with the way it was dealt with. The nature of the comments indicated that it was the decision that they did not agree with rather than the process itself, but there was no access to an independent Ombudsman.

Summary and Recommendations

9.23 Levels of staff supervision in the Centre were very low. Fire safety was an area of ongoing concern and further specialist advice was needed. Health and Safety risk assessments did not cover all the relevant risks to detainees. The reception area, for example, was a high risk place for suicide. There was a high level of suicide awareness among staff and well understood management procedures, though these did not include escorting staff, and the suicide prevention committee was new. A furnished room was available for continuous watch, though this was small and oppressive. About half the detainees reported they could speak to no-one in the Centre if they felt distressed. Claims of victimisation by detainees and staff were high relative to the other centres, though complaints were rare, suggesting that detainees did not have confidence in management to protect them. The chaplain was an established and trusted figure in the Centre who provided a good level of pastoral support. Provision for Christians was greater than that for Muslims and the chapel and prayer room had come to be used as common rooms. More management support was needed for Race Relations in the Centre. Ethnic monitoring should be carried out and the Centre should provide training for all staff in race and diversity. Detainees complained of victimisation on the grounds of both nationality and ethnicity, but did not readily report this to staff. The VC were well established but not well known to detainees. The open access to the information room was good practice.

Recommendations

- 1. Further specialist advice should be sought on the arrangements for fire safety and the merits of installing a sprinkler system.*
- 2. Health and Safety risk assessments of the risks to detainees should be carried out and appropriate action taken, particularly of the risk from fire and from the increased use of the Centre for short stay removals.*
- 3. Both escorting staff and immigration officers should be trained in suicide awareness and be able to raise F2052 SH forms as necessary.*
- 4. Consideration should be given to introducing a buddy scheme.*
- 5. A Suicide Prevention Management committee should meet monthly to oversee the operation of suicide prevention procedures and to monitor trends.*
- 6. Staff should receive training to help them understand the backgrounds of the people in their care and the impact of detention in a foreign country so that they can provide individual support to detainees.*
- 7. Exit interviews should be conducted to glean more information about race relations and victimisation within the Centre.*
- 8. There should be an overall vulnerability committee, which addresses bullying, harassment and self-harm issues.*

9. *There should be a forum for the Manager of Religious Affairs to meet with detainees with interpreters present to discuss the arrangements for the use of space in the Centre for worship and spiritual contemplation.*
10. *Ethnic monitoring data should be interpreted by means of 'range setting' tables.*
11. *There should be a race and diversity committee with detainee representation and/or representation from relevant outside groups.*
12. *It should be the responsibility of a senior manager to chase up the progress of logged complaints and to ensure that they are satisfactorily and promptly resolved.*
13. *Detainees should have access to an independent ombudsman once the avenues of complaint open to them are exhausted.*

Good practice

1. *A core team of dedicated staff took a front line role in the management of those at risk of self harm.*
2. *A 'buddying' scheme was in place, whereby a detainee at risk was paired up with another speaking his language.*
3. *An Information Officer was always in post in the main Centre office and was the first point of call for detainees seeking information or with a grievance.*
4. *The RRLO had clear and laudable aims concerning staff training and the use of conciliation to resolve racial incidents which should be supported.*

10. Healthcare

We expect health care to be provided to the standard of the National Health Service and to include the promotion of wellbeing as well as the prevention and treatment of illness.

10.1 At Campsfield House we expected to find the full range of primary physical and mental health care services available, and access to secondary health care as appropriate. We expected health care staff to be alert to the presence of infectious diseases with public health implications and to possess specialist knowledge of stress disorders and health problems resulting from mistreatment. We also expected there to be policies for the management of food refusers and for the referral to the authorities of those considered to be unfit for detention.

The organisation of healthcare

10.2 A new health care suite had been in operation for about six months and consisted of a manager's office, treatment room, consulting room, a quiet room with two beds, showers, toilets and a large store cupboard. Healthcare services and pharmaceuticals were provided through a contract with Forensic Medical Services (FMS), an independent healthcare contractor. FMS supplied stock pharmaceuticals weekly and the local pharmacy delivered additional items as required each evening, keeping computerised records for these items. Medical cover was provided by a local GP attending two hours each week day and on call for emergencies. Until the beginning of March 2002 the same GP had been attending Campsfield for three years, which had provided stability and continuity of care, but he had felt unable to continue and another GP was fulfilling these duties for one month at the time of the inspection. There had been no induction for this GP before he started in this role. A substantive appointment had yet to be made.

10.3 Nursing was provided by a nurse manager and five full time first level nurses, one of whom held a mental health qualification and another a qualification in tropical diseases. There was no equivalent to a community psychiatric nurse. All the nurses attended annual training with the Medical Foundation for Victims of Torture, which gave them insight into the special needs of asylum seekers. They had also received training at an Islamic centre to help them understand the cultural context of providing health care to Muslim men. This was good practice. The healthcare manager had received training in tropical diseases, post traumatic stress disorder (PTSD), and refugee and asylum law and attended local Primary Care Trust strategy meetings. There had been few, if any, changes to the nursing team and it was obvious that they were united and dedicated to their work. There was no administrative help and the paperwork was completed by the nursing staff, which was a misuse of their skills.

10.4 Nurses were available in the health care centre from 9:00am until 10:00pm seven days a week and a nurse was on call from 10:00pm until the next morning within a 30 minute radius of the Centre. An open door policy operated for detainees apart from 30 minutes at lunch time when the health care centre closed. If a doctor was called out of hours he or she usually carried his/her own emergency medication. For minor complaints we were told that soluble paracetamol and magnesium trisilicate liquid was available from the Centre office.

Case study

Mr LD is a 38-year-old Albanian man who had been in detention since his arrival in the country five months previously. He had been held at Oakington prior to his transfer to Campsfield. One month following his arrival at Campsfield he developed a painful swelling in his cheek and deafness and was transferred to hospital for examination. The hospital arranged for an interpreter to be present. A parapharyngeal mass was noted and he required surgery. At the time of our meeting he was in acute pain following the recent surgery and was appropriately concerned at not having access to analgesia out of hours, a problem being addressed by the health care manager during the day of our inspection. His fitness for detention was questionable.

10.5 Only inhalers and creams were supplied in possession due to perceived risks associated with compliance, comprehension, overdose and hoarding. Just under half (42%) of detainees were taking prescribed medication on arrival and almost half (48%) of these had this removed after discussion with a doctor. Most (86%) claimed that they were still able to take the medication or similar and had experienced no problems with this, though clearly some had. The policy of disallowing medication in possession should be reviewed.

10.6 During the morning, detainees came to collect their medication. Medicines were administered individually in the treatment room which allowed a measure of confidentiality, and recorded on a drug treatment chart. No attempt appeared to be made to follow up those who did not attend for their medication to ensure that this was not due to lack of understanding, but prescriptions did appear to be reviewed regularly. It is now a legal requirement that patients are supplied with Patient Information Leaflets (PILs) with their medication and this should be complied with. Notices in translation should be displayed in the treatment room informing detainees that information leaflets were available and would be translated if required.

10.7 FMS used a health record similar to that used in the Prison Service. A full physical and mental health assessment was documented and continuation notes kept by both doctors and nurses. A consent form was signed by detainees before any information was given to a third party, in line with NHS standards. The records were kept in a locked cupboard accessed by healthcare staff only. Contrary to what we were told in other establishments, detainees did not often arrive with their previous medical records and most detainees were treated as new cases. The lack of administrative help meant that GP records for those who had been living in the community were not obtained, though we were told that a discharge summary was given to each detainee on leaving.

Case study

Mr PS is a 42-year-old Indian man who had been in detention for a month, having lived in the UK for 11 years. He had come to Campsfield directly from a police station. He suffered from diabetes and was initially given a different oral hypoglycaemic than the one prescribed by his GP and was concerned that his diabetic control was not as good. He was concerned that his GP had not been consulted about his previous treatment.

Pharmacy service

10.8 Drugs were stored in the treatment room in two lockable cabinets. The pharmacy inspector believed that these cabinets were not sufficiently secure, although there was a system for key security and one was alarmed. A drugs refrigerator had a maximum/minimum thermometer in place although only the temperature at the time of reading was being recorded. Both temperatures should be recorded daily and the thermometer reset after each reading. Drug stocks appeared to be rotated and checked regularly for expiry dates. Recalls were received via FMS and actioned where appropriate, and waste medicines were returned to the pharmacies for disposal via a licensed contractor. An adrenaline injection was available for use in an emergency, and no controlled drugs were being held at the time of the inspection. Reference sources were available for the staff (BNF and MIMS). There were some concerns over the security of the drugs. The doors to the rooms were of standard construction and access was not limited to healthcare staff. There was also no system for safeguarding the security of the keys to the drugs cupboard which should be deposited in a locked safe in the gate house each evening, with logged access restricted to healthcare staff.

10.9 Both the local community pharmacist and the pharmacist from FMS visited the unit regularly to provide advice and review the service provided. This was good practice. There appeared to have been some concerns in the past as to the level of usage of benzodiazepines, and the pharmacist should continue to monitor this and take steps to develop a formulary with the new medical officer.

Initial healthcare examination

10.10 Detainees were received throughout the night and were seen by the nurse the following afternoon when a thorough health screening was conducted for those who were staying for more than 24 hours. From our survey, 81% of respondents claimed to have seen either a nurse or a doctor in the first 24 hours after arrival. A health assessment questionnaire was translated into 18 different languages and this facilitated the communication of health concerns and medical history where language was a barrier. Detainees were spoken to for some time and their first names were used, which helped build up trust. They were asked in the course of the interview *“have you had serious problems in your own country?”* Where this resulted in the disclosure of torture or mistreatment, injuries were identified, a skin map completed and the details documented in a log. They were then seen by the health care manager who prepared a statement and obtained written consent to disclose this information to the authorities, but there appeared to be no response to such disclosures. This information was also disclosed to legal representatives, but only if detainees consented and

requested that this should happen. There should be a protocol for such disclosure and for the response of the authorities.

Case Study

Mr NP is a 30-year-old Sri Lankan man who has lived in the UK since 1995. He had been arrested and detained some ten days previously. He had been refused asylum and was appealing. He had no complaints about health care at Campsfield having had contact with nursing staff, though he had not been seen by a doctor to date. The nurse who had spoken to him had been helpful and approachable and had questioned him specifically about torture. He then disclosed a history of sexual torture in his country of origin, which was documented in his records. He had not previously disclosed this when making his asylum claim. He was requesting counselling and support from volunteer visitors.

10.11 All new detainees were also asked about previous BCG vaccination against TB. If there was no scar then a Heaf test was offered, with no compulsion, and follow up BCG and a card was given to the detainee confirming the procedure had been carried out. This was good practice. Staff had attended training updates on HIV, TB and malaria and links had been made with the Terence Higgins Trust to provide HIV testing and counselling. A number of detainees with full blown AIDS had been managed at the Centre. This was good practice and the attention given to infectious diseases with serious individual and public health implications was the best we had seen in the detention estate.

Use of interpreters

10.12 Most (86%) of those who had seen a doctor said they had understood what was said, and slightly less (71%) felt that the doctor had understood them. An interpreter was present in just 9% of cases and for the most part (80%) this was a detainee. Health care staff confirmed that they rarely used official interpreters or Language Line. This is inappropriate. Specialist independent interpreters should be provided for sensitive medical interviews.

Access to secondary healthcare

10.13 The Centre did not feature in the local Health Authority Health Improvement Plan linking detainees to local services, but the healthcare manager had developed good links with local providers for mental health, public health and infection control. Patients requiring secondary care were seen at the John Radcliffe Hospital, and those referred to the genito-urinary medicine clinic were seen quickly. The admission of one detainee with dangerously high blood pressure to outside hospital had been effected despite the opposition of the Immigration Service. At the time of the inspection the healthcare manager was in the process of arranging the delivery of on site dental services from the community dental services caravan.

10.14 The practice for handcuffing detainees attending appointments at outside hospitals was variable and based on a risk assessment in the individual case. One detainee reported he had been transported to hospital without restraints but was handcuffed on arrival there, another that he had been handcuffed during transport but

subsequently allowed to see the doctor in private without restraints. One was handcuffed throughout a hospital visit and another two had not been handcuffed at any time during such a visit. Detainees found this particularly humiliating and inappropriate for their status, and we agreed that the presumption should be against the use of restraints unless there is clear evidence of risk of absconding.

10.15 The consultant psychiatrist visited as and when necessary and there had been no difficulty in accessing mental health care. In the previous month there had been four referrals and two admissions for in-patient care. However, there was a large number of detainees who were not sectionable but still in need of psychiatric care. The nursing staff were sensitive to this and provided support to those who wished to escape the non-therapeutic milieu of the Centre by allowing individual detainees to remain in their quiet room throughout the day. At the time of our visit two men were using this facility and returning to their rooms at night when the health care centre closed. Those needing 24 hour care were transferred to Harmondsworth. This arrangement worked well and the rapport that existed between the nursing staff and their patients at Campsfield was exceptional.

Case Study

Mr AC is a 38-year-old Nigerian man who has been in Campsfield for nine months, having previously been held at Harmondsworth, Tinsley House and Oakington. He spoke fluent English, having lived in London prior to his arrest. He had a girlfriend and two-year-old child in the UK who lived in London and were occasionally able to visit. He reported a positive experience of the health care service at Campsfield, saying "People here are good to me". He found access to the doctor straightforward and the staff helpful, and appreciated the use of the quiet room in the health centre. He found the health care manager very helpful and approachable. He had been to the John Radcliffe hospital on one occasion for ophthalmology out patient appointment for a rare and painful eye condition which he felt had been well managed.

Experience of mistreatment in country of origin

10.16 Half of the detainees from our survey claimed to have health problems caused by mistreatment in their country of origin. Of these 59% had spoken about this with health care staff and a further 6% had partially disclosed. The third (34%) who had not done so identified the following reasons:

- *I want to forget about it* n=4
- *No interpreter* n=3
- *Difficult to talk about it* n=2
- *Doctor/nurse don't ask* n=1
- *Doctor/Nurse wouldn't understand* n=1

Comments offered indicated that two did not identify their problems as health problems as they were more psychological.

- *I have psychological problems*
- *I have a great fear, I have no weakness physically, can't sleep - worried about deportation to Algeria.*

10.17 The Doctor used his discretion to declare some patients unfit for detention, but he received little feedback from the Immigration Service, and this did not always result in their release. In these circumstances the healthcare manager had an agreement with Group 4 and the Chief Immigration Officer that such men were to be seen as having special needs and should not to be moved without prior discussion with healthcare. This was inappropriate. If an experienced medical practitioner declared a detainee patient unfit for detention then he should be released and care provided in the community. In all cases feedback should be made to the referring medical officer.

Case study

Mr SM is a 33-year-old Somalian who was detained on arrival and transferred directly to Campsfield House approximately a week prior to our visit. He had received multiple shrapnel wounds having stepped on a landmine and had received surgery in Somalia. He had very poor mobility and was in acute pain. Analgesia was having only a limited effect and he could not have any during the night. The medical officer had expressed concerns about him and he was receiving a prescription for an anti-depressant. He had widespread scarring on face, hands, feet and abdomen. His scars were itchy and he was restless and sleeping very poorly. He was spending most of his time in the quiet room at the health care centre as he felt safer there and was able to isolate himself, but he was desperate to be in hospital. He felt health care staff had been helpful, particularly the nurses. He had received help from other detainees to interpret. He had friends and relatives in London. It was clear he was unfit for detention. A memo in his file from the immigration service indicated that it was simply “bad luck” that he had stepped on a landmine and as this did not constitute torture he did not warrant special treatment.

Food refusal

10.18 The policy for the management of food refusal involved close monitoring by custodial and health care staff. There were four being managed for refusing food at the time of our inspection. It was noteworthy that nursing staff had on occasion stayed overnight to support food refusers outside of their contracted hours.

Detainees’ views about the quality of health care

TABLE 9.1. WHAT DO YOU THINK ABOUT THE HEALTH CARE IN THIS CENTRE?

Good	34% (n=23)
Neither	37% (n=25)
Bad	29% (n=20)
Don't know have not been	11% (n=8)

10.19 In the survey, detainees were about equally divided between those who thought the health care was good, those who thought it was bad and those who thought it was neither. From what was said in the groups, part of the dissatisfaction was due to differing cultural expectations of what was appropriate medical treatment. A regular forum for consultation with detainees when such matters could be raised may help to allay misunderstandings. We had no reason to believe that the health care offered was unsatisfactory.

Summary and Recommendations

10.20 Health care and pharmaceuticals were provided by FMS, and a local pharmacy supplied daily medication as required. The health care suite was new and provided good accommodation. Medical cover was provided by one doctor visiting for two hours on weekdays and five nurses, one dual qualified, providing 13 hours a day on site cover and an out of hours call service. Annual training was undertaken with the Medical Foundation and good informal links had been developed with local services. Only inhalers and creams were allowed in possession and about half of detainees had their medication removed from them in reception. Most appeared to be able to receive equivalent medication dispensed daily, though there was some concern that analgesia was difficult to obtain out of hours. Drugs were stored properly, though their security should be tightened.

10.21 Those detainees remaining longer than 24 hours were given a thorough health check, and completed a health questionnaire in one of 18 languages. Checks for TB were made and vaccination offered with no compulsion. Patients were asked about previous mistreatment, though specialist interpreters were not used. Two thirds of those claiming to have health problems associated with mistreatment in their countries of origin had revealed these to health care staff. Those considered unfit for detention were referred to the authorities but little feedback was received and such patients were not always released. No disclosure was made to legal representatives.

10.22 Secondary healthcare was available via informal links and there was no mention of the needs of detainees in the local health authority Health Improvement Plan. A psychiatrist attended the Centre and admitted those patients who were sectionable. A quiet room was available during the day for those with health problems or who found it difficult to cope with the milieu of the Centre. Appropriate care was provided for those refusing food.

Recommendations

- 1. The new doctor should receive specialist training in the health needs of asylum seekers.*
- 2. Administrative help should be provided to the nursing staff.*
- 3. The Immigration Service should ensure that systems are in place for the transfer of patient healthcare records to the Health Service or another removal centre as required by the Detention Centre Rules.*
- 4. The system for providing simple remedies out of hours should be reviewed.*
- 5. Notices in translation should be displayed in the treatment room informing detainees that information leaflets about their medication would be translated if required.*
- 6. Both the maximum and minimum temperatures of the drugs fridge should be recorded daily and the thermometer reset after each reading.*

7. *The number of drugs cabinets and their security should be reviewed and consideration given to replacing them with additional secure drug cabinets.*
8. *The pharmacist should monitor the usage of benzodiazepines and take steps to develop a formulary with the new medical officer.*
9. *Testing and treatment should be offered for Hepatitis B and HIV, depending on the anticipated length of stay at the Centre.*
10. *Arrangements for the delivery of secondary health care should be formally agreed with the local area Health Authority.*
11. *There should be a presumption against the use of restraints for detainees attending outside hospitals.*
12. *Consent forms should be available for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
13. *There should be a clear Protocol governing the disclosure of information of mistreatment and fitness for detention to the relevant authorities and what action should follow.*
14. *There should be a forum for regular consultation between managers and detainees which could be used to discuss health matters, among other things.*

Good practice

1. *The nurses attended annual training with the Medical Foundation for Victims of Torture and had received cultural awareness training at an Islamic centre.*
2. *A consent form was signed by detainees before any information was given to a third party.*
3. *A health assessment questionnaire was translated into 18 different languages.*
4. *Checks for TB were made and vaccination offered without compulsion. HIV counselling and testing was available from the Terrence Higgins Trust.*
5. *A quiet room in the health care centre provided sanctuary during the day to those unable to cope with the milieu of the Centre.*

11. Regime Activities

We expect the Centre to encourage activities and provide facilities to preserve and promote the mental and physical wellbeing of detainees.

Educational provision

11.1 Education was provided under contract by Oxfordshire County Council and run by a co-ordinator who divided her time between administration and teaching. There were three additional part time teachers and two volunteers. Two had specialist qualifications for teaching English as a foreign language and two for teaching English to adults. This was a popular activity and the subject was taught at three levels and included conversation classes. An additional art teacher was employed for four hours a week to provide Arts and Crafts sessions. Numeracy, drama and occasionally creative writing were also provided. A prefabricated building had been placed in the Centre quadrangle which housed two classrooms, one used primarily for arts and crafts and English, and the other for computer studies, numeracy and English. Thirty-four hours were provided each week, and class sizes for the two months preceding the inspection averaged nine detainees, though there was no monitoring of the take up of activities by ethnicity or nationality. The educational development plan formulated in September and discussed at review meetings had as a target to establish one to one monthly tutorials, but these had not taken place.

11.2 There was careful planning for educational activities. The co-ordinator had schemes of work for most subjects and teachers amended their lesson plans to take account of learners' needs and level of ability. Art activities were less well planned and lacked focus and direction. In one lesson detainees were not given clear information in handouts and an activity officer acting as classroom assistant helped one detainee who was struggling with the task. In another very good drop in computer lesson, differentiated learning materials were used with simple work sheets that contained helpful diagrams and very clear instructions.

11.3 Detainees booked themselves in for classes through the library, and posters and flyers using visual references advertised the service. From the survey, just over a third of detainees (36%) were involved in classes and a further 7% had applied. The most popular classes were English and computing. Of those undertaking education, 70% found it helpful and those we spoke to were very complimentary about the support and kindness shown by the teachers.

Recreational pursuits.

11.4 Dedicated staff were responsible for providing activities. They had a very positive attitude and good relationships with detainees and were willing to amend planned activities or put on extra ones if requested. A competitive team sport took place every day, either football, volleyball, tennis, badminton or shulbach (a larger scale version of shove ha'penny). There were two outside sports areas, one for football and one for volleyball, though outside activities were more staff intensive than inside activities and therefore took place less frequently. To encourage participation, one officer challenged detainees over the tannoy system to beat him at a popular game for money.

11.5 Entertainment included video showings of English speaking films shown on either a large screen or on TV video players. A DVD had recently been purchased and could be used to add subtitles in some languages. Special events were organised by the team leader. At Christmas, a 'Bungee' run was set up and Sumo wrestling costumes hired. A competition took place in the sports hall with the activities team, officers and detainees taking part. More recently an arts week had taken place with an extensive and varied programme of activities including involvement from visiting singers, a jazz band and a local FE College. Participation levels were high with as many as 62 detainees taking part in some activities. The photographic record showed lively interaction between detainees and the activities team. While some activities did celebrate cultural diversity such as African drumming and traditional dancing, the event could have had a more direct focus and theme in this respect.

11.6 There was also a well-equipped fitness room with modern good quality equipment and qualified sports staff. It was open for five sessions between 9.00 a.m. and 9:00 p.m. and records showed attendance was mostly good. Induction sessions were organised at regular times each day to ensure detainees were clear how to use the equipment, and detainees signed to confirm they were. The instructions and statement were in English, as was the signage, although there were some diagrams showing how to use the equipment. Sports kit, including shorts T-shirt or vest, sweat shirt and trainers, was supplied as soon as induction was completed, though there had been problems providing footwear of a suitable quality.

Detainees views of the activities provided

11.7 From the survey, only a quarter (26%) of detainees felt they had enough to do. The unavailability of work was a problem. Almost half (47%) said they wanted to work and only a third (33%) of detainees said they did not want to. When asked what they wanted to do the following were mentioned:

A situation whereby this place is an open camp and you can go out and come back
(n=9)

<i>Any job</i>	<i>(n=7)</i>
<i>Sport</i>	<i>(n=4)</i>
<i>More IT</i>	<i>(n=4)</i>
<i>Something which will be in connection with what I study - electricity, electronics.</i>	<i>(n=3)</i>
<i>More English</i>	<i>(n=2)</i>
<i>I want to see some very good films</i>	<i>(n=2)</i>

More entertainment, more playing games, more books, courses
(n=1)

Swimming

(n=1)

Walking. It does me good

(n=1)

Surf the internet

(n=1)

The internet was an obvious source of activity and entertainment which was missing, and freedom of movement was missed. There were no incentives for participation in activities, which was perhaps a missed opportunity.

Incentives for participation

11.8 There were no incentives for participating in regime activities or for providing support in education or gym, although there was scope for this to happen. Paid work was not available although about half of detainees said they wanted to work. Many had relevant qualifications and skills¹⁸ and these should be exploited wherever possible, for the benefit of detainees and the wider benefit of the Centre. The opportunity to undertake paid work should be restored, and in the interim incentives should be available in the form of shop vouchers or telephone cards to those engaging with the regime by attending education or helping to provide a service in the Centre.

Access to the library and newspapers

11.9 The library was well used and acted as a good social space, though at busy times it was cramped and noisy, with poor ventilation. There had been no librarian since November and officers from green shift took it in turns to provide staff, though a new librarian was about to take up post. Computer and board games were provided as well as daily, weekly and monthly newspapers in various languages. There were three play stations, one Nintendo and two computers used mostly for word processing, but there were insufficient books of an appropriate kind for some nationalities and none for others. From the survey, 57% of detainees said there were books in their languages, but two commented that they were few in number. Book purchasing was done on an ad hoc basis and currently no new stock was being referenced or made available. Copies of the Human Rights Act, the Immigration Act, DC Rules and Race Relations Act were all available, though there were no legal books in any language and no access to the Internet. Dictionaries were provided in 16 different languages with some languages having multiple copies. Videos were not available in languages that matched the population.

Summary and recommendations

11.10 Education was delivered to a good standard by a local college to meet detainees' main interests for English and IT. About a third of detainees attended and

¹⁸ See the list of previous occupations of detainees in Appendix 1.

they were positive about the provision, though planned one to one tutorials had not taken place and there was no monitoring of the take up of activities by ethnicity or nationality. Dedicated activities staff worked alongside teachers and games staff and provided a range of competitive events and entertainment, and encouraged participation. There was a well equipped fitness room providing good access, induction and qualified supervision. The form which detainees signed confirming that induction had been completed was in English only. Sports kit was provided, though there was a shortage of trainers. Detainees felt under-occupied, and the majority wanted to work. The library was popular but cramped and noisy and lacked the services of a qualified librarian at the time of the inspection. Provision for games and weekly newspapers was good but the book stock lacked suitable books in the full range of appropriate languages.

Recommendations

- 1. The education centre should implement its plan to provide one to one tutorials where appropriate.*
- 2. The take up of activities should be monitored by nationality and ethnicity.*
- 3. Paid work should be available for detainees who choose to undertake it.*
- 4. Until such time as paid work is provided incentives should be available to all who participate in the regime or help to provide a service in the Centre.*
- 5. Videos in different languages should be available.*
- 6. The induction completion forms should be available in a range of languages.*
- 7. Sufficient trainers should be provided for all those who wished to take part in gym activities.*
- 8. The book stock in the library should be increased to provide suitable books in the full range of appropriate languages.*
- 9. Detainees should have controlled access to the internet and e-mail*

Good practice

- 1. Dedicated activities staff worked alongside teachers and games staff and provided a range of competitive events and entertainment, and encouraged participation.*
- 2. Dictionaries were provided in 16 languages, with some languages having multiple copies.*

12. Services

We expect that services are available to detainees which allow them to meet their normal everyday needs, without discrimination.

Dining arrangements

12.1 All meals and refreshments were taken in a dining hall, which although small was light and welcoming. Breakfast was served from 7.30 to 9.00, lunch between midday and 13.30 and the evening meal between 17.00 and 18.30. The dining hall was locked at other times, but unlocked for detainees to make themselves hot drinks and have biscuits at 10.00, 15.00 and again in the evening at 21.00. This was good practice. Detainees were able to order food from a pictorial board, which included many choices and clearly indicated which meals were Halal, non-Halal, vegetarian and “Healthy”. Menus were translated into 19 languages and were on a four-week rota with several choices per meal. A “Chef’s Choice” was available for new arrivals and included culturally appropriate and vegetarian choices. These always included a hot vegetarian choice and fish.

12.2 Packed lunches were also provided for those going to court and for those being discharged. These packs included vegetarian sandwiches, a drink and fruit. However, at the time of our inspection, although the kitchen had provided them, the packed meals were not reaching detainees at the point of discharge, and it was not clear what was happening to them. We specifically followed up four who travelled to Lindholme from Campsfield House at the time of our inspection and who had been provided with no packed lunch before their departure. The journey had taken five hours and they had not stopped for lunch or a comfort break. Managers should investigate the provision of these lunches and the Contract Monitor and Visiting Committee should keep this under regular review.

Detainees’ view of the food

TABLE 9.1 QUALITY OF FOOD FROM SURVEY RESULTS

	Yes	
	#	%
Enough to eat?	41	55
Well cooked?	26	34
Meets religious needs?	38	49
Meets dietary needs?	18	25

Meets cultural needs?	19	25
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These results compared unfavourably with those for Oakington where the same company provided the catering. Only 55% of detainees told us that they had enough to eat at Campsfield House, compared to 86% at Oakington. Only a third said the food was well cooked compared with 91% at Oakington, and only a quarter said the food was appropriate for their dietary needs compared to 63% at Oakington. Comments included:

- *The food is lousy I only eat in order to survive. When I don't eat staff ask me why. I tell them but nothing has been done for the last four months.*
- *I also think there needs to be more variety of foods in the canteen, the food needs to be better prepared and more tasty because they're catering for people from different cultures, they need a proper chef.*
- *they should structure African food in our meals because we Africans force ourselves to eat the English meals, which we are not used to.*

12.3 The Catering Manager was well aware of the level of dissatisfaction with the catering from the results of his own questionnaire which was issued to detainees at six-monthly intervals asking for views on variety, choice, taste, appearance, dining room and cleanliness, and suggestions for other menus. From the latest survey, an Action Plan had been prepared with target dates for specific managers. There was also a Detainees' Comments Book and a monthly Catering Committee meeting to which detainees were invited, with very variable rates of attendance. There had been various attempts to encourage attendance, including free phone cards. The Residential Supervisor, Amenities Manager, Contract Monitor and Catering Manager regularly attended these meetings and the Area Catering Manager and Sales Manager from Aramark, who provided the catering, also attended. Changes of supplier had been made, but the cost of translating the menus if they were altered had prevented many of the changes that had been requested. A monthly "Round the World in 90 Minutes" menu and a "Manager's Special" had been introduced to provide more cultural variety. This appeared to be an area where progress was proving difficult to achieve despite the best efforts of managers.

The Kitchen

12.4 The kitchen was clean and well organised and systems conformed to health and hygiene requirements and safe systems of work. The Catering Manager was supported by the Area Catering Manager and had also received advice from the Prison Services Catering Adviser who visited and inspected the kitchen on a regular basis. Staff had received training in basic food handling and regularly received training in general catering, including hygiene and health and safety. Staff working in the kitchen wore protective clothing and had all completed a food hygiene test. There had been specific food handling training for Ramadan. Stocks were rotated regularly and there were appropriate refrigerator and food temperature checks recorded in the kitchen and at the point of serving, monitored by the Catering Manager.

The Centre shop

12.5 The Centre shop was sub-contracted to Aramark and was open from 9am to midday and 1pm to 6pm. Products were correctly and appropriately stored and food products were at ambient temperatures. Detainees were advised on arrival to keep no more than £50 or equivalent currency with them and leave the remainder in the Centre's safe. However, many of the men arrived without any money and staff were unsure in these circumstances what detainees were entitled to. They did not know whether toiletries were free to all or to only those arriving without money, and whether these should be replenished on a regular basis or whether they were only issued on first arrival, although this was clear in the translated House Rules. In our survey, the majority (82%) said they did not have money to spend at the shop. Of these a further 82% said the Centre did not provide them with enough toiletries and four of these said they did not get phone cards. The policy for providing essential items to detainees should be clarified to staff, and clearly communicated to detainees in a language they can understand.

12.6 Of those who said they did have money to spend in the shop, two thirds (62%) said they could get what they needed. There were very few products available which were appropriate for the diverse ethnic population at Campsfield House. Telephone cards were extremely expensive and lasted a short time. They were inadequate for international calls and calls to mobile phones. Detainees could not understand why they were unable to buy international phone cards which charge 2p a minute for international calls. Detainees should not be financially disadvantaged by their detention from keeping in touch with family and friends or legal advisers by telephone.

Laundry

12.7 Detainees were able to wear their own clothes if they had sufficient for laundering. From the questionnaire half of the sample said they were wearing their own clothes and half Centre clothes. Clothing provided was only just sufficient and reasonable as there were many detainees wearing very scruffy tracksuit bottoms. There was good provision of washing machines and dryers for detainees' own use, though detainees were not all clear how to use them. Clear instructions should be provided in the main languages of detainees.

Summary and Recommendations

12.8 The food at Campsfield House was varied, balanced and culturally suitable for the needs of the population, though many detainees did not consider it do be so. Meals were provided at suitably spaced intervals and snacks were provided between meals, though the packed lunches prepared for those being discharged were not reaching them. The religious requirements for the procurement, storage, preparation, distribution and serving of food were properly observed and ongoing efforts were being made to consult with detainees about the food and the shop. These were producing mixed results. The Centre Shop did not fully meet the needs of the detainees either in the

products stocked or in the provision of international phone cards, and there was confusion about who should be given free toiletries and phone cards.

Recommendations

- 1. The kitchen and reception staff should ensure that packed meals provided for detainees who are being discharged actually reach them, and this should be monitored by the Contract Monitor and Visiting Committee.*
- 2. The shop should stock inexpensive national and international telephone cards for use by detainees.*
- 3. A needs assessment should urgently be carried out by Aramark to establish which products should be stocked to meet the cultural and ethnic needs of detainees.*
- 4. The policy for providing essential items to those arriving without money should be clarified to staff, and should include the provision of free toiletries and £5 per week phonecards.*

Good practice

- 1. The dining hall was unlocked for detainees to make themselves hot drinks and have biscuits at 10.00, 15.00 and again in the evening at 21.00.*
- 2. Detainees were consulted about the celebration of religious festivals at appropriate times.*
- 3. Theme evenings were provided by the kitchen which reflected the diversity of the many different nationalities detained at Campsfield House.*

13. Resettlement

We expect that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal.

Visits

13.1 In the visits room there were ten tables each with four chairs, and some tables in the open air for when the weather was good, though it appeared that these would be relatively unsupervised if they were used. Legal visits took place between 9.00 and 21.00 and social visits between 14.00 to 17.00 and 18.00 to 21.00 daily. The room was barely adequate in size given the number of visitors, especially at weekends. There was a small and very good children's play area, good toilets and a baby changing area. As no refreshment could be brought in, baby food and medication was left at visitors' reception and was made available for use during the visit. Visitors passed through a metal detector portal and were 'wanded'. Detainees were given a rub-down search after visits and were only strip searched on the grounds of reasonable suspicion. Visitors were able to bring in money and phone cards for detainees, and this was good practice. There were also three machines for hot and cold drinks and snacks. There was no unnecessary strip searching, but all detainees were rub down after visits. From the survey 48% of those who answered the question said that they had received a visit from family or friends during their time in the Centre, and the same proportion felt that their visitors had been treated well. Only 7% had thought that their visitors had been treated badly.

13.2 Two groups provided volunteer visitors to detainees, Asylum Welcome and the St Clare's Refugee Support Group. Both provided a valued service to detainees which was appreciated by both the detainees themselves and the Centre management.

Communication with the outside world

13.3 There were no delays in the sending or receiving of any mail, parcels or faxes. Mail was collected and distributed from the detainees' information centre. From the survey 80% said they had no problems sending mail and 84% no problems receiving it. Recorded and registered mail was available, but hardly used, as faxes had become the communication of choice for legal letters. Those detainees without means were given a 'destitute pack' that included a £3 phone card, an envelope, stamp, sheet of paper and

a pen. There was no access at all to the cheapest method of international communication, the e-mail.

13.4 There were separate facilities for outgoing and incoming phone calls: phone booths for outgoing and hand sets for incoming calls, and there was generous provision of both. Each detainee was issued with a pager on arrival and was paged by the switchboard to pick up a handset to take an incoming call or attend for an interview. Inspectors tested the procedure with both English nationals and foreign nationals phoning in and found that calls were connected immediately. From the survey 86% said they could receive incoming calls. However, outgoing calls were made by means of a phone card. Only BT phone cards were available and these were very expensive. Local and national calls were charged at the rate of 14 pence per minute. No tariffs were displayed for international calls, but given the high rate for local and national calls these would have been prohibitive. Indeed detainees told us that a £3 BT card allowed them such a short time when calling internationally that it was not worth phoning at all. From the survey 68% said they could make outgoing calls.

13.5 When the Detention Centre Rules were introduced, detainees without means were provided with a free £3 phone card each week. However the number issued became so high that funds were quickly exhausted. The Chaplain had filled this gap by providing cheap rate international cards and normal BT cards from charitable funds, but this was not an appropriate solution. International phone cards that provided value for money should be available for purchase from the Centre shop. In other Centres, detainees without means are provided with a free £5 phone card each week and this should be standard throughout the detention estate.

Access to information about countries of origin

13.6 Many detainees were asylum seekers for whom access to up to date information about the political situation in their country of origin was important for them in order for them to keep abreast with what was happening there and judge whether it was safe to return. However, they were not able to obtain up to date, objective information, such as country reports by governmental and non-governmental organisations, or specialist foreign journals, which would most easily be achieved through controlled access to the internet.

Preparation for release

13.7 Detainees left the Centre if they were granted temporary admission or bail, were transferred to another Centre or were removed from the country. In the month before our inspection there had been 274 discharges. These were:

- 197 - *Removed from UK*
- 51 - *Transferred from Campsfield to another Removal Centre*
- 25 - *Granted Temporary Admission/Bail*
- 1 - *Granted Leave to Enter/Remain*

Detainees were often given little or no notice of planned movements, whether this was to further detention or for removal, and there was no telephone in reception for them to tell family, friends or legal advisers what was happening to them, or make any arrangements for their return. Four detainees being transferred to Lindholme during the inspection were told they could make a call on arrival, but this was many hours away and would not be possible until the reception process was complete. Some of the men were expecting visitors and were unable to stop them making long wasted journeys to see them. Detainees were unable to prepare themselves for major life changes in advance of them happening. Those being removed were unable to close their affairs in this country, have their property restored, and plan for their return, including contacting people to let them know when they would be arriving and where. Those granted temporary admission were not prepared in the same way as asylum seekers dispersed directly from the ports who received an orientation course in their own language.

Release arrangements

13.8 Detainees were given a 'rub down' search on leaving the Centre, whether this was for temporary or permanent release. Copies of medical notes and medication accompanied detainees on transfer, and those being discharged were provided with medication and a letter for any future GP. All were escorted by Wackenhut, except when removal was likely to be resisted. In these circumstances detainees were located in the Isolation Unit and removed from there by three members of staff from a private firm, Loss Prevention International (LPI). These staff accompanied them to the airport or back to their country of origin if required, using control and restraint if necessary. No such escorted removals took place during our inspection.

13.9 We were told that detainees were issued with a packed meal before release, but during the inspection these were not being received, although the kitchen was providing them. It was not clear where these packed meals went. Detainees were told that they would reach the receiving Removal Centre in good time to receive a meal there, despite it being clear that they could not possibly reach their destination in time for this to happen. We followed up the four detainees transferred to Lindholme and found that the length of their journey had resulted in them missing a meal completely.

13.10 The Centres to which detainees were being transferred had different reception periods that were known to the escorting agency. Despite this, escorts left at times when it was clear that they could not complete their journey unless comfort stops were omitted. Detainees told us of instances where they had been humiliated by having to urinate in the steps of the escorting vans, or had arrived in acute discomfort because they had been unable to relieve themselves en route. Escorting officers explained that it was difficult to provide comfort stops as these had to take place at a police station and their schedules did not allow time for them. The sample of four detainees whom we followed up had not been provided with such a break and had been left in the van after arrival for an hour as they had arrived over lunch when the Centre was closed to new arrivals. Their repeated pleas to use the toilet had been ignored and they had felt very humiliated. This is unacceptable.

Summary and Recommendations

13.11 The visits room accommodated up to ten detainees and their visitors at any one time and operated in the afternoon and evenings, seven days a week. Visitors could bring in money and phone cards but not food or drink except for babies. Refreshment was available from vending machines. The facilities for visitors were good and most detainees said that their visitors had been treated well. Visitors passed through a metal detector and detainees were rubbed down after visits and only strip searched on suspicion. The system for sending and receiving mail and faxes was also good and the latter well used. Incoming phone calls could be accessed easily via the paging system and the generous provision of handsets to receive incoming calls. The system for making outgoing calls relied on BT phone cards and was expensive and problematic. The Centre no longer provided free phone cards. There was no access to the cheapest method of international communication, e-mail, or to the internet. The latter meant that asylum seekers were unable to access up to date information about their country of origin. Packed meals were not available and meals were missed in transit. Comfort breaks were not provided. The Centre provided no preparation for the release, transfer or removal of detainees.

Recommendations

- 1. There should be a common standard across the detention estate for the provision of domestic and legal visits and it should follow current best practice at Centres such as Tinsley House.*
- 2. There should be a common standard across the detention estate for the provision of free phone cards to those without means, consistent with current best practice, which is the issue of £5 cards each week.*
- 3. Detainees should be able to purchase international phone cards and have access to e-mail.*
- 4. Detainees should be able to obtain objective information about the political situation in their home countries through controlled access to the internet and specialist foreign journals.*
- 5. The contract monitor for the escort service should ensure that comfort breaks are provided in transit.*
- 6. Visitors should be allowed to restore property to detainees by delivering it to Reception.*
- 7. Centre staff and Immigration officers on site should provide advance notice and support for those being released, transferred into detention elsewhere or removed.*
- 8. Those being transferred into further detention should be given written reasons for this decision and information about the Centre to which they are being transferred.*

9. *There should be a system which assists detainees with their release or removal through orientation courses for those being admitted into the country for the first time, assistance with resettlement for those returning to their communities in the UK, and assistance for those being removed which enables them to close their affairs in this country and provides them with the means to reach a safe onward destination.*

Good practice

1. *Visitors were able to bring in money and phone cards for detainees.*

14. Recommendations and Good Practice

Recommendations

Chapter 5. Reception

1. *A larger room should be allocated as the Reception holding room and this should contain sufficient chairs for all detainees to be able to sit down.*
2. *The use of the video player to impart information in translation to new arrivals should be re-instated.*
3. *A telephone with acoustic hood should be installed in Reception and a telephone card provided for the use of arriving and departing detainees.*
4. *A water machine and facilities to make tea and coffee should be installed.*
5. *Legal papers should not be removed unless this is the detainee's wish.*
6. *Dedicated staff should be allocated to Reception and trained in reception duties.*
7. *Detainees should be given written information about the Centre and what will happen to them in the first 24 hours in a language they can understand.*
8. *The policy on the allocation and replenishment of essential items to those without means should be clarified and communicated to all staff and detainees, in line with best practice in other Centres.*
9. *'Destitute' packs should be re-named reception packs.*
10. *A system should be in place for providing help with the legitimate welfare concerns of detainees on first arrival.*

Chapter 6 Accommodation

1. *Each detainee should have a chair and access to a table in his room.*
2. *Greater effort was needed to explain the reasons for allocation decisions to new detainees.*

3. *The incentive scheme should be based on the behaviour of individuals rather than rooms and the details communicated in the languages of detainees.*
4. *Clarification should be given to staff in Reception and those on the Induction Unit about their respective roles and responsibilities.*
5. *Information packs should be made available to detainees in their own languages.*

Chapter 7 Access to advice and legal representation

1. *Arrangements should be made to ensure that detainees have access to advice and representation from qualified independent legal representatives.*
2. *Detainees should be told, in a language that they understand, of their rights to bail, appeals and legal aid within 24 hours of arrival at the Centre.*
3. *The Office of the Immigration Services Commissioner should devise a way of regularly checking the competence of those providing legal advice to detainees, who are in an exceptionally vulnerable situation.*
4. *Detainees should have information in their own languages about the service they should expect to receive from legal representatives, how to complain if they do not receive it, and how to check whether a representative is properly regulated by OISC or a professional body.*
5. *Detainees should be able to contact their legal representatives by phone, fax or e-mail without impediment.*
6. *Detainees should have access to up to date legal text books on immigration law.*
7. *Any information or decisions regarding the individual's detention, movements, immigration status, or removal should be communicated to the detainee and his or her representative without delay.*
8. *Detainees should be able to attend their bail and appeal hearings and should be produced on time.*

Chapter 8 Casework

1. *It should be a priority to progress the casework of those held in detention.*
2. *Detainees should be told the individual reasons for their detention in a language they understand.*
3. *Detainees should receive monthly reviews on time and in a language they understand, explaining fully any progress in their cases and the reason for continued detention.*

4. *On site immigration officers should have access to the Asylum Casework Information Database (ACID).*
5. *The role of on site immigration officers should be reviewed and clarified and their casework responsibilities clearly defined.*
6. *All cases should be regularly reviewed, minuted and signed by on site immigration officers, with a further monthly review by a Chief Immigration Officer.*
7. *Interpreters or 'language line' should always be used for interviews where detainees are being informed of important decisions or of their rights.*
8. *Immigration staff should work with other Centre staff to ensure that detainees are prepared for their removal and given adequate time and facilities to consult their legal representatives.*
9. *The opinion of medical experts should be sought in age dispute cases.*
10. *Detainees should have controlled access to the internet.*

Chapter 9 Duty of Care

1. *Further specialist advice should be sought on the arrangements for fire safety and the merits of installing a sprinkler system.*
2. *Health and Safety risk assessments of the risks to detainees should be carried out and appropriate action taken, particularly of the risk from fire and from the increased use of the Centre for short stay deportees.*
3. *Both escorting staff and immigration officers should be trained in suicide awareness and be able to raise F2052 SH forms as necessary.*
4. *Consideration should be given to introducing a buddy scheme.*
5. *A Suicide Prevention Management committee should meet monthly to oversee the operation of suicide prevention procedures and to monitor trends.*
6. *Staff should receive training to help them understand the backgrounds of the people in their care and the impact of detention in a foreign country so that they can provide individual support to detainees.*
7. *Exit interviews should be conducted to glean more information about race relations and victimisation within the Centre.*
8. *There should be an overall vulnerability committee, which addresses bullying, harassment and self-harm issues.*
9. *There should be a forum for the Manager of Religious Affairs to meet with detainees with interpreters present to discuss the arrangements for the use of space in the Centre for worship and spiritual contemplation.*

10. *Ethnic monitoring data should be interpreted by means of 'range setting' tables.*
11. *There should be a race and diversity committee with detainee representation and/or representation from relevant outside groups.*
12. *It should be the responsibility of a senior manager to chase up the progress of logged complaints and to ensure that they are satisfactorily and promptly resolved.*
13. *Detainees should have access to an independent ombudsman once the avenues of complaint open to them are exhausted.*

Chapter 10 Health care

1. *The new doctor should receive specialist training in the health needs of asylum seekers.*
2. *Administrative help should be provided to the nursing staff.*
3. *A system should be introduced for the transfer of medical records between detention Centres and the Health Service on transfer or release.*
4. *The system for providing simple remedies out of hours should be reviewed.*
5. *Notices in translation should be displayed in the treatment room informing detainees that information leaflets about their medication would be translated if required.*
6. *Both the maximum and minimum temperatures of the drugs fridge should be recorded daily and the thermometer reset after each reading.*
7. *The number of drugs cabinets and their security should be reviewed and consideration given to replacing them with additional secure drug cabinets.*
8. *The pharmacist should monitor the usage of benzodiazepines and take steps to develop a formulary with the new medical officer.*
9. *Testing and treatment should be offered for Hepatitis B and HIV, depending on the anticipated length of stay at the Centre.*
10. *Arrangements for the delivery of secondary health care should be formally agreed with the local area Health Authority.*
11. *There should be a presumption against the use of restraints for detainees attending outside hospitals.*
12. *Consent forms should be available for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*

13. *There should be a clear Protocol governing the disclosure of information of mistreatment and fitness for detention to the relevant authorities and what action should follow.*
14. *There should be a forum for regular consultation between managers and detainees which could be used to discuss health matters, among other things.*

Chapter 11 Regime activities

1. *The education centre should implement its plan to provide one to one tutorials where appropriate.*
2. *The take up of activities should be monitored by nationality and ethnicity.*
3. *Paid work should be available for detainees who choose to undertake it.*
4. *Until such time as paid work is provided incentives should be available to all who participate in the regime or help to provide a service in the Centre.*
5. *Videos in different languages should be available.*
6. *The induction completion forms should be available in a range of languages.*
7. *Sufficient trainers should be provided for all those who wished to take part in gym activities.*
8. *The book stock in the library should be increased to provide suitable books in the full range of appropriate languages.*
9. *Detainees should have controlled access to the internet and e-mail.*

Chapter 12 Services

1. *The kitchen and reception staff should ensure that packed meals provided for detainees who are being discharged actually reach them, and this should be monitored by the Contract Monitor and Visiting Committee.*
2. *The shop should stock inexpensive national and international telephone cards for use by detainees.*
3. *A needs assessment should urgently be carried out by Aramark to establish which products should be stocked to meet the cultural and ethnic needs of detainees.*
4. *The policy for providing essential items to those arriving without money should be clarified to staff, and should include the provision of free toiletries and £5 per week phonecards.*

Chapter 13 Resettlement

- 1. There should be a common standard across the detention estate for the provision of domestic and legal visits and it should follow current best practice at Centres such as Tinsley House.*
- 2. There should be a common standard across the detention estate for the provision of free phone cards to those without means, consistent with current best practice, which is the issue of £5 cards each week.*
- 3. Detainees should be able to purchase international phone cards and have access to e-mail.*
- 4. Detainees should be able to obtain objective information about the political situation in their home countries through controlled access to the internet and specialist foreign journals.*
- 5. The contract monitor for the escort service should ensure that comfort breaks are provided in transit.*
- 6. Visitors should be allowed to restore property to detainees by delivering it to Reception.*
- 7. Centre staff and Immigration officers on site should provide advance notice and support for those being released, transferred into detention elsewhere or removed.*
- 8. Those being transferred into further detention should be given written reasons for this decision and information about the Centre to which they are being transferred.*
- 9. There should be a system which assists detainees with their release or removal through orientation courses for those being admitted into the country for the first time, assistance with resettlement for those returning to their communities in the UK, and assistance for those being removed which enables them to close their affairs in this country and provides them with the means to reach a safe onward destination.*

Good practice

Chapter 5 Reception

- 1. A board displayed information in a pictorial form about the facilities and amenities in Campsfield House.*
- 2. Detainees were only strip searched if there was intelligence to suggest that this was necessary.*

Chapter 6 Accommodation

1. *Detainees had the use of low level washing and toilet facilities.*
2. *Detainees spent their first two nights on an Induction Unit where they received close attention from staff before moving to the main accommodation.*

Chapter 9 Duty of Care

1. *A core team of dedicated staff took a front line role in the management of those at risk of self harm.*
2. *An Information Officer was always in post in the main Centre office and was the first point of call for detainees seeking information or with a grievance.*
3. *The RRLO had clear and laudable aims concerning staff training and the use of conciliation to resolve racial incidents which should be supported.*

Chapter 10 Healthcare

1. *The nurses attended annual training with the Medical Foundation for Victims of Torture and had received cultural awareness training at an Islamic centre.*

Chapter 11 Regime Activities

1. *Dedicated activities staff worked alongside teachers and games staff and provided a range of competitive events and entertainment, and encouraged participation.*
2. *Dictionaries were provided in 16 languages, with some languages having multiple copies.*

Chapter 12 Services

1. *The dining hall was unlocked for detainees to make themselves hot drinks and have biscuits at 10.00, 13.00 and again in the evening at 21.00.*
2. *Detainees were consulted about the celebration of religious festivals at appropriate times.*
3. *Theme evenings were provided by the kitchen which reflected the diversity of the many different nationalities detained at Campsfield House.*

Chapter 13 Resettlement

- 1. Visitors were able to bring in money and phone cards for detainees.*

Appendix 1

Summary of Detainee Questionnaires

On the first day of the inspection the population at Campsfield House was 168. All detainees were offered a questionnaire in their own language. Three interpreters who spoke Hindi, Punjabi and Urdu, Algerian and Albanian – representing the most common languages – were present to explain what we were trying to do. Some detainees declined a questionnaire, numbers were not recorded. In total 92 questionnaires were returned, of these 84 were fully completed (three completed one page of the questionnaire these were not included in the analysis). For five percent of the detainees we did not have a questionnaire in their first language, however since the majority of these could understand another language, this was not a problem. Fifty percent of the population was sampled.

Missing data and information which was not translated has been excluded when presenting the results. The total number of completed responses for each question is shown above each table.

Percentages have been rounded up or down and may not add up to 100%.

General Information

- **What is your age?** (n=82)

Under 18 years	1% (n=1)
18-21 years	17% (n=14)
22-29 years	41% (n=34)
30-39 years	30% (n=25)
40-49 years	9% (n=7)
50-59 years	1% (n=1)

- **Are you male or female?**

All of the respondents were male.

- **How long have you been in detention here?** (n=77*)

Under one week	10% (n=8)
One week up to two weeks	9% (n=7)
Two weeks up to four weeks	5% (n=4)

One month up to two months	17% (n=13)
Two months up to four months	38% (n=29)
Four months up to six months	16% (n=12)
Six months up to eight months	-
Eight months up to ten months	4% (n=3)

*In addition one detainee said, 'days'.

- **Were you in detention somewhere else before coming here?** (n=82)

Yes	72% (n=59)
No	28% (n=23)

- **If you were in detention somewhere else, for how long?** (n=56)

Under one week	18% (n=10)
One week up to two weeks	54% (n=30)
Two weeks up to four weeks	9% (n=5)
One month up to two months	5% (n=3)
Two months up to four months	4% (n=2)
Four months up to six months	4% (n=2)
Six months up to eight months	5% (n=3)
Information not translated	2% (n=1)

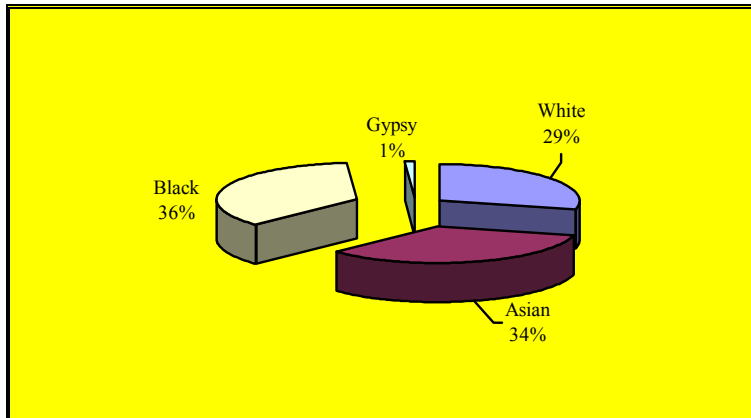
In total 56 detainees had been in Campsfield House or in another place of detention for one month or longer.

- **What is your nationality?** (n=84)

Albanian (two also said Kosovan. One missed this question but filled in an Albanian questionnaire)	10% (n=8)
Algerian	1% (n=1)
Chad	1% (n=1)
Bangladeshi	1% (n=1)
Belarussian	1% (n=1)
Cameroonian	4% (n=3)
Ghanain	4% (n=3)
Indian	6% (n=5)
Jamaican	1% (n=1)
Kenyan	2% (n=2)
Kurdish (two said Kurdish-Turkish)	5% (n=4)
Malaysian	1% (n=1)
Moldavian	1% (n=1)
Nepalese	5% (n=4)
Nigerian	10% (n=8)
Pakistani (10 filled in an Urdu)	14% (n=12)

questionnaire)	
Polish (One said Polish Gypsy)	2% (n=2)
Punjabi (One filled in a Punjabi questionnaire)	2% (n=2)
Roma	1% (n=1)
Russian	2% (n=2)
Slovenska	1% (n=1)
Somalian	4% (n=3)
South African	2% (n=2)
Sri Lankan	6% (n=5)
Tanzanian	1% (n=1)
Turkish	1% (n=1)
Ukrainian (one said his main language was Ukranian)	2% (n=2)
Zimbabwean	1% (n=1)
Missing information (all were English speakers)	5% (n=4)
Information not translated – Pushtu questionnaire completed	1% (n=1)

- **Ethnicity (n=84*)**



*In addition one of the questionnaires was not translated, the detainee completed a Pushtu questionnaire.

- **What is the main language that you speak? (n=84)**

Many of the respondents wrote down all languages that they spoke. For the benefit of this question the first language mentioned was taken as the main language and other languages were included in brackets.

Albanian (one filled in an Albanian questionnaire)	10% (n=8)
Arabic (one respondent also said French and English)	2% (n=2)
Bengali	1% (n=1)
English (one completed an English questionnaire) (one respondent also mentioned Swahili, one Igbo, two Yoruba, one Zulu)	20% (n=17)
French (one also mentioned Bamileke and English)	4% (n=3)
Ishona (also mentioned English)	1% (n=1)
Kikuyu	1% (n=1)
Kiswahili (also mentioned English)	1% (n=1)
Kurdish (two also mentioned Turkish)	5% (n=4)
Mandarin (one also mentioned Malaysian and English)	1% (n=1)
Nepalese	2% (n=2)
Polish (two also mentioned Gypsy)	2% (n=2)
Punjabi (one also mentioned Hindi)	10% (n=8)
Pushtu (completed a Pushtu questionnaire)	1% (n=1)
Romana	1% (n=1)
Russian (one also said English)	6% (n=5)
Slovensky	1% (n=1)
Somali	4% (n=3)
Swahili (one also mentioned English)	1% (n=1)
Tamil	6% (n=5)
Turkish (one left this blank but filled in a Turkish questionnaire)	1% (n=1)
Ukrainian	1% (n=1)
Urdu (one said Urdu and Pushtu. One said Urdu and Punjabi)	13% (n=11)
Yoruba	4% (n=3)

- ***Do you understand spoken English? (n=84)***

Yes	67% (n=56)
No	33% (n=28)

- ***Do you understand written English? (n=84)***

Yes	56% (n=47)
No	44% (n=37)

- ***Do you have any children under the age of 18? (n=74)***

Yes	43% (n=32)
No	57% (n=42)

- ***If yes, where are they? (n=28)***

In Britain	39% (n=11)
In your home country	61% (n=17)

- ***If in Britain or in your home country, who is looking after them? (n=27)***

Children's mother/father	59% (n=16)
A family member	11% (n=3)
Friends	7% (n=2)
Authorities	-
With the mother and with family	4% (n=1)
With the mother and with friends	4% (n=1)
With family and friends	4% (n=1)
Don't know	11% (n=3)

Your first few days here

- **Were you told why you were being detained in a language that you could understand? (n=79)**

Yes	66% (n=52)
No	34% (n=27)

- **Were you given written reasons why you were being detained in a language that you could understand? (n=78)**

Yes	56% (n=44)
No	44% (n=34)

- **When you were searched in reception was this carried out in a sensitive and understanding way? (n=78)**

Yes	67% (n=50)
No	16% (n=12)
Don't know	17% (n=13)
Was not searched*	4% (n=3)

*Those who said they were not searched were excluded when calculating the overall percentages.

- **If no, why do you think this? (n=6 – six detainees did not comment)**

It appears that criticisms were aimed at the reception process rather than the strip search procedure.

Because I am not a criminal nor a threat to any human

I think the reason for their displeasure was after my request to help someone who came after me.

They were too slow with their work. I spent three hours at reception before they could attend to me, and not that we were many, just only five detainees. But they were talking and drinking tea. I got there at 11 p.m. but left at 2 a.m. after midnight

They make me wait for one hour before they could book me in and its not as though they were busy or something they were just taking their time.

- **Were your legal documents (about your case) taken from you when you arrived here?** (n=73)

Yes	19% (n=14)
No	68% (n=50)
Don't remember	12% (n=9)

- **Was any of your personal property (do not include your money, keys or mobile phone) taken from you when you arrived here?** (n=78)

Yes	57% (n=39)
No	41% (n=28)
Don't remember	1% (n=1)
Did not have any property*	13% (n=10)

*Those who said they did not have any property were excluded when calculating the percentages.

- **If your property was taken, did you sign to agree the list of property that is being stored for you?** (n=35)

Yes	94% (n=33)
No	3% (n=1)
Don't know	3% (n=1)

- **Can you get access to your property if needed?** (n=35)

Yes	57% (n=20)
No	26% (n=9)
Don't know	17% (n=6)

- **When you first arrived were you taking any medication that had been prescribed by a Doctor?** (n=79)

Yes	42% (n=33)
No	58% (n=46)

- **If yes, was the medication taken away from you on arrival?**
(n=31)

Yes	48% (n=15)
No	52% (n=16)

- **Did you discuss this with a doctor on reception?** (n=30)

Yes	53% (n=16)
No	47% (n=14)

- **If your medication was taken on arrival, were you still able to take the medication or similar medication?** (n=14)

Yes	86% (n=12)
No	14% (n=2)

- **If yes, have you had any problems receiving the medication?**
(n=11)

Yes	18% (n=2)
No	82% (n=9)

- **Did a doctor give you a medical examination within 24 hours of you arriving at the Centre?** (n=83)

Yes	76% (n=63)
No*	24% (n=20)

*Four said no because they were seen by a nurse and not a doctor.

- **If yes, did you understand what the doctor said?** (n=59)

Yes	86% (n=51)
No	14% (n=8)

- **Did the doctor understand what you said?** (n=56)

Yes	71% (n=40)
No	13% (n=7)
Don't know	16% (n=9)

- **Was an interpreter present?** (n=56)

Yes	9% (n=5)
No	91% (n=51)

- **If yes, was the interpreter a professional person or a detainee?**
(n=5)

Professional	20% (n=1)
Detainee	80% (n=4)

- **Were you allowed to make a telephone call within the first 24 hours of you arriving at the Centre?** (n=81)

Yes	63% (n=51)
No	28% (n=23)
Don't remember	9% (n=7)

- **Was it clearly explained to you what would happen here on your first night or first day?** (n=79)

Yes	29% (n=23)
No	61% (n=48)
Don't remember	10% (n=8)

- **Did you feel safe on your first night here?** (n=77)

Yes	34% (n=26)
No	58% (n=45)
Don't remember	8% (n=6)

Those who felt safe mentioned that this was because: (n=5 – 20 detainees did not comment and one had not been translated)

Because of the fierce security

Because I am in detention centre and in hands of security officers (one other detainee made a similar comment)

I felt safe in as much as I was now far away from the danger that I had found myself in at home

I was given a room bed to sleep the environment is safe

Of those who did not feel safe, the most commonly mentioned factors were: (n=33)

• Feel as though I am in a prison	21% (n=7)
• Feelings of distress and depression	15% (n=5)
• Treated like a criminal	9% (n=3)
• Worried that there will be a fire	9% (n=3)
• Can't feel safe in an unknown place	6% (n=2)
• I don't know anyone here	6% (n=2)

• I am being bullied	6% (n=2)
• No one tells you what will happen	6% (n=2)
Other comments made by individual detainees were:	
<i>Because of the look on the detainees faces</i>	
<i>It's my first time as a detainee</i>	
<i>I will suffer from claustrophobia</i>	
<i>The reason is that my wife and my daughter were detained for three months and have now been released</i>	
<i>Since the Immigration showed how bogus they were by changing statements in 30 minutes, I never am sure even now what they would say after one day</i>	
<i>The people here told us that we will not leave for four to five months</i>	
<i>I hear the shouting of many people nearby</i>	

• **After being here for a few days did/do you understand:**

	Yes	No
The rules and routines (n=76)	67% (n=51)	33% (n=25)
The role of the Visiting Committee (n=75)	41% (n=31)	59% (n=44)
How to make a complaint (n=72)	49% (n=35)	51% (n=37)
How to get legal advice (n=75)	43% (n=32)	57% (n=43)
How to get a solicitor (n=72)	49% (n=35)	51% (n=37)

• **Do you have any problems, caused by your detention that need to be sorted out?** (n=67)

Yes	82% (n=55)
No	18% (n=12)

• **If yes, what?** (n=52)

(Detainees ticked as many as were applicable and so percentages do not add up to 100)

I have property outside	17% (n=9)
I need to let someone know I am here	19% (n=10)
No one is looking after my family	29% (n=15)
No one is looking after my pets	10% (n=5)
I don't know what is happening to me	50% (n=26)

- **Anything else?**

Comments included:

- *I am depressed and physically and mentally I am suffering*
- *I am worried about my family*
- *I am too far from home for visits/lawyer*
- *I am worried about my future*
- *Came from one persecution to another*

Other comments made by individual detainees included:

Group 4 can't assist in finding a good solicitor

I told everyone that I had to make a call but no one listened

I have signed that I want to go back to my country, yet the Immigration Service will not treat my request. I have since lost my passport. Immigration is holding this against me but some co-detainees who have just the same passport problems and who are from same country like me - have had their request answered

Bail laws should be simplified

It really destroys my business and family

It is unfair the way were being treated for example look at Canada the way they treat asylum seeker, asylum seeker is given freedom, and their camps are an open camps, people were not locked up.

Life within this Centre

- **Are you able to see a religious leader or minister of your own religion? (n=73)**

Yes	53% (n=36)
No	30% (n=20)
Don't know	16% (n=11)
Don't want to see one*	8% (n=6)

*Those who did not want to see a minister were excluded when calculating the overall percentages.

- **Do you have money to spend at the shop? (n=79)**

Yes	17% (n=14)
No	82% (n=65)

- **If no, are you provided with enough toiletries etc. by the Centre? (n=60)**

Yes	17% (n=10)
No*	82% (n=49)
Yes and No	2% (n=1)

*Four people mentioned not getting any/enough phonecards.

- **If you have money, can you get what you need from the shop? (n=77)**

Yes	62% (n=36)
No	38% (n=22)
Do not have any money*	25% (n=19)

*Those who said they did not have any money were excluded when calculating the overall percentages.

- **If no, why not?**

Comments included: (n=16)

The shop is too small and there are not the whole items that we need (eight other detainees also commented about the lack of choice and variety of items)

The prices are very high.

Only BT cards are available and not of any other company. Items of food are not available in sufficient quantity. There are no vests, combs, string for trousers and Asian clothes such as Salwar-Qameez and jeans and shirts

Because in the shop you take cash. Where do you expect a prisoner to get cash? (one other detainee made a similar comment)

There is no access to my family or immigration except through phone and national phone cards not provided

In addition one detainee commented:

I don't need to get all I want I need to be allowed to have my life back

- **Do you get enough to eat at meal times? (n=74)**

Yes	55% (n=41)
No	45% (n=33)

- **Is the food well cooked? (n=77)**

Yes	34% (n=26)
No	62% (n=48)
Sometimes	4% (n=3)

- **Is the food appropriate for your religious needs? (n=78)**

Yes	49% (n=38)
No	29% (n=23)
Don't know	22% (n=17)

- **Is the food appropriate for your dietary needs? (n=72)**

Yes	25% (n=18)
No	43% (n=31)
Don't know	32% (n=23)

- **Is the food appropriate for your cultural needs? (n=76)**

Yes	25% (n=19)
No	64% (n=49)
Don't know	11% (n=8)

- **Can you wear your own clothes? (n=76)**

Yes	92% (n=70)
No	8% (n=6)

Of the six respondents who said that they did not wear their own clothes, five felt that the Centre did not provide them with suitable clothing and one did not comment.

- **If yes, do you have enough changes of clothes? (n=52)**

Yes	50% (n=26)
No	50% (n=26)

- **Do you have any health problems that have been caused by mistreatment in your home country? (n=64)**

Yes	50% (n=32)
No	50% (n=32)

- **If yes, have you spoken about these problems with a doctor or nurse in this Centre? (n=32)**

Yes	59% (n=19)
No	34% (n=11)
Yes and no	6% (n=2)

- **If no, why not? (n=11)**

Difficult to talk about it	33% (n=2)
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Doctor/nurse wouldn't understand	33% (n=1)
Doctors/nurses don't ask	22% (n=1)
No interpreter	6% (n=3)
I want to forget about it	28% (n=4)

- **Any other reason?**

Comments included:

I have psychological problems

I have got over it

I have a great fear, I have no weakness physically, can't sleep - worried about deportation to Algeria.

- **What do you think about the health care in this Centre? (n=76)**

Good	34% (n=23)
Neither	37% (n=25)
Bad	29% (n=20)
Don't know have not been*	11% (n=8)

***Those who had not been were excluded when calculating the overall percentages.**

- **Is there someone here you can speak to if you feel upset? (n=76)**

Yes	43% (n=33)
No	51% (n=39)
Don't know	5% (n=4)

- **If yes who? (n=31)**

(Detainees were asked to tick as many as appropriate and therefore percentages do not add up to 100)

A member of staff	19% (n=6)
A psychologist	10% (n=3)
Another detainee	81% (n=25)
Someone from Health care	10% (n=3)
Religious minister	6% (n=2)

- **Anybody else? Who?**

Comments included:

My lawyer

Friends (two detainees mentioned their friends)

Centre manager (two detainees mentioned the Centre Manager)

I have up to now no other Nepalese people in here, so I am feeling upset.

God

• **Have staff ever separated you from other detainees?** (n=74)

Yes	3% (n=2)
No	89% (n=66)
Don't know	8% (n=6)

• **If yes** (n=2), **why?**

One respondent mentioned that it was *because of talking too much about this place*. The other detainee commented, *Group 4 called it induction*. Both detainees said that they did nothing whilst in isolation. One said he was there two to three days whilst the other said he was there for up to a week. One said he had been treated badly whilst the other said neither well nor badly.

• **How easy or difficult is it to get to see a member of the Visiting Committee or Board of Visitors?** (n=68)

Easy	38% (n=12)
Neither	31% (n=10)
Difficult	31% (n=10)
Don't know who they are*	46% (n=31)
Don't want to see them*	7% (n=5)

*Those who said 'don't know'/'don't want to see them' were excluded when calculating the remaining percentages.

One detainee commented:

I don't really care about them. If they care they must consult with that man Blunkett to get me out of here, not to come and double face me by seeming to be sympathetic, kind and its all nonsense I don't deserve to be locked up here straight and square

• **Have you made a complaint about the Centre whilst you have been here?** (n=75)

Yes	26% (n=16)
No	74% (n=46)
Don't know how to*	17% (n=13)

*Those who said 'don't know how to' were excluded when calculating the remaining percentages.

- **If yes, were you happy with the way in which it was dealt?** (n=16)

Yes	19% (n=3)
No	75% (n=12)
Don't know	6% (n=1)

- **If no, why not?** (n=9)

My request of having more fruit has not been granted. Instead I am getting some medication. I am quite sceptical about Fibrogel being better than natural fruits

The manager has been indifferent (Five other detainees made a similar comment about staff not listening or doing anything about complaints)

Decisions are made but not satisfactorily. I made a complaint to the Immigration officer saying that this detention Centre was too far for my children to come and visit me and if it was possible to move - the officer replied, but I shall reserve the comment

- **Do you have a member of staff who is responsible for you, sometimes they are called personal officers?** (n=72)

Yes	4% (n=3)
No	61% (n=44)
Don't know	35% (n=25)

- **Do you have a solicitor or legal representative?** (n=72)

Yes	79% (n=55)
No	21% (n=15)
Don't need one*	3% (n=2)

*Those who said 'don't need one' were excluded when calculating the overall percentages.

- **If no, are you able to get any legal advice?** (n=11)

Yes	9% (n=1)
No	55% (n=6)
Don't know	36% (n=4)

Those detainees who had been in Campsfield House or had been detained somewhere else for more than a month were included in the following questions, n=56

- **Have you had any monthly reviews of your case?** (n=46)

Yes	33% (n=15)
No	52% (n=24)
Don't know	15% (n=7)

- **If yes, are these reviews on time?** (n=13)

Yes	38% (n=5)
No	38% (n=5)
Don't know	23% (n=3)

- **Do you receive results in writing?** (n=14)

Yes	93% (n=13)
No	7% (n=1)

- **Are the results fully explained to you?** (n=15)

Yes	60% (n=9)
No	40% (n=6)

- **Is your legal representative present when you are given the results of reviews?** (n=14)

Yes	14% (n=2)
No	86% (n=12)

- **Do the reviews tell you about the progress of your case?** (n=13)

Yes	31% (n=4)
No	46% (n=6)
Partly	23% (n=3)

Personal Safety

- **Has any detainee said anything insulting to you since you have been here?**

	'Yes'	How often does it happen in a month?			
		Once	Occasionally	Regularly	Missing
Total (73)	16 (22%)	6 (38%)	5 (31%)	3 (19%)	2 (13%)

Overall 22% of those respondents who completed the questionnaire felt that other detainees had said something insulting to them since they had been at

Campsfield House. In terms of frequency, this type of victimisation was more likely to happen Once (38%) or occasionally (31%).

Comments included:

Racial abuse (one other detainee also made this comment)

I sit on a chair, he tells me to move, I refuse, he tells me to shut up

Fight

Many people are stressed, I happen to be understanding that in sad confined circumstances you don't expect anyone to be rational but rather angry, bitter, violent, un-accommodating. It's a mind thing, people get mad here so I have to try to be strong in my mind like Mandela

Regular use of 'F' words at me. Big bully

Much of the time nothing to do whilst in this place

I am a 17 year old boy and the other prisoners ask how come a boy of my tender age is in a detention Centre. The same question was asked by a Group Four officer. I could not sleep because of the tension one night

Insulting language (verbal)

The detainee was suffocating the room, even smoking in the room, I told him it's wrong, he started threatening me. I was changed from that room but the room I was taken to had another detainee of the same character when I complained no action has been taken. I am staying in a state of fear

- **Has any member of staff said anything insulting to you since you have been here?**

	'Yes'	How often does it happen in a month?			
		Once	Occasionally	Regularly	Missing
Total (73)	23 (32%)	8 (35%)	8 (35%)	1 (4%)	6 (26%)

Overall 32% of those respondents who completed the questionnaire felt that members of staff had said something insulting to them since they had been at Campsfield House. In terms of frequency, this type of victimisation was more likely to happen Once (35%) or occasionally (35%).

Comments included:

I am told, 'You being here is reward of you coming to Britain as an illegal immigrant/overstayer'

The officials here treat us as if we were guilty

I was complaining about the way I was treated and instead of getting help or talking to me the whole of Group Four was insulting me and talking against me without respect.

A few of the staff are inhumane (but some of them are kind, friendly, brotherly). They should go on human relations' courses, their job is purely human relations and not security.

Verbally abused by staff because I did not report to the visitors' Centre on time to see a visitor. I got very upset that day

There is no reason, they have power and think that we are their slaves

The kitchen worker was about to give me three pieces of fruit, but the guard made a sign at him to give me two pieces and hide the third from me. This was at a time when I was only able to eat soup because of my toothache. Likewise the guard knew about this and that I had approached the medical centre for help.

- **Have you been hit, kicked or assaulted since you have been here by other detainees?**

	'Yes' # (%)	How often does it happen in a month?			
		Once	Occasionally	Regularly	Missing
Total (75)	5 (7%)	1 (20%)	4 (80%)	-	-

Overall seven percent of the detainees claimed to have been hit, kicked or assaulted by other detainees since being at Campsfield House. This physical victimisation was reported to occur, for the most part, occasionally.

Comments included:

Fight

Once I saw three black guys hitting an Asian, when I tried to save him, they hit me too.

- **Have you been hit, kicked or assaulted since you have been here by any member of staff? (n=73)**

Two of the detainees claimed that they had experienced an assault from a member of staff whilst at Campsfield House.

One did not want to comment, the other said:

Because I said 'I am not going to get in this place'

- **Have you experienced unwanted sexual attention here in the Centre?** (n=75)

Yes	12% (n=9)
No	88% (n=66)

- **Have you ever been made to hand something over, e.g food bought from the shop, by other detainees since you have been here?** (n=72)

Four detainees mentioned that they had been made to hand something over by another detainee. This had happened once (n=2), twice (n=1) and one did not comment on how regularly this happened.

Only one commented that his chocolates had been taken.

- **Have you been verbally or physically abused because of your nationality by other detainees, since you have been here?**

	'Yes'	How often does it happen in a month?			
		Once	Occasionally	Regularly	Missing
Total (71)	11 (15%)	3 (27%)	3 (27%)	-	5 (45%)

Overall 15% of those respondents who completed the questionnaire felt that they had been verbally or physically abused because of their nationality by other detainees. This was most likely to occur once or occasionally.

There were the following comments:

Racial abuse (*one other detainee made a similar comment*)

Insulted (*one other detainee made a similar comment*)

It was about a newspaper with a white man

The detainees from Jamaica just want to fight for silly reasons

I am being scolded, discriminated since after detainees come in great numbers and I am the only one from South Africa. Everyone perceives South Africa as heaven, overlooking the problem that caused me to flee. I am tired, it's painful, I cry at night. It's hell

The white colour mostly whenever they see that you're black they take you as nobody without any sense that you can be somebody

- **Have you been verbally or physically abused because of your nationality by a member of staff, since you have been here?**

	'Yes'	How often does it happen in a month?			
		Once	Occasionally	Regularly	Missing
Total (74)	5 (7%)	-	2 (40%)	-	3 (60%)

Overall seven percent of those respondents who completed the questionnaire felt that they had been verbally or physically abused because of their nationality by a member of staff. This was most likely to occur once or occasionally.

They commented:

I have explained previously the prejudice I'm receiving since I came from South Africa. They think South Africa is heaven. My life is in danger

90% of Group Four are white, only three are black out of 30 white, that is racial discrimination by the white community towards blacks

Sometimes I am not allowed to play in the ball games, as I don't have shoes. The pair they gave me had become useless in just a week

- **Have you been verbally or physically abused because of your cultural or ethnic background by other detainees, since you have been here?**

	'Yes'	How often does it happen in a month?			
		Once	Occasionally	Regularly	Missing
Total (73)	5 (7%)	2 (40%)	1(20%)	1(20%)	1(20%)

Five detainees felt that they had been verbally or physically abused by another detainee whilst at Campsfield House due to their cultural or ethnic backgrounds.

Two commented:

Most of us are mentally disturbed

Because you are black

- **Have you been verbally or physically abused because of your cultural or ethnic background by a member of staff, since you have been here? (n=73)**

Four of the detainees felt that staff had verbally or physically abused them due to their ethnic or cultural background. For one person this had happened once, for two occasionally and one did not comment.

- **Do you feel safe here? (n=77)**

Yes	22% (n=17)
No	52% (n=40)
Don't know	26% (n=20)

- **If no, do you feel unsafe:** (n=28)

Sometimes	29% (n=8)
Most of the time	71% (n=20)

- **Since you have been here have staff come up to you to ask how you are?** (n=74)

Yes	30% (n=22)
No	70% (n=52)

- **If you press the call bell in your room, how quickly is it answered by staff?**

There were no call bells in the rooms at Campsfield House.

What do you do here?

- **What work or study were you doing in your home country or in Britain before you came into detention?** (n=58)

Work/study listed:

- | | |
|--------------------------------|-------------------|
| • Student | 19% (n=11) |
| • Skilled craftsman | 10% (n=6) |
| • Business man | 5% (n=3) |
| • Shop keeper/salesman | 5% (n=3) |
| • Merchant/ trader | 5% (n=3) |
| • Computer engineer/consultant | 3% (n=2) |
| • Manager | 3% (n=2) |
| • Cleaner | 3% (n=2) |
| • Builder | 3% (n=2) |

In addition detainees were employed as:

- Seaman
- Teacher
- Farmer
- Journalist
- Broker
- Medical profession
- In media
- Ironing job
- Government worker
- Organising games
- Driver

• Self employed	
• Didn't work	7% (n=4)
• Everything	5% (n=3)
• Information not translated	9% (n=5)

• **Are you doing any education here in the Centre?** (n=71)

Yes	42% (n=30)
No	58% (n=41)

• **If no, have you applied to get on education?** (n=33)

Yes	9% (n=3)
No	91% (n=30)

• **If you are doing education, what do you do?** (n=30)

Of the 30 detainees who mentioned that they were involved in education at the Centre, 17 respondents reported that they were trying to learn English. Nine were involved in computing, one was taking part in an art class. Four detainees did not comment on what education they were doing.

We attend school sometimes, but mainly I go to the gym

• **Is it helpful?** (n=24)

Yes	88% (n=21)
No	4% (n=1)
Don't know	8% (n=2)

• **Are there books in your language in the library?** (n=75)

Yes*	64% (n=48)
No	29% (n=22)
Don't know	7% (n=5)

*Two commented that there were books but they were few in number.

• **Do you have a job in this Centre?** (n=74)

Yes	1% (n=1)
No	99% (n=73)

The one detainee who said he did have a job, said he was computer training.

• **If no, would you like to have one?** (n=58)

Yes	59% (n=34)
No	41% (n=24)

- **Is there enough to do to fill your time here?** (n=68)

Yes	32% (n=22)
No	68% (n=46)

- **If no, what else would you like to do?** (n=35)

Comments included:	
<i>A job – particularly which uses my skills</i>	26% (n=9)
<i>To be free</i>	20% (n=7)
<i>To be involved in more education, including English</i>	9% (n=3)
<i>More IT courses</i>	9% (n=3)
<i>More sport</i>	9% (n=3)
<i>I would like a situation whereby this place is an open camp like Canada whereby you can go out and come back</i> (n=2)	6%
<i>I want to see some very good films</i>	6% (n=2)
Other suggestions to relieve boredom, included:	
<i>I want to go back to my country - Nigeria</i>	
<i>More entertainment, more playing games, more books, courses.</i>	
<i>Swimming</i>	
<i>Walking it does me good</i>	
<i>Surf the internet</i>	
<i>I want to know about cars and learn the principles of driving. I want to read in the world famous Oxford University, if possible. If not then we should have at least a trip to the University</i>	
<i>Go to the gym</i>	

- **How many hours a day do you spend unlocked in an average week?**

Not applicable as detainees are not locked in their rooms at Campsfield House.

Communication

- **Are you able to receive incoming calls? (n=74)**

Yes*	86% (n=61)
No	14% (n=10)
Don't know have not been contacted**	4% (n=3)

**Those who said, 'don't know have not tried' were excluded when calculating the percentages for yes and no.

*Three detainees complained that it took a long time to be put through to the caller and that sometimes you were cut off.

- **Are you able to make outgoing calls when you need? (n=72)**

Yes*	68% (n=46)
No**	32% (n=22)
Don't know have not tried***	6% (n=4)

***Those who said, 'don't know have not tried' were excluded when calculating the percentages for yes and no

*Two detainees made the following comments:

So much complaining from the staff before they can give it to you

Booths are very costly and BT are exploiting detainees and many of them rely on donations

**Two detainees who answered 'no' to this question said that this was because they did not have a phone card.

- **Are there any problems with sending letters? (n=70)**

Yes	20% (n=9)
No	80% (n=35)
Don't know have not tried*	37% (n=26)

*Those who said, 'don't know have not tried' were excluded when calculating the percentages for yes and no.

Comments included:

One letter a week only if allowed

Stamps are problem

Too much delay

I am not sure what happens

They check the letters

- **Are there any problems with receiving letters?** (n=68)

Yes	16% (n=7)
No	84% (n=36)
Don't know have not tried*	37% (n=25)

*Those who said, 'don't know have not tried' were excluded when calculating the percentages for yes and no.

One of the seven detainees who reported that there were problems receiving letters commented:

To be told to open our letters in front of the officer in duty

- **Have you had a visit since you have been in here from your family or friends?** (n=71)

Yes	48% (n=34)
No	52% (n=37)

- **If you have had a visit, how many visits do you get in a week?** (n=26)

Less than one a week	31% (n=8)
One	27% (n=7)
Two	12% (n=3)
Three	4% (n=1)
More than three	-
Don't know	27% (n=7)

- **Do you arrive on time for your visit?** (n=23)

Yes	74% (n=17)
No	13% (n=3)
Sometimes	13% (n=3)

- **How do you feel you and your family/friends are treated by visits staff** (n=23)

Well	48% (n=11)
Neither well nor badly	43% (n=10)
Badly	9% (n=2)

- **Have you had a visit since you have been here from Community groups or volunteer visitors?** (n=67)

Yes	34% (n=23)
No	66% (n=44)

- **Have you had a visit from your solicitor/legal representative?** (n=73)

Yes	52% (n=37)
No	48% (n=34)
Do not have a legal representative*	3% (n=2)

*Those who said they did not have a legal representative were excluded when calculating overall percentages.

- **If yes, do you arrive on time for your visit?** (n=31)

Yes	81% (n=25)
No	-
Sometimes	19% (n=6)

- **Was an interpreter provided?** (n=30)

Yes	44% (n=8)
No	56% (n=10)
No need*	40% (n=12)

*Those who said 'no need' were excluded when calculating the percentages for yes and no.

- **Was the visit long enough for you to explain your case?** (n=28)

Yes	57% (n=16)
No	32% (n=9)
Don't know	11% (n=3)

- **Did you understand fully what was said?** (n=31)

Yes	74% (n=23)
No	19% (n=6)
Yes and No	6% (n=2)

- **How easy or difficult is it to see an Immigration officer when you want?** (n=64)

Easy	19% (n=12)
Not easy or difficult	20% (n=13)
Difficult	25% (n=16)
Don't know	36% (n=23)

Overall impressions

- **Are there any other comments about the Centre that you would like to tell us?** (n=62)

Comments included:

- **Inconsistent/unfair treatment by staff** **16%** (n=10)

We have problems regarding room cleaning. We have been promised £5 a week but they don't pay us. Officers who write down the points don't treat us in the same manner as the other prisoners. Black people working for Group Four help Black people. The Chinese working for Group Four help Chinese. It is only Albanians that are not treated in a fair way with respect the prisoner. Thank you

The staff should learn how to treat us. We are human like them. They should stop pretending as if they are nice. They notice visitors around, they should unlock doors within the compound. We need the free movement within the centre, not lock us up as if we are goats

Imagine an official waking detainees up at 3 am for deportation or whatever and removing him to an unknown destination, which is very embarrassing

I am grateful for many of the things that are here and are done for us. But there is also a heartless attitude towards us. There needs to be more kind hearted people working in the centre. Please pay more attention to medical help. Health is one of the most important things in life. Thank you for your time and attention

All the junior members of staff are very co-operating although seniors who handle complaints do not act quickly

the staff should be sent on courses on human relations monthly or quarterly. Because a few of them are inhumane, no human feeling. Hostile and some of the kitchen (Chef) are rude (they believe they are doing us a favour). But

some of them are very good, they have human feelings, very polite, listen to our complaints

• **Immigration issues**

11% (n=7)

They take months to decide, and people sigh just out of frustration. The immigration people treat all cases as fraud. My case has not been decided after more than one and a half months

All the other things are good but detainees should not be kept in the detentions for too long, more than three months they are not criminals. Decisions in their cases must be processed quickly maybe in a week or two. Thanks I hope this will help to rectify the situation at Campsfield house

Firstly when I went in Eaton House for reporting there they said to me your case is dismissed, then they bring me in here by van, up to now I am here for five days. But when I came here the officer told me you will be in 48 hours not more than that. In here it is not good not bad. In my view nobody wants to stay here longer and longer. Detention centre is like prison it may be prison. Everybody is feeling upset. Here my breath going down and down, if I stay here more than two-three weeks I will be dead, Who is responsible? Who would look after my family everyone knows of my country's situation at the moment

I am a boy of 17 I am in this prison for the last three months and my case has not seen the light of day and I don't know how many months will they take more to decide. This tension is causing great mental trouble. I am not getting a bail because with the immigration officials this is adversely affecting my education. If I am detained for another month I will stop eating without giving any thought to the consequences. Thanks

It is like a prison here

10% (n=6)

Is this supposed to be a prison or a detention centre where I am kept whilst my case is being processed? I am treated like a prisoner while I can't remember committing any crime (killing or stealing from anyone). The HC is another joke (personally) I don't think my health should be compromised (detainee or not) and at the end of the day I would appreciate some decency and treated with some respect. Thank you for your time

We are being treated and judged like we are criminals and not asylum seekers

I came here to claim asylum and not to be locked up in a prison for no reason, and to be treated in an inhumane manner. You are becoming racist with us, like in Hitler's time

The Group Four keep us confined in the four walls of the Centre. They never take us out and though there is a big open ground in the Centre, we have never been taken there also. We are greatly alarmed inside the walls. There are iron walls all around and they have barbed wire also. Watching them frightens us. I sometimes feel that the immigration people will keep us imprisoned for life and that has made me weep in loneliness. Please tell them to take us out or else I will commit suicide some day. I am suffering from diarrhoea from the first day of my confinement and it is not stopping. I am in great trouble

• **Health – mental and physical**

10% (n=6)

Will my comments make an impact? If yes, please rectify my bowel problems. I have been bleeding case for the past few days. Fibrogel does help, but medication will only make my condition worse. Chronic bowel patients needs more fresh fruit

I am getting crazy psychologically

It is very sad to stay in this Centre. I have been staying here for five months and actually I have been operated on. I have lost my hearing in one of my ears. I have asked them to move me but I haven't been allowed. I fear that my wound will get infected, I have not received the proper care. I don't know where to ask for help. Please help me, I am going insane here. Please don't forget about me. Thank you

I have stones in my kidneys 8-10 in number. These people do not take me to hospital although they know my condition. What should I do, I am in great pain? Please arrange for treatment. I thank you that you have visited this Centre

This Centre has been existing to frustrate, other than help, I have been here four months I am still on waiting list for dental surgery, physically, I am losing weight by the day. I am sorry to say that the systems strategy is to render us useless first by destroying our mind, and destroying our family lives. If the law should be used then let it be fair but the law is only taking advantage of our vulnerability. Sorry to point out the facts about this Centre and what it has done to my family, only I have the guts to say it after eight months in detention, four in Liverpool prison and four months in here

• **My crime is to seek asylum**

8% (n=5)

Detaining someone for six months not a life sentence, I'm being killed, tortured. Britain should not pretend to say lie that they treat asylum seeker with soft hands when it is not. They should clearly say no more asylum seekers into Britain. I am serving life sentence in Britain here. Note I am saying I have already been killed in Britain here. In their detentions I escaped big violence here, I escaped fire incident again here. I was transferred to Yarlswood there was always violence again there. I escaped fire incident again, after I had trapped into one of the room detainees rescued me through

the window. Since then I am unable to sleep because of terrible dangerous nightmares. I'm taking strong tablets and a sleeping tablet every day. I'm telling you immigration (Britain) has killed me. My solicitor knows this

Why is there no representative from Human Rights/Amnesty or a visit from media/press. Why there is no authority to check why asylum/refugee seekers end up in detention Centre, 'is it a crime to apply for it?'

Since I am here an innocent person with no interpreter I cannot explain my problem. People are subjected to inhuman acts by a country where democracy and human rights are known. Human Right to live here have been removed, the only crime is to be Kurdish and seek asylum

I left my country because of war, but I did not know nor thought that I would end up in prison without doing anything wrong

• **Communication problems** 8% (n=5)

They take too much time to let us receive an international call

The incoming telephone call was not properly planned cause there are times people called on us but it takes 10 minutes in which they'll hold him or her up before connecting us. Think of it even they're using public phone to call

There is one rule that without booking nobody can meet you. What if someone does not know about booking before visit here, please I request if someone comes to visit here from another city, he/she be allowed to meet us. Thanks

The food 8% (n=5)

The food is lousy I only eat in order to survive when I don't eat staff ask me why. I tell them but nothing has been done for the last four months

I also think there needs to be a more variety of foods in the canteen, the food needs to be better prepared and more tasty because they're catering for people from different cultures, they need a proper chef

They should structure African food in our meals because we Africans force ourselves to eat the English meals, which we are not used to. Group Four should stop treating detainees as prisoners

• **Make better use of the time here** 6% (n=4)

They should give some work to the prisoners in the Centre to keep them busy. And they would earn some money to spend for their needs as well as do some work. An idle man's mind and heart always feel to be in trouble

The education system here should be improved, eg computer classes we have should be extended, such as computer access, excel, and the classroom is too small, the computers also are few in number. The indoor games like drafts, computer games, should be removed from the library because it disturbs the serious people looking for information from the library. There must be certificates for every level of education you take part in especially the computer classes you have no exam and no certificate

- **Fear of the unknown** 3% (n=2)

About the Centre all I can say that is not easy for people with family and not knowing when they will be released and re-united with their family. I am a prisoner who has been sentenced to a death penalty spending time here more or less is too much and quite stressful. Morally, I think sometime that I should commit suicide and let go of everything

You people should put us into your shoes, take us like son, uncle, father and grandfathers. We don't need to be in the darkness, we are in the darkness. We don't know what is going on out there. Am disturbed, I need freedom

- **Worried about family** 3% (n=2)

I can't just sit here in this Centre while my girlfriend who is two months pregnant doesn't even know where I am. If she finds out I am here the worst could happen- she could hurt herself. Besides me she has nothing. Thank you

My wife and two children are out and there is no one to look after them. There is a friend out there, but he has got no time, I am worried about my wife and children. Thanks

- **Would like the different cultures to be separated** 3% (n=2)

There should be separate blocks for the Asians, separate TV rooms and Asian TV channels so that we do not have boredom. We should be taken to specially established Asian centres after discharge from Oakington. We should be helped to familiarise ourselves with the British way of life. Open exercise should be allowed in the Centre and for that a PE teacher should be appointed. An open air exercise for an hour should be made compulsory

- **Positive comments** 3% (n=2)

Firstly I would like to thank you because you are interested in us. I don't have any problem myself. I am getting on alright here and I'll do in the future until I

get an answer regarding any immigration matter. The best solution is that they should give me a British passport. Thank you for your understanding

Everything is very okay and this place is very cool.

Other comments:

We need our freedom

I would like to say about this Centre that drugs like cannabis are being used since the day the criminals have been kept here. I feel sick because of the odour of these things. I wonder how drugs reach inside. Are the staff involved? I feel more insecure here now

You promised to do the following work. Please provide an Imam (religious leader) in the mosque to offer Jumma prayer. Arrange both hot and cold water in the basin please. Please keep my requests. God bless you.

Appendix 2

Detainee Population Proforma

Population breakdown by:

(If you have different populations within the establishment, eg men and women, adults and children, please give numbers for the different groups). Please enter NA (not applicable) where you hold no people in that category.

(i) Age	No	%
<5 years	N/A	0
5 years to 10 years	N/A	0
10 years to 15 years	N/A	0
15 years to 17 years	N/A	0
18 years to 20 years	8	4.76
21 years to 24 years	37	22.02
25 years to 29 years	45	26.79
30 years to 34 years	36	21.43
35 years to 39 years	24	14.29
40 years to 44 years	11	6.55
45 years to 49 years	4	2.38
> 50 years	3	1.79
(please state maximum age)	52	

Total	168	100
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(ii) Nationality	No of Men	No of Women	No of Children	%
Afghanistan	2	0	0	1.19
Albania	10	0	0	5.95
Bangladesh	5	0	0	2.98
Belarus	1	0	0	0.60
China	4	0	0	2.38
Cameroon	3	0	0	1.79
Czechoslovakia	2	0	0	1.19
Algeria	8	0	0	4.76
Federal Republic of Yugoslavia	1	0	0	0.60
Ghana	4	0	0	2.38
India	13	0	0	7.74
Iraq	2	0	0	1.19
Jamaica	11	0	0	6.55
Kenya	4	0	0	2.38
Sri Lankan	7	0	0	4.17
Latvia	1	0	0	0.60
Moldova	1	0	0	0.60
Nigeria	19	0	0	11.31
Pakistan	20	0	0	11.90
PAN Neutral Zone (Panama)	1	0	0	0.60
Poland	4	0	0	2.38
Romania	1	0	0	0.60
Russia	1	0	0	0.60
Sierra Leone	1	0	0	0.60
Somalia	3	0	0	1.79
Slovakia	1	0	0	0.60
Chad	1	0	0	0.60
Turkey	7	0	0	4.17
Tanzania	2	0	0	1.19
Uganda	3	0	0	1.79
Ukraine	2	0	0	1.19
Vietnam	3	0	0	1.79
Yugoslavia	11	0	0	6.55
South Africa	2	0	0	1.19
Zimbabwe	2	0	0	1.19
Unknown	0	0	0	0
Etc.	0	0	0	0

Total	168	0	0	100
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(iii) Ethnic Group		No of Men	No of Women	No of Children	%
Asian	Indian	13	0	0	7.74
	Pakistani	20	0	0	11.90
	Bangladeshi	5	0	0	2.98
	Other	5	0	0	2.98
Black	African	40	0	0	23.81
	Caribbean	7	0	0	4.17
	Other	2	0	0	1.19
Mixed	White and black Caribbean	0	0	0	0
	White and black African	16	0	0	9.52
	White and Asian	0	0	0	0
Chinese		5	0	0	2.98
White		55	0	0	32.74
Other (please state)		0	0	0	
Total		168	0	0	100

Religion, please add categories as you need:

(iv) Religion	No of Men	No of Women	No of Children	%
Buddhist	2	0	0	1.19
Church of England	48	0	0	28.57
Hindu	7	0	0	4.17
Muslim	63	0	0	37.50
No Religion	18	0	0	10.71
Roman Catholic	15	0	0	8.93
Sikh	10	0	0	5.95
Other (please state)				

Rastafarian	1	0	0	0.60
Methodist	1	0	0	0.60
Atheist	2	0	0	1.19
Orthodox	1	0	0	0.60
Total	157	0	0	100

(v) Length of time in Detention	No	%
Under one week	N/A	0
One week up to two weeks	N/A	0
Two weeks up to four weeks	N/A	0
One month up to two months	N/A	0
Two months up to four months	8	4.76
Four months up to eight months	37	22.02
Eight months up to ten months	45	26.79
Ten months plus	36	21.43
(please state maximum time)	52	
Total	168	100