



HM Inspectorate of
Prisons

An Inspection of Haslar Immigration Removal Centre

February 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. This said, it has to be acknowledged that until the beginning of February, shortly before the inspection, Haslar Removal Centre had been run under Prison Service Rules rather than Detention Centre Rules, and our inspection was carried out at a time of transition when new practices were not yet embedded.

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

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.

detainees. These tests are based upon the 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 Haslar was carried out between the 25th and 27th of February 2002.
The team consisted of:

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Victoria Richardson	Senior Research Officer
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⁶ Translation arranged by Sally Walker Language Services

⁷ Provided by Lexicon Linguistics

2. Fact page

Task of the Establishment

The task of Haslar 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

Gosport, Hampshire

Provider

HM Prison Service

Operational capacity

160 male detainees, 141 at the time of the inspection

Escort provider

Wackenhut Escorting Services UK

Type of accommodation

The Centre originally operated as an army facility, then a Young Offender Detention Centre and latterly an Immigration Detention Centre. The residential accommodation provides spaces for 160 male detainees in six dormitories. Three of these are divided into separate rooms with their own doors but three are partitioned into cubicles with the walls not extending to the ceiling and with open doorways.

Last full inspection

June 1998

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 increased by the inability to obtain timely information about the progress of their cases, or to access competent independent legal advice (which in some cases may prevent their removal to an unsafe country or situation).

3.3 In making judgements about the safety of detainees we have been mindful that detainees in Haslar were by definition insecure. Some had been picked up without warning after several years in the UK. Others had been brought in to the country by unscrupulous traffickers who misled them about what would happen to them on arrival in the UK, and some had experienced long, uncomfortable and sometimes dangerous journeys. Detainees were also fearful of being in an establishment run by the Prison Service. Overall, being in Haslar represented a severe reversal in their fortunes and they were not likely to report feelings of wellbeing. Nor did they. However, this feeling of insecurity was even more marked than in most other Centres we inspected. Only 10% said they felt safe compared with a norm for the other Centres of 37%.

3.4 There was little information provided on arrival to allay their fears. All detainees were strip searched and the reason for this was not explained. Neither was it carried out professionally, and the traumatic impact of this on many of the nationalities in the Centre did not seem to be appreciated. Feelings of insecurity were compounded by inadequate staff supervision in the dormitories and the absence of doors to most of the rooms. There were no first night procedures to settle in new arrivals, and relationships between staff and detainees were superficial, hindered by language barriers and a culture of non-engagement. There was no equivalent of a personal officer scheme, little effort made to check on the wellbeing of detainees and no system to check that they took their meals regularly. Detainees were also concerned about the risk of fire when locked into their dormitories, a concern that we shared.

3.5 There were established links with the local community health team, but detainees who were disturbed but not sectionable and arguably not fit for detention remained in a custodial rather than a therapeutic environment. Little help with interpreting was provided. The doctor communicated any concerns he had about fitness for detention to the authorities, though he received no acknowledgement or feedback and detention continued in most cases.

3.6 Immigration officers on site were not permanently assigned to the Centre and had little information about individual cases. Monthly reviews were late or contained little substantive information and systems for delivering detainees to bail or appeal hearings were unreliable. A significant proportion of detainees had no legal representation and the majority of those who were un-represented did not know how to obtain legal advice or to determine its quality. A number appeared to be being exploited by their representatives or to be receiving inadequate representation. The length of time allowed for legal visits was unacceptably short and communication with legal representatives was hampered by the lack of the necessary funds to make phone calls.

3.7 We could not conclude that Haslar was a place of safety. There was insufficient reassurance given to new arrivals, staff supervision in the dormitories and information about the Centre. The accommodation afforded neither safety nor privacy, and it was not possible to deliver the necessary mental health care without specialist interpreters and in a custodial environment. There was also no effective system for providing advice and help with detainees' welfare problems outside the Centre. The level of access to legal support and information about the progress of their cases was poor and afforded little protection against the damaging effect of unanticipated and indeterminate detention.

Detainees are treated with respect as individuals

3.8 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.

3.9 Detainees were given appropriate refreshment during the reception process and placed with others who spoke their language wherever possible, but accommodation was not prepared for new arrivals and there was insufficient storage space for in-possession property. An immigration liaison officer undertook to induct detainees and assist with problems caused by their detention, but 84% of detainees in our survey claimed they had such problems still, and there was little liaison with the Haslar Detainees Welfare Group. The accommodation was unfit for its purpose and lacked privacy, warmth, quiet or recreational space. It was hard to settle at night when competition for the phones continued. There was an obvious under-investment in furniture, facilities, heating and repair. Neither were there facilities for detainees to launder their own clothes. The adoption of an incentive scheme which mimicked prison service practice and allowed detainees limited access to their own money was entirely inappropriate.

3.10 Detainees without funds were supplied with essential items with the exception of shampoo, but the failure to provide phone cards to those without means was a major omission.

Detainees were very dissatisfied with the amount, quality and suitability of the food for their dietary, religious and cultural needs and there was no pre-select menu. The choice of products available in the shop was also limited, prices were high and the only language spoken was English. There needed to be more effective consultation with detainees about these essential services. The system for allowing preferential access to the dining hall as an incentive was entirely inappropriate.

3.11 The quality of health care and the policy of allowing medication to be held in-possession were both good, though there should be access to simple remedies when the health care centre was closed. There was good provision for TB screening and regular 'well man' clinics were provided, but there were no medical interpreters. Custody staff were disengaged from detainees and the milieu of the Centre was not supportive to those suffering psychological distress. The lack of shared records between the different Centres and the community meant that medical histories were often missing. The policy for managing food refusal was in need of review, and there was no national forum for health practitioners working with detainees to meet together to develop their practice.

3.12 There was provision for multi-faith religious worship, but this was predominantly Christian and could not be accessed easily. There were few applications to see the Board of Visitors and a small number of complaints, though our survey indicated that detainees were not at all satisfied with many aspects of their treatment. Where they had complained, they were unhappy with the way their complaints had been dealt with, and independent scrutiny needed to be strengthened. Although there was a high level of awareness of the importance of good race relations, there had been an under-investment in the amount of time allowed to the Race Relations Liaison Officer and there was some evidence of racist behaviour among a small minority of staff.

3.13 We could not conclude therefore that detainees were treated with respect. Staff appeared to lack understanding or concern for detainees and showed insufficient interest in their welfare.

Detainees are engaged in constructive activity

3.14 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.

3.15 Detainees no longer had the opportunity to work in the Centre and were unable to launder their own clothes or cook their own food. From our survey, a third wished to do so. Some attended education and others attended the gym, but less than a third said they had enough to do in the Centre. There was also insufficient equipment in the residential areas for leisure activity: only one pool table for example in the whole Centre and detainees appeared to spend considerable periods of time in their rooms or dormitories with very little to do. Sports and education staff encouraged detainees to take part in activities and were enthusiastic and professional in their approach, but there was scope for the uptake of activities to be incentivised to encourage participation. Many detainees also regretted not being able to work any longer in the Centre.

3.16 We could not conclude therefore that detainees were sufficiently well occupied in Haslar.

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

3.17 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 their 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.

3.18 The visits area was well appointed but the way the system operated was a legacy from the time the Centre had been a young offender establishment. Visits operated only two hours a day six days a week. Property could not be handed in by visitors even when this was the last chance to restore property before removal. Detainees were randomly strip searched after visits whether or not there were grounds for suspicion. Free mail and fax facilities were available but the system for receiving phone calls was overloaded and making calls was very difficult for those without means. There was no access to the cheapest method of international communication, the e-mail, or to the internet as a source of detailed information about the situation in countries of origin.

3.19 There was no obligation on the part of the Immigration Service to prepare detainees either for transfer to another place of detention, release 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 before they were released 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.

3.20 We could not conclude that Haslar succeeded in making proper provision for detainees to keep in touch with the outside world through phone calls and visits, nor that it was able for them to make sufficient preparation for their release, transfer or removal.

Conclusion

3.21 We concluded that Haslar did not do enough to help detainees settle and to provide them with an environment in which they were safe. Staff were disengaged, the quality of the accommodation was poor and incentive and anti-bullying schemes based on prison practice were inappropriate. The lack of information about their cases, the restricted visiting times and the failure to receive detainees' property all communicated disrespect. Detainees were under-occupied, despite the best efforts of Centre staff. Contact with the outside world and preparation for release were also inadequately provided for.

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. 107 filled in questionnaires⁸ and we spoke to Albanian, Sri Lankan, Algerian, Indian, Pakistani 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 nationalities were Sri Lankan (17%), Algerian (11%) and Indian (9%). In terms of language 17% spoke Tamil, 11% Punjabi, 10% Albanian and 10% Arabic. Nine percent spoke English as their first language. Just over a half (55%) understood spoken English and a half understood written English.

4.2 The majority of the questionnaire sample (87%) had been in detention elsewhere before arriving at Haslar and 86% had been in detention in Haslar or somewhere else for over a month. The longest time spent at Haslar was 25 months, but the largest single proportion (51%) had been in the Centre for between two and six 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 a quarter of cases, but for those who did reply the following occupations were given:

• Student	20%	(n =15)
• Specialist work (florist, tailor, driver, nurse)	18%	(n =14)
• Unskilled labourer	16%	(n =12)
• In business (worked for a company/owned business)	13%	(n =10)
• Unspecified work	12%	(n = 9)
• Skilled labourer	9%	(n = 7)
• Unknown	7%	(n = 5)
• Unemployed	5%	(n = 4)

4.4 A third of detainees sampled had children. In a third of these cases the children remained in the UK. However the majority (61%) had children in their home country. For the most part the children were looked after by the second parent or a family member.

4.5 Discussion with detainees in groups and comments made in the questionnaires were highly critical of their treatment by staff and the standard of custodial care. We were told that staff looked upon detainees with disdain and deliberately slammed doors. They described being woken up by staff kicking their beds and claimed that transfer to a 'hard prison' was frequently threatened. According to the Algerians, staff would refer to them as 'terrorists', and only 18% claimed that a member of staff had enquired after their wellbeing since they had been at the Centre.

⁸ The full analysis is included in Appendix 1.

4.6 Detainees were also very critical of the standard of accommodation. The following were some of the criticisms:

- *There were half doors on the toilets*
- *The rooms were very cold and they were only allowed two blankets. There were not enough radiators and no curtains were allowed*
- *Chairs had lost their covers and they were required to sit on bare foam*
- *There were no doors on some of the dorms*
- *Most of the lockable cupboards were too small*
- *Cell swapping was not allowed nor were national groups accommodated together*
- *The toilet floors were always flooded*
- *There were no electrical sockets*
- *There was one pool table for the whole Centre*
- *The property boxes were 'horrible' and did not close properly resulting in property spilling out.*

A comment from the questionnaire:

"They are torturing us. It is very cold in our sleeping rooms. They don't give us money. No food that tastes edible. No proper telephones. Lack of basic comforts. They lock us up all the time. When we are in bed, the officers talk so loud. There are so many problems."

4.7 Detainees were critical of the strip searching procedure which they all underwent on entry to the Centre, and sometimes after visits. Whilst just over a third (37%) felt the search was carried out in a sensitive manner, over half (53%) did not. The main complaint was that they had to undress completely which was against the religion of some detainees. It also contravened Prison Service strip search procedure. Many found the manner in which the search was carried out humiliating. One detainee told us *"you are not always required to squat and jump, but it does happen"*. Detainees also received very little information about what would happen on their first night. Whilst a quarter claimed that they were told what would happen, 63% said they were not and only 11% felt safe on their first night.

4.8 Detainees were often very distressed at leaving property, family and businesses unattended and without warning. Many new arrivals had families who were ill equipped culturally to function in the UK without the head of the family. Some had dependants ill or in hospital and no other family or friends in the UK to assist.

4.9 The detainees we spoke to in groups claimed to be unaware that they could see an immigration officer. They told us they *'felt forgotten'* and *'dumped'* by the Immigration Service. From the survey, about a quarter found it easy to see an Immigration Officer, a quarter neither easy nor difficult, and another quarter difficult. Detainees also told us that they were not aware that they had a right to legal representation. Certainly over half (56%) did not know how to get legal advice after being at the Centre for a few days and about the same proportion (51%) did not know how to get a solicitor. When asked whether they had a solicitor or legal representative at the time of the visit, a fifth said that they did not, despite the fact that the majority had been in detention for more than a month.

4.10 The subject of food also attracted much criticism. Questionnaire results indicated that two-thirds (65%) felt they did not have enough to eat. If they were the last dormitory to go for food, the chances of having a full plate was further reduced. In the groups detainees told us that the timings of meals were not suitable. Furthermore, 77% did not feel that the food was well cooked; 57% felt it did not meet their religious needs, 61% that it did not meet their dietary

needs and 71% that it did not meet their cultural needs. Detainees were told that all the meat was Halal but they questioned whether this was in fact true.

4.11 Questionnaire results indicated that about half (58%) claimed they could see a minister of their own religion (35% said they couldn't, six percent that they didn't know and two percent that they didn't want to)⁹. In the groups the Muslim detainees told us they were not allowed to pray together, that there was no Imam at present, that Friday prayers were often cancelled and that they rarely had time to wash before prayers. The Sikh detainees said they had no opportunity to pray in the evenings and that food from the Sikh temple was not allowed. (This had been allowed on one occasion we were subsequently told).

4.12 Over half (59%) said they had no money and of these only 30% said that they were provided with enough toiletries by the Centre¹⁰. In the groups we were told that Haslar gave those without money £2.50 a week, which was insufficient particularly when the cheapest phone card was £3, and inconsistent with best practice elsewhere where free toiletries and a free £5 phone card were issued to those without means every week. Of those who had money (41%), two thirds were able to buy what they needed from the shop, but they complained that the Incentive and Earned Privileges scheme dictated how much of *their* money they could spend (see later). Three-quarters (74%) of detainees wore their own clothes though just under half (48%) said they did not have enough changes of clothes. Of the quarter who did not have their own clothes, only a fifth felt that the Centre provided them with suitable clothing.

4.13 Less than half (41%) claimed to understand the role of the Board of Visitors (now Visiting Committee) after a few days in the Centre, and a further 45% claimed they did not know how to make a complaint. Just over a fifth (22%) had made a complaint (not necessarily to the Visiting Committee) and of these, most (89%) said they were not happy with the way it had been dealt with. Reasons for their dissatisfaction included:

- *No quick feedback or no immediate answers*
- *Because a governor (a young man) was laughing at my complaint and was laughing with the other officers that were there*
- *Because they don't care about us, they just ignore us*

We were also told in the groups that detainees who complained were asked by staff

"Why are you complaining, you are not paying?"

4.14 In terms of the service from health care, most of the questionnaire respondents (92%) had experience of this. Just under half of the sample (45%) said their experience was bad, with 15% rating it as good and 40% as neither good nor bad. When those who were taking prescription medication were asked whether this was removed on reception, the majority (59%) said that they had been allowed to keep their medication, but three-quarters of these claimed that there were problems receiving it, and it was claimed that detainees did not reliably turn up when called for medication. Interpreters were rarely present at health care examinations and detainees did not always understand the doctor or nurse or feel that they were understood by them. In groups, detainees told us that medical notices were translated, but not into all the relevant languages. They complained that the health care centre was only open for an hour a

⁹ See para 9.25

¹⁰ See para 5.13

day¹¹. Forty-four percent claimed they had health problems associated with their treatment in their home countries. The majority (83%) had disclosed this to the doctor.

4.15 Not surprisingly within this environment and with the fear of removal hanging over them, few detainees reported feeling safe. Only 10% claimed they felt safe, 68% claimed they didn't and a further 22% claimed they didn't know how they felt. Just under a third claimed to have been directly insulted by detainees (29%) and staff (31%). Very few claimed to have been assaulted by either detainees or staff though 13% claimed that other detainees had victimised them because of their nationality and eight percent felt victimised because of their nationality by staff. Comments included:

- *Think we are guerrillas as we are Colombian*
- *Whilst complaining a member of staff told me to go back to my country*

Detainees in groups complained that those who were bullied were not supported and assaults were never investigated (this was not borne out by our examination of bullying logs).

4.16 The majority of detainees (95%) were not working, though a small number claimed that they did have jobs in the gym, kitchen or as a cleaner. Over a third (39%) expressed a desire to work. Almost two-thirds (64%) attended education, and 81% of those who did found it helpful. Almost three-quarters (72%) said there were books in their own language in the library, but overall, less than a third (29%) said they had enough to do in the Centre. Games and puzzles were suggested by 20% of the sample as a possible way to fill time. Detainees in the groups told us that the gym was good but with only two PEIs, if there was football, gym would be cancelled, and if the wings were short staffed they would be locked on their wings early.

4.17 With regard to communication with the outside world, detainees reported being able in most cases (83%) to receive incoming calls (groups did complain that there were insufficient incoming phones) and to make outgoing calls (76%). They had few problems in sending or receiving mail and just under half (44%) had received a social visit from their family or friends and a quarter (26%) had had a visit from community groups or volunteer visitors. Half had received a legal visit. Detainees were more likely to be produced on time for their legal visit (78%) than a social visit (59%). Views were mixed in relation to how they felt their family and friends were treated by visits staff. A third felt well, 45% neither well nor badly and 23% badly. In the groups the detainees complained that they were not allowed physical contact with visitors, not even their children. They also felt that visiting hours should be extended to the evening. From the survey a half felt that visits with legal representatives were long enough but a half did not.

Summary

4.18 Detainees indicated through groups and via the questionnaire that they were not well treated in the Centre. Haslar held detainees for a relatively long time and appeared to do little to alleviate their apprehension or distress. In fact their difficulties appeared to be compounded by poor treatment and the impoverished environment of the Centre.

¹¹ in fact the centre was open 8.00-8.30 Monday to Saturday inclusive for urgent problems, 10.00-11.45 Monday to Friday inclusive and 10.30 to 11.30 Saturday and Sunday. All of these were open access walk in sessions.

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 The majority (87%) of respondents in our survey had been held in detention somewhere else before arriving at Haslar. This included police cells and airport holding areas as well as Removal Centres. Many knew that Haslar was run by the Prison Service and arrived fearful of the treatment and conditions they would find.

The reception area

5.2 The Reception Centre was clean but not welcoming and much of the accommodation was unfit for its purpose. The searching area was very small and afforded no privacy. It contained a broken cardboard chair and a dirty piece of canvas to stand on. There were two holding rooms, the second of which contained a lavatory with a half door. Anyone using it could be seen from the main reception area through the glass door opposite. There was little active supervision of these holding rooms. Detainees could be supervised through the glass door in the first room but less easily in the second where they were held once they had been processed.

5.3 A third small room containing a lavatory and a basin was used for holding difficult to manage detainees or anyone needing to be isolated from others. This was inappropriate for its purpose. We observed one detainee being interviewed in this small room. He was very distressed and was surrounded by three officers and a governor as he sat on the lavatory that provided the only seat available. This was intimidating and degrading. Immediate arrangements should be made to provide an appropriate holding room for those requiring single separation.

The reception process

5.4 Detainees were often held for some hours in the first holding room, depending on the availability of staff and on whether there were detainees leaving. During the inspection new arrivals were held for three or more hours and we found them to be ill-informed about why they were there and nervous about what was going to happen to them. Those who could not speak English were particularly anxious. The Detention Centre Rules (DC Rules) were available in a number of languages, though this information was not always produced, and notices in both holding rooms gave details of the Race Relations, Suicide Awareness and other policies in

different languages. But this was not the information which detainees needed. They needed to know where they were on a map of the country, how people could reach them there and what the centre regime was like. Written information should tell detainees what they need to know in a language they can understand and should be provided to all new arrivals in Reception. Ideally a video-tape should show the reception process and examples of life in the Centre, with a commentary in different languages.

5.5 When officers were ready to start receiving detainees, they were called to an open reception area. Officers wore prison uniform and name badges, but did not introduce themselves or explain the reception process. This did nothing to allay the fears of detainees, many of whom had had bad experiences of uniformed staff in their own countries. The approach of staff was business-like and they tried to communicate as best they could, but often had great difficulty establishing the nationality and first language of new arrivals. There were no interpreters present or detainees who could speak the same language to explain procedures. We did see examples however of officers who were able to establish the nationality or first language of new arrivals contacting other detainees to help settle them into their accommodation. This was good practice.

5.6 Detainees were allowed to keep all legal papers other than those including their photographs and were advised to leave any valuable property in the safe. From the questionnaire, 39% of detainees said that their legal documents were taken from them when they arrived and 78% said that personal property was taken from them. Of these, 89% said they agreed the list of property being stored for them but 40% thought they could not get access to their property if they needed it.

Searching

5.7 Unlike many other Centres, all detainees were strip-searched. The necessity for this was not explained. The process simply began and officers assumed that the detainee knew what was going to happen and why. Many detainees were shocked by this and the manner in which it was carried out. Half of the respondents in our survey said it was not carried out in a culturally sensitive way, nor, from the complaints made to us, was it carried out professionally. Of those who made this assertion, 30% said this was because they were made to undress completely (with five detainees explaining that this was against their religion). Four people (9%) claimed to have felt humiliated and disgraced, while five (11%) reported that they felt they were treated inhumanely. Six detainees reported that they did not understand what was happening or why it was occurring.

5.8 There was no doubt that this was a very difficult experience for the particular nationalities held at Haslar. They complained of extreme humiliation and embarrassment and some reported being made to bend over, jump up and down and claimed they were laughed at. We were told, but were not able to confirm, that some had had all their clothes removed at the same time, rather than have each half stripped and searched separately. If this was the case, it was not consistent with prison service practice. For Muslim prisoners, the exposure associated with strip searching was particularly distressing.

Comments included:

- *Our clothes are stripped off and our private parts are examined, this is against our culture and our faith*

- *What is humanity, they don't know – they treat us like animals*
- *Two officials searched me with my clothes removed and made fun of me and ridiculed me*
- *All my life I have never been treated that bad, stripped of all my clothes*
- *I told the officers I did not have any underwear. The officer told me he did not care*
- *We were stripped naked, it is against our religion*

5.9 Strip searching of detainees on arrival and discharge, and the manner in which it is carried out, should be consistent across the removal centre estate. It should only be carried out if a rub down search or metal detector gives a positive indication, and it should be authorised by a senior member of staff. Care should be taken to ensure that it is carried out correctly and with respect. There should be particular awareness and sensitivity for those religious and minority ethnic groups who consider it improper for anyone other than their family to see them without clothes.

Risk assessment

5.10 Reception staff completed a form for every new arrival which asked:

- *Have you ever deliberately harmed yourself?*
- *Have you ever attempted suicide? (If yes, method)*
- *Do you feel that you wish to harm yourself now*
- *Do you feel that you fear you may attempt suicide?*

If anyone was judged to be at risk of self harm or suicide on arrival, the relevant F2052SH form¹² was opened and the detainee was placed in E dormitory on a 15 minute watch (see 9.15). We were told that the escorting agency did not use these forms so there was no pre-warning of anyone arriving in distress. It was difficult to carry out risk assessments with little information on the backgrounds of the detainees and when they were unable to speak English. All accommodation was shared and space in the Centre was limited so it was also difficult to be flexible in locating new arrivals. We concluded that risk assessments were haphazard. However, it was also clear that officers did their best to use space sensibly and place individuals where possible with at least one other detainee who spoke the same language.

5.11 We were told that unless detainees were placed on a special watch, no specific arrangements were in place to give individual attention during the first night, and that this was neither possible nor practical. Attempts were made to co-locate new arrivals with another who spoke the same language, but the officers saw the dormitory areas as places that they would not, or did not, enter except for the required pegging routines at night. Officers would be aware of newly arrived detainees, but there was no personal officer support, interpreters, literature or video in the detainee's own language. New arrivals were often anxious, upset and scared and a supportive first night procedure should be in place.

Refreshments

5.12 Detainees were usually dealt with in reception in time to receive their next meal in the dining area, but if they were in reception during the midday meal, food was taken to them. We

¹² Form used to monitor those at risk of self harm

observed detainees arriving later in the afternoon being taken to the dining room at 5 pm before returning to reception for their processing to be completed. The meals and refreshments provided were varied, catered for vegetarians and were culturally appropriate. This was good practice.

Essential supplies

5.13 Every detainee was issued with a toiletries pack containing toothbrush, toothpaste, soap and razor, shaving stick and shaving brush, but no shampoo. Staff told us that detainees were encouraged to buy their own toiletries apart from shaving equipment, but those arriving on Friday evenings did not have access to the canteen until the following Monday. Detainees should be able to have other items such as cigarettes and shampoo during this period and reception packs should include these. Detainees were given a £4 phone card on arrival, though best practice elsewhere suggests that this should be £5, and a full toiletries pack provided every week.

Welfare needs

5.14 Once the Reception process had started, officers tried to complete this as quickly as possible and this did not allow time to address immediate welfare concerns. Staff did not know what would happen to detainees' property or to their dependants and so they were unable to answer these questions. They referred those who could understand to the Immigration Liaison Officer (ILO), but this member of staff was unable to help with welfare matters, and these problems were left unresolved. The Centre did not recognise or appear to have any formal arrangement with the Haslar Visitors Group which was a registered charity willing to help with such matters.

5.15 From the questionnaire, 84% said that they had problems caused by their detention, The following problems were ticked (proportions in brackets):

- *I don't know what is happening to me* (60%)
- *I have property outside* (31%)
- *No-one is looking after my family* (24%)
- *I need to let someone know I am here* (21%)

Comments (translated) included :

- *It was the UK Government who gave me six months temporary permission to stay in the UK after I had been detained eight days. I reported to the Immigration officer every Tuesday. The UK is a lawful country with good human rights records. I don't know what happened, they arrested me while I was sleeping. It has not been six months yet. I have not been to court yet, why detain me here? I haven't heard from anyone who can speak Chinese to explain to me what on earth is happening to me. I didn't do anything wrong.*
- *My girlfriend is pregnant with my baby and I have no news of her*
- *I have been here for nine years. I have a limited company registered in my name. I pay taxes. I have a girlfriend. She weeps when she calls me. I can't leave her here. I have money, car and I will be able to buy my house in a short time. Please release me.*
- *My condition is deteriorating fast due to stress – I am HIV positive.*
- *My property was sent to Pakistan on 6th August. It has not been returned to me so far.*

5.16 Detainees were able to telephone family and friends when they reached their accommodation, but this was often after many hours. Some had been unable to make contact before leaving their last place of detention and the phone cards they brought with them were not compatible with the Haslar phone system. Others had been unable to tell their families that they were in detention as they had been picked up without warning. However, detainees were given cards telling them which dormitory they were in and a telephone number where they could be reached, so that family and friends could phone them directly day or night. Most (85%) said that they were able to make a telephone call within the first 24 hours of arriving at the Centre.

Summary and Recommendations

5.17 Much of the accommodation in Reception was unfit for its purpose. Privacy screening was inadequate and there was nowhere to hold difficult to manage detainees separate from others. The Detention Centre Rules were provided in several languages and there were notices about Centre policies, but no information about the reception process or the Centre itself. Many detainees were humiliated by the strip searching that they alleged was not carried out with the cultural sensitivity or professionalism that was required. Refreshments were provided, but there was no system in reception to address immediate welfare concerns. There was greater scope for involvement of the Haslar Detainees Welfare Group. In particular there needed to be more robust arrangements for liaising with dependants and restoring detainees' property. Suicide screening was in place, but there was insufficient information available to allow risk assessments to be carried out before detainees were located in their dormitories, though there was sensitivity shown to the need to co-locate those who spoke the same language. There were insufficient first night arrangements for supervising detainees until they were settled, and insufficient involvement with detainees.

Recommendations

- 1. Detainees should receive a map showing the location of Haslar and should have access to a public phone and a video showing the reception process and life in the Centre in the first holding room.*
- 2. Information about the Centre should be available in a number of languages from the moment of first arrival.*
- 3. The searching area should be clean and allow sufficient privacy for detainees to retain their dignity.*
- 4. Strip searching should only be carried out on the basis of a risk assessment and conform with Prison Service procedures so that detainees are at no time completely naked in the sight of others.*
- 5. Escorting companies should be trained in suicide awareness procedures and the use of F2052SH forms to alert the Centre to detainees at risk of self harm.*
- 6. Reception packs should include shampoo and cigarettes for smokers.*

7. *A system should be in place for providing help with the legitimate welfare concerns of detainees on first arrival.*
8. *There should be a first night procedure to provide individual attention and reassurance to newly arrived detainees.*
9. *Detainees without means should receive a £5 phonecard and free toiletries pack every week, according to best practice in other Centres.*

Good practice

1. *Some officers established the nationality or first language of new arrivals and contacted other detainees to help settle them into their accommodation.*
2. *Detainees were given cards telling them which dormitory they were in and a telephone number where they could be reached, so that family and friends could phone them directly day or night.*

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.

6.1 The residential accommodation provided spaces for 160 male detainees in six dormitories. Three of these were divided into separate rooms with their own doors but the other three were crudely partitioned into cubicles with the walls not extending to the ceiling and with open doorways. There were no curtains providing either privacy or draught protection. The cubicles measured approximately seven feet by twelve and accommodated three detainees, with one sleeping under the bare window. Dormitories A and H were of a higher standard and accommodated those on the 'enhanced regime' (see 9.5) with two detainees sharing a room. H dormitory rooms were the only ones with chairs, tables or TVs, and A dormitory contained the only pool table in the Centre.

6.2 Each detainee had a bed and small cupboard with a smaller lockable section inside for valuables and a cardboard property box under the bed. There were one, sometimes two small metal mirrors, all of them permanently scratched with graffiti. Notice boards were small, in poor condition and generally unused. There was little personalisation of any of the rooms, contributing to a sense of institutional poverty. There were no electricity sockets except on H dormitory where detainees could have TV or radio. Dormitory G was allocated to non-smokers but there was a waiting list for this.

6.3 Heating was provided by means of a single hot pipe on one wall of each cubicle, though H dormitory did have a flat wall panel radiator in each room. It was cold at midday on a bright sunny day and we were told that it was extremely cold at night. We understood that the heating system was to have been renewed but that funding for this had been withdrawn. This is unacceptable.

6.4 Beds and mattresses were adequate and in good condition. Sheets and pillowcases were laundered weekly and appeared to be in good condition, but the cellular blankets were worn thin from repeated laundering and totally inadequate considering the cold. Two were given to each detainee. We were told by staff that the issue had changed to three, but the beds we saw had only two and the detainees we spoke to thought that they had to get the doctor to say they needed a third blanket to get one. Detainees folded them in half to increase their heat retention but at the risk of them falling off because they were then too small. Duvets should be provided and in the meantime all detainees should have three blankets as standard issue.

6.5 The 'openness' of the cubicles, especially during the night did not provide protection against theft, bullying or assault, in that they were freely accessible to anyone in the dormitory. When asked whether they felt safe when they first arrived 84% said they did not, and 15% attributed this to the lack of doors on their rooms. Even where rooms had doors these could not be locked at night. The openness also resulted in noise and light pollution from the day rooms and other cubicles. There was no light or soundproofing and detainees complained of the effect

of this at night when the phone was used round the clock, although a curfew operated for the TV at 01.00.

6.6 There were telephone cubicles on each dormitory which were well used and for which there was always a queue. On E dormitory the window of the telephone box was badly broken. We were told that this had been the case for approximately three weeks, and yet the damage remained un-repaired, despite its continuous use. The shower and toilet facilities were barely satisfactory. There were no plugs on any of the washbasins, there were showers but no baths, and the toilets had stable doors which did not provide sufficient privacy. In the washing facilities on A wing a broken toilet seat was abandoned under a washbasin and the floor was covered in toilet paper.

Location and induction

6.7 We accompanied new arrivals to their dormitories from reception and in no cases had the accommodation been prepared or sleeping areas cleaned beforehand, though fresh bedding was provided. Beds and drawer space often had rubbish strewn over them and these areas were not clean. Detainees stored the possessions that they were allowed to keep with them in property boxes under their beds. These were at best ragged and at worst falling apart. Accommodation should be cleaned and prepared before new arrivals are located, and there should be proper storage space for all property allowed in possession.

6.8 Often detainees of the same nationality, ethnicity or language were housed together, but some detainees had been refused permission to be placed with people speaking the same language. A prison officer acting as the Immigration Liaison Officer explained the rules and routines of the Centre during a short induction on the first day. This was in English only and it is difficult to know how much information was understood. Translated information in many languages should be available and understanding checked, preferably via a first night procedure.

The Day rooms

6.9 Day rooms on each of the dormitories were in a poor state of decoration and graffiti were present. They held TVs but the chairs were in dreadful condition, many of them reduced to bare foam. There were few recreational facilities provided. Board games were few and uncared for; there were no 'quiet' areas where individuals could gather together and notice boards were distinguished by the lack of translated material on them. Where there were notices these were more often concerned with forbidding practices eg smoking, rather than promoting or advertising activities. On E dormitory there was a useful booklet on self harm and suicide but it was only in French. We saw no evidence of any hobby materials or activity, and there were no displays of artwork.

Clothing

6.10 Most detainees wore track suits supplied by the Centre, though they were allowed to wear their own clothes if they had sufficient changes available. Clothing provided by the Centre

was in many cases ill fitting, worn and insufficiently warm. Good quality adequate clothing should be provided. A weekly laundry facility was available but many told us that they did not like their clothing to be laundered in a communal wash, so laundered their own in wash basins and foot baths with soap and hung them to dry on the very few radiators available. This resulted in the pooling of water on the floor, which was hazardous and unpleasant. Provision should be made in each dormitory for detainees to wash, dry and iron their own clothes if they so wished.

Cleaning

6.11 This had been carried out by detainees as paid work, but now professional cleaners came in daily and, on a weekly rota, cleaned every part of the residential accommodation. However, the overall impression was of an unkempt and uncared-for environment.

Summary and Recommendations

6.12 The accommodation was inadequate for its task. It afforded insufficient safety, privacy, heat, quiet or recreational space. There was an obvious under-investment in furniture, facilities, heating and repair. The accommodation was not cleaned for new arrivals, bedding was clean but inadequate and the storage arrangements for property allowed in-possession were unsatisfactory. There was one pool table for the entire Centre and one TV room for the exclusive use of A and H dormitory residents. There were no wing based laundries, too few phones and a lack of privacy and quiet at night. Detainees endured testing conditions and it was difficult to see how staff could feel pride in their work in such poor conditions.

Recommendations

- 1. The cubicles should be fitted with doors and detainees provided with keys to their rooms.*
- 2. False ceilings should be fitted to the cubicles.*
- 3. Curtains should be placed at the windows.*
- 4. Metal mirrors should be renewed.*
- 5. A table and chairs should be provided in each room and the occupancy of each cubicle reduced to two.*
- 6. Cupboards should be of sufficient size to allow all in-possession property to be stored and cardboard boxes to be dispensed with.*
- 7. Each dormitory should be provided with improved recreational facilities.*
- 8. The heating should be improved immediately.*
- 9. All detainees should be provided with duvets.*
- 10. Telephone cubicles should be maintained in good condition.*
- 11. Washbasins should be fitted with plugs.*
- 12. Stable doors to the toilets should be replaced with whole doors.*

- 13. Cleaners should clean and check all accommodation before detainees are located.*
- 14. The day rooms should be decorated and the furniture replaced.*
- 15. Notices in day rooms should be displayed in the common languages of detainees.*
- 16. Detainees should be provided with good quality adequate clothing.*
- 17. There should be a laundry in each dormitory for detainees to wash, dry and iron their own clothes.*
- 18. There should be more equipment in residential units to occupy detainees in association.*

7. Access to legal advice and representation

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

Introduction

7.1 Haslar accommodated a large number of long term detainees, the great majority of whom were detained for longer than two months. 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 Haslar just under a half of detainees (44%) knew how to obtain legal advice or get a representative (49%). One fifth were without representation, and just under a third of these (29%) reported that they were unable to obtain legal advice. Detainees are made aware of how to obtain legal advice through the Citizens Advice Bureau, Immigration Advisory Service and Refugee Legal Council, but many of those we spoke to were unaware of the free services they offered. Both these organisations had stopped attending Haslar on a regular basis, though information about these services was provided. Difficulties in obtaining representation were exacerbated by the lack of funds to purchase telephone cards, the lack of specialist legal representation in the Portsmouth area and the reluctance of representatives to take on cases in an inaccessible location.

7.4 From the questionnaire, only half of detainees had received visits from legal representatives, which is very low given that the large majority (86%) had been in Haslar for more than a month. Over half (51%) complained that their legal visits were not long enough to explain their case. Legal visits were only permitted for two hours a day on weekdays (with the exception of Wednesdays when the establishment was closed for training). Only three legal visits could take place in one afternoon. Representatives complained of being delayed at

reception and detainees being produced late for these visits. These restrictions on legal visits were unacceptable. Detainees were able to communicate with representatives through telephone and fax, although there were no e-mail facilities and detainees without means are not provided with free phone cards.

7.5 Legal representatives were not routinely invited to attend interviews with immigration staff except for substantive asylum interviews, and interpreters were never used. Thus detainees were presented with removal directions and other important decisions without the presence of either a representative or, perhaps more importantly, an interpreter to explain the decision or its implications.

Legal representation

7.6 Many detainees complained about their representatives' failure to visit or telephone them, to make bail applications on their behalf or progress their cases. A significant number of detainees informed us that they were paying large sums of money for legal representation and were unaware of legal aid provision, and in some cases it appeared that they were paying their representatives in addition to being legally aided. No monitoring of legal representation took place. There was no information about OISC, or list of advisers or representatives regulated by the Commissioner or professional bodies. There were also no legal text books in the library which might have assisted those who were un-represented.

Case study – Joseph

Joseph had been living in the UK for 13 years. He had overstayed his student visa and was married to a British citizen with whom he had a two year old child. He had approached a representative to apply to regularise his stay in 1995 who subsequently disappeared with all his documentation and £500. When he was arrested by Immigration officers in August 2001 his new representative to whom he had already paid £1500 sent a clerk to see him in detention. After paying that representative more money in order to make a bail application he again changed representative on the recommendation of other detainees. He had paid this third representative very substantial sums of money to make applications and representation on his behalf. During his 6 month detention he had had to borrow a total of £11,000 to pay representatives and to support his wife. He was now desperate having changed representatives twice.

Production in court

7.7 There had been complaints from judges and adjudicators that men were routinely delivered late to their bail and appeal hearings. In spite of the re-scheduling of Havant hearings, vans were still arriving more than half an hour late and in the case of hearings in London, they arrived many hours late or were not produced at all. The on site immigration staff did not consider bail production to be their responsibility and told us that detainees might not be produced if they were not required by the courts. Detainees had been told that they were not produced because hearing centres were too far away. Arrangements should be made so that detainees can attend relevant court hearings, and they should arrive on time.

Summary and recommendations

7.8 A significant proportion of detainees had no legal representation and the majority of those who were unrepresented did not know how to obtain legal advice. There was no source of advice or representation on site. Of those who had obtained legal representation a number appeared to have been exploited by their representatives or to be receiving inadequate representation. There was no monitoring of the quality of legal representation. The length of time allowed for legal visits was unacceptably short and further curtailed by inefficiencies. Communication with legal representatives was hampered by lack of the necessary funds to make phone calls and the remote location of the Centre. Detainees were not always being produced to bail and appeal hearings on time.

Recommendations

- 1. Arrangements should be made to ensure that detainees have on-site 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. Visiting arrangements for legal visitors should allow adequate access in daytime, evenings and weekends and be administered efficiently, according to best practice in other removal centres.*
- 7. Detainees should have access to up to date legal text books on immigration law.*
- 8. 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.*
- 9. Detainees should be able to attend their bail and appeal hearings and should be produced on time.*

8. Casework

We expect detention only to be carried out 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, on site immigration staff did not hold copies of the authority to detain form (IS91) or the reasons for detention (IS91R), although some information was obtained from the ports and the Croydon Enforcement Unit by the use of a pro forma. From the questionnaire almost two thirds of detainees (64%) claimed that they were not given written reasons for their detention that they could understand. Also from the questionnaire, over half of the detainees (56%) who were due a monthly review had not received one. Of those who had, over half (57%) considered that the review had not told them about the progress of their cases, and a significant proportion (45%) 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 overwhelming majority of detainees to whom we spoke were confused both about why they had been detained in the first place and why they continued to be detained.

Case study - Samy

Samy is an asylum seeker who had been detained at Haslar for 15 months. He was still unclear about why he had been detained there. He had not received a monthly review for 5 months and was very worried that nothing was being done to progress his case. He described immigration officers as extremely unhelpful.

Efficiency of casework

8.3 The immigration officers in the Centre were not permanent staff but visited on a rota from Portsmouth. They were unable to influence the decision to detain and the only information they had on file was that gleaned by means of their own proforma, which was variably completed and which was at any rate a poor substitute for first hand case information. Those detainees wanting information made applications through the immigration liaison officer, though few appeared to know of this possibility. The liaison officer encouraged detainees to be specific in their request, knowing that only specific questions were likely to get an answer. The paucity of information was compounded by the lack of permanent immigration staff and a resulting lack of

ownership of the work. We understood that six permanent immigration officers were to be recruited. There was also no review of the locally held files by the Chief Immigration Officer which might have identified cases where action was needed.

Case study – Hari

Hari had been living in the UK for 14 years. He had a British citizen wife and child. He had been detained at Haslar for four months. His representative had not been to visit him in detention. He was becoming increasingly frustrated at the lack of progress in his case. He had attempted to see an immigration officer to ask for information but could not communicate without an interpreter. He did not think that the immigration officer would help him and was worried that asking for an interview had negatively impacted upon his case. His application to remain in the UK on the basis of his marriage had been refused and the decision was handed to him with no explanation at all. He was having difficulty getting through to his representative on the telephone.

8.4 From the questionnaire, only 55% of detainees understood spoken English and fewer (50%) understood written English. However immigration officers did not use interpreters or language line to conduct interviews with detainees, with the exception of substantive asylum interviews. Despite Home Office policy that detention should be for the minimum period necessary, there was no evidence of any urgency in progressing cases, and the on site officers did not see that they had any role in expediting casework. Indeed from the questionnaire, it was clear that the vast majority of detainees (80%) had been detained in the Centre for over a month. Two fifths of detainees had been held at the Centre for more than 4 months and one detainee had been in the Centre for as long as 25 months. We were also concerned at the number of asylum seekers who told us that they wished to make a voluntary return to their country because they could not bear being detained any longer. Even in these circumstances, there were long delays in effecting their departure.

Case Study – Ahmed

Ahmed is an Algerian national who had claimed asylum. His mother had told him that his brother was dying and as a result he was desperate to return home. He had been waiting for three months to be returned and was extremely frustrated and anxious about the delay. He could not understand from the immigration staff why his departure was taking so long. We later heard that his brother had died before he reached home.

Summary and recommendations

8.5 Contrary to our expectations, most 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. Casework was not progressed efficiently and there was no expectation that the immigration staff on site would have any personal involvement in this. Neither did they provide assistance to meet any special needs in relation to asylum claims or use interpreters to help explain any decisions that were made. A valiant attempt was made to collect information by means of a simple pro forma, but this was no substitute for first hand case information. The great majority of detainees had been held at the Centre for over a month and some had been held for very considerable periods of time. Even those who had waived their asylum claims were experiencing delays in being re-patriated which were not explained to them. There were no local reviews of files or sense of urgency in the progressing of casework, nor were immigration officers permanently assigned to the Centre to experience any continuity in their work.

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. The role of on site immigration officers should be reviewed and clarified and their casework responsibilities clearly defined.*
- 5. On site immigration officers should have access to the Asylum Casework Information Database (ACID).*
- 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.*

Good practice

- 1. Immigration staff had developed a proforma which was faxed to the port to obtain relevant information about the detainee.*

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 Relationships between staff and detainees were distant and detainees reported that staff controlled them with the threat of locking them up or transferring them to a 'hard prison'. At night there were four officers on duty but no Senior Officer (SO) or Principal Officer in attendance. After 21.00 when the SO went off duty, one operational support grade (OSG) officer worked on the main gate and four officers patrolled the grounds and the dormitories. The patrolling of dormitories had been the subject of dispute with management, but it had been agreed that officers would enter each dormitory during the night on four regular occasions, each of these visits being recorded by a 'pegging' system. Given the lack of doors on most of the sleeping areas and the subsequent freedom of movement, this was insufficient and officers should patrol the dormitories more often and at irregular intervals. CCTV should also be installed.

9.2 A single call bell and emergency alarm bell were situated by the entrance to four of the dormitories where detainees enjoyed free movement at night, and on H dormitory there were emergency call bells in the rooms. The alarms were tested and produced a visual and audible signal which was cancelled in the main corridor. Staff responded promptly. Alarm bells should be easily accessible in an emergency and all the cubicles should have their own bells.

9.3 Until the completion of a small separation unit which was under construction at the time of the inspection, there was no facility for holding those judged to be disruptive or needing to be held apart from other detainees. In these circumstances removal could only be effected by transfer out of the Centre. At the time of the inspection such removals were to prison establishments, without reference to the Detainee Escort and Population Management Unit (DEPMU) who were in theory responsible for authorising all moves of detainees within the detention estate. Locally instigated moves in such circumstances were not accompanied by a written explanation, were not appealable, and amounted to the use of unofficial punishments. Moreover, detainees moved in this way became effectively lost in the system.

During our inspection we observed two detainees suspected of disruptive intent being called to Reception "to collect some property" where they were told that they were to be transferred to HMP Winchester. They were very distressed by this sudden transfer to a prison environment without any opportunity to inform either their volunteer visitors or family. While awaiting transfer, one harmed himself and the other threatened that he would do so. Both were placed on F2052SH forms and escorted by Haslar officers in separate taxis to Winchester Prison. The officers were professional and compassionate throughout. Both detainees were told that they would be at HMP Winchester for one night only en route to Harmondsworth Removal Centre. One was desperate to return home, as

his brother was terminally ill, but due to the transfer was, we understand, unable to do so until two weeks after his brother had died. The other was still in Winchester prison 14 weeks later, when his presence there was discovered by this Inspectorate in the course of an announced inspection of that prison. It appeared that he had been forgotten in the system, with no-one in the Prison Service or Immigration Service aware that he was there.

9.4 Removal to a prison environment should be exceptional, should only happen officially, and be appealable. Contingency plans should be drawn up for this eventuality and a safe and appropriate area should be provided for holding detainees in these circumstances prior to their transfer.

Incentive and earned privileges

9.5 An incentive and earned privileges system was in place based on Prison Service practice. It involved restricting the amount of detainees' own cash they were allowed to spend and giving those on enhanced regime a higher standard of accommodation and preferential access to the dining hall. This was unacceptable and inappropriate for a non-criminal population held in custody for purely administrative reasons. All detainees should enjoy the same standard of accommodation and have equal access to the dining hall and all other facilities of the Centre. Incentives should take the form of cash vouchers to spend in the shop for those participating in centre activities or undertaking duties such as detainee representative or, conceivably, reception assistant or Listener (someone trained to support those at risk of suicide or self-harm). Co-operation with the regime is won by decent conditions, positive relations with staff and sufficient activity, all of which generate goodwill and ownership, and all of which were lacking in Haslar at the time of the inspection.

Fire safety

9.6 Two members of staff were retained fire fighters and acted as Fire Officers. There was no short term breathing apparatus and no sprinkler system. In the event of a fire the policy was to evacuate. Fire doors were held open until fire alarms sounded when they were automatically released and closed, though they could be opened manually. Regular false alarms meant that the process of evacuation was practised regularly. The assembly point was the gym from which it was possible to evacuate to the exercise area. The evacuation time and response time for appliances to arrive was not recorded but believed to be quick. The local fire service was now charging the Centre for the cost of each call-out as the number of false alarms was so high. Without more information about the frequency of evacuations, the time they took and the response time for fire appliances it was difficult to assess the risk to detainees.

9.7 We were however concerned to note the accumulation of cardboard property boxes behind the reception area adjacent to two wooden doors, and the routine storage of cardboard property boxes under beds. With open partitioning in the dormitories, combustible building materials, manually locked dormitories and no sprinkler system, fire would spread very quickly and with possible fatal consequences. Communication problems must further hamper the implementation of emergency procedures. We recommend that a specialist fire inspection is undertaken and advice sought without delay.

Health and Safety

9.8 Health & Safety risk assessments were in place and the quality of these reflected a recent drive by the Health and Safety Officer who understood the importance of the task. However, these under-exploited the opportunity provided by Health and Safety legislation to improve treatment and conditions for detainees with regard to:

- the poor heating,
- the fire hazard caused by the accumulation of property boxes behind reception adjacent to two wooden doors,
- the fire hazard caused by the cardboard property boxes under beds,
- assault connected with low levels of staff supervision in the dormitories at night,
- the risk of RSI from the poor design of the computer work stations in education,¹³
- the risk of accident in the gym with the low level of qualified supervision provided.¹⁴

Suicide and self harm procedures

9.9 Prison Service suicide and self harm procedures (SASH) were in place and we were told that both prison staff and immigration officers had received SASH training and could, and did, open 2052SH forms if necessary. This was good practice. There were no formal first night procedures or specific first night accommodation, but new arrivals were screened by reception staff with regard to risk of self harm. Any individual considered to be at risk was placed in E dormitory and a 2052SH booklet opened. They were also allocated a named officer to provide close supervision and make regular entries into the booklet. This was good practice. There was a 'safe cell' available on the health care unit, containing a bed and cardboard furniture but this was not appropriate for its purpose. There were no health care staff on duty at night, and observation at this time relied on night staff carrying out 15 minute checks. We checked two 2052SH booklets during the inspection and although the information they contained was generally of high standard, in both cases night staff had failed to make any note during the night period. We were pleased to learn that the SASH co-ordinator had also noted this deficiency. All staff should be trained to ensure that SASH procedures are effectively implemented.

9.10 There was a first aid kit in the Centre office containing ligature scissors. Officers working in the Centre office knew where the first aid and emergency items were to be found, including the ligature knife, but not all had completed first aid training and the certificates of others had lapsed. There was therefore no guarantee that any of the officers working at night would be trained in first aid procedure or would know how to use a resuscitation kit efficiently. All night duty officers should carry a ligature knife with them when on duty and know how to use it.

9.11 We attended a SASH Strategy meeting during the inspection and were impressed with the thoroughness of discussion and the ideas generated. Representatives attended from the Samaritans organisation, and it was planned to invite representation from Wackenhut, the escort agency, to future meetings. This was entirely appropriate and escorting staff should also be trained in suicide awareness and be able to open F2052 SH forms as necessary.

9.12 The SASH co-ordinator was knowledgeable and enthusiastic, but had not received the necessary training. The establishment must ensure that such training is made available.

¹³ see 11.3

¹⁴ see 11.5

Anti-bullying

9.13 The anti-bullying co-ordinator impressed us with his knowledge and interest in the area. Detainees were told about the strategy by the Immigration Liaison Officer during induction and detainee representatives also attended suicide and self harm (SASH) meetings where anti-bullying was discussed. Whilst this was good prison practice, it was not necessarily effective in removal centres, with a different kind of population, many of whom could not understand English or communicate with their peers. Although the strategy was translated into several languages and posted in the dormitories, it was written in formal language and, from our discussions with detainees in groups it was clear that they were entirely ignorant of it. In fact they complained to us that there was no system to protect them from victimisation.

9.14 The anti-bullying strategy required allegations to be logged by the Principal Officer and allocated to an officer to carry out an investigation. We were told that any member of staff could investigate, and if this was the case management needed to ensure that all staff were confident to undertake this work. The alleged bully was told of the allegation but not the victim's identity, though it was acknowledged that it was not difficult to work this out and offered little protection to the victim, particularly given the physical conditions of the residential units. When the investigation was completed and action taken, the Senior Officer signed the incident off in the log. Examination of this log confirmed that incidents had been signed appropriately and investigations carried out thoroughly. In order to identify bullying that might go unreported the co-ordinator also examined security information reports (SIRs) and the staff information book that recorded daily activity on each dormitory and was held in the central office. This was good practice.

9.15 Staff told us that they believed that the periods detainees were locked into their dormitories during patrol states at lunch times and in the evenings with only limited staff supervision were high risk times for bullying. We agreed, but our survey indicated that victimisation at these times was rare. No detainee claimed to us either in groups or via the questionnaire that he had ever had a phone card stolen, and only 6% claimed that they had been made to hand over their possessions. Much of the conflict that did occur centred on the use of the phones and the control of the TV, and manifested in verbal harassment rather than violence. Over a quarter of detainees (29%) claimed that they had been insulted by other detainees whilst they were at Haslar.

- *Sometimes people here are fighting over the phone because you are not allowed to speak on the phone more than 15 minutes – the same thing happened with the television*
- *It started from which television station we have to watch and especially people are depressed and frustrated, which leads to them losing their heads/control*

However a similar proportion (31%) claimed that they had been insulted by staff, and their comments indicated that they were very sensitive to the way that staff dealt with them.

- *A senior officer told me I was stupid and mouthy because it happens I was in a wrong dormitory, he also searched me and the others like criminals*
- *One official tried to hit me and threw my card to the ground*
- *Bad words and obscenities*
- *Name calling, 'you, Ugly, come here' because I have gone in the dorm to talk to my friend*
- *Use bad body language and kick my bed to wake me up in the morning*
- *Attitude of many officers is not good, some are nice*

9.16 In the questionnaire we attempted to separate out hostility associated with nationality from hostility associated with ethnicity. It is a difficult distinction to make and we could not be sure how successfully it was made by respondents. However, from the results it appeared that nationality was a greater source of conflict in detainee relationships than racial or ethnic difference. Thirteen percent claimed they had been abused because of their nationality by other detainees, but only six per cent because of their race. There was a less clear distinction made by detainees in terms of their treatment by staff. Eight per cent of detainees claimed they had been abused because of their nationality by staff and ten per cent because of their race. We were told of comments such as detainees being told to 'go back to their country'.

9.17 It was claimed by staff that incidents were usually not serious, often arose as a result of misunderstandings and rarely resulted in repercussions, and this was confirmed by the survey which indicated that detainees at Haslar were not generally anti-social in their behaviour and rarely stole from one another. Neither did they intimidate or extort what they wanted. They appeared less tough-minded than offenders and more sensitive to the way that they were treated by staff: this was not always appreciated by staff accustomed to working with offenders. The majority (68%) said that they did not feel safe at Haslar and 71% of these did not feel safe most of the time. Only 10% said they did feel safe. Feelings of safety have to be understood in the context of the circumstances of detention, but this level of safety contrasted poorly with the norm for the other Centres which was 37%.

9.18 Overall the survey indicated that detainees in Haslar felt less in need of protection from one another than respect and support from staff. This suggests that the traditional anti-bullying approach of prisons which is predicated on the assumption that those in custody may be anti-social in their behaviour and primarily need protection from one another, is inappropriate for a removal centre. Without detracting from the importance of procedures for dealing with isolated incidents of bullying, which were in place, centre wide good order and discipline needed a different culturally sensitive detainee centred approach from staff. We suggest this would be more effective and appropriate than the traditional prison controls such as IEP¹⁵ schemes and anti-bullying procedures.

Race Relations

9.19 The minority ethnic composition of the Centre at the time of the inspection was 38% Asian, 31% white, 24% black, and 6% other. This represented the highest proportion of Asians in any of the Centres inspected at this time.

9.20 There was an active Race Relations Committee with detainee representation. It was clear, however, that different national groups had different experiences and understanding of racism and discrimination. Sri Lankans, for example, raised no concerns, even when these concepts were explained by an interpreter, in contrast to the Algerians who were vociferous about being victimised in this way, claiming that their treatment had deteriorated since September 11th.

9.21 From the questionnaire, six per cent of detainees claimed to have been victimised by another detainee on the basis of their cultural or ethnic background and 10% claimed to have been victimised by staff, though the comments indicated that this related to cultural as much as

¹⁵ Incentive and earned privilege schemes.

to racial difference. Racial incident forms, of which there had been fifteen in one year, indicated that most complaints about detainee behaviour had been raised by staff rather than other detainees. One complaint against an officer had been upheld.

9.22 The previously minimal provision of 2.5 hours a week facility time for the Race Relations Liaison Officer (RRLO) did not allow for regular input into the induction process, which was a major omission. There had also been limited ethnic minority recruitment and the vast majority of the staff were white. Ethnic monitoring had been carried out by the RRLO and this included monitoring of F2052SHs, but this data was not interpreted in terms of range setting¹⁶, so its value was questionable. The RRLO was a very conscientious officer who had been handicapped in his role by the hitherto low priority afforded it within the Centre. Despite this, he had established good relations with local community groups and had arranged a 'One World' day celebrating ethnic and cultural diversity. This was good practice and was attended by members of the Visiting Committee and the local press. It was even more commendable because it pre-dated the recent appointment of a Diversity Officer for 30 hours a week. More progress in this area should now be possible.

9.23 We recognise that diversity issues in removal centres are different from, and in many ways more complex, than those in prisons. They therefore need a distinctive approach. The renamed Race and Diversity Committee, with representation from detainees and outside groups, should provide continuity and allow a more sophisticated approach that promotes equality and diversity, supervises staff training and monitors complaints and take up of activities by nationality and ethnic group.

Religious Affairs

9.24 The Manager of Religious Affairs was an ordained Anglican priest (referred to hereafter as the Chaplain). There was no written information about religious provision but she saw all newly arrived detainees in their first 24 hours and explained the procedure for worship at Haslar. She was on site for five days each week and took responsibility for organising worship for other faiths. Catholic, Methodist, Sikh and Buddhist ministers visited weekly and the Imam was about to restart his weekly visits at the time of our inspection. A multi-faith centre contained a Christian chapel, a Muslim mosque and offices for the religious affairs staff. Washing facilities were provided for Muslims and the mosque was also used by other faiths. Detainees were escorted to the multi-faith centre for their weekly acts of worship, but because it was situated outside an inner security fence there was limited informal use of the chapel or mosque at other times. As the practice of their religion was important to detainees at a time of adversity, provision should be made not just for weekly worship but for prayer and quiet contemplation at other times. The Muslims, for example, had resorted to praying in their dormitories which was a source of irritation to other detainees sharing their accommodation, and this was inappropriate. The chapel, Muslim prayer room and a quiet room should be accessible to detainees at all reasonable times.

9.25 From the questionnaire over half (58%) of detainees claimed they could see a minister of their own religion, and this corresponded with the proportion attending chapel. A third (35%) said that they could not. Those wishing to see the Chaplain for pastoral support had to apply to

¹⁶ Within the Prison Service, best practice includes the interpretation of ethnic monitoring data in terms of its statistical significance by virtue of 'range setting' tables.

see her and be escorted by a member of staff or by the Chaplain herself to her office. She would endeavour to provide contact with a suitable religious minister or visitor for others requesting this service.

9.26 Co-operation between the Religious Affairs department and Education had resulted in a very impressive shared creation of painted tiles arranged in the shape of a wheel and representing the Wheel of Life. However, religious activities were separate from the cultural life of the Centre, not helped by the physical isolation of the multi-faith centre, whose position and accessibility should be reviewed.

The Visiting Committee (VC)

9.27 There was a box for requests to see a member of the VC, but it was not widely known about or used. From the questionnaire over a quarter (29%) of detainees said it was easy to get to see a member of the VC and over a third (39%) said it was difficult. Detainees were told about the Committee during their induction and very few (2%) had not heard of them at all, yet there were only 5 applications to see them in the past year. From discussion and from their annual report they appeared to have few concerns about the establishment.

Making complaints

9.28 Detainees were able to make complaints but rarely did so. The only information about the process for detainees was written in complex formal English and no translations were provided. Thirteen complaints had been made in the previous year, three were withdrawn and two were not concluded as the detainee was transferred out. Of the remaining eight, one detainee accepted an apology for verbal abuse from an officer, one alleged assault was abandoned due to “no evidence of injury” and for the rest there was incomplete information about outcome. From the questionnaire 22% of detainees had made a complaint since they had been at the Centre and 89% were not satisfied by the way it had been dealt with. Access to the Prisons Ombudsman had been lost with the re-designation of Haslar as a Removal Centre, and this made it even more important that procedures for dealing with complaints were robust and scrutinised by an independent body. We were not satisfied that either were in place. The system for making complaints should be explained in simple language and in translation and the number and outcome should be regularly scrutinised by the VC. Access to the Ombudsman should be reinstated.

Summary and Recommendations

9.29 Levels of staff supervision in the dormitories at night were low and there were insufficient alarm bells. There was no facility for the single separation of detainees who needed to be removed from association either for their own or others’ safety. The practice of using prison accommodation in these circumstances was inappropriate. Both the prison style IEP scheme and the anti-bullying strategy were inappropriate for detainees. They have not engaged in criminal behaviour and our survey suggests that levels of anti-social behaviour were low and that a culturally sensitive and detainee centred approach to their management was needed.

Health and Safety risk assessments did not sufficiently address the risks to detainees from low levels of staff supervision, fire or the cold. Prison Service suicide and self harm procedures were well established, but not all staff were first aid trained, the night staff did not carry ligature scissors and neither the accommodation nor the safe room were ligature free. Detainees claimed they did not feel safe.

9.30 Race relations had not been afforded the priority it deserved, but improvements were expected. There was some evidence of victimisation by detainees and staff on the basis of nationality and ethnicity, but this was not widespread. The chapel and multi-faith room were outside an inner security fence and not easily accessible. Muslims had no communal area they could use for daily prayers and other detainees had no room they could use for quiet contemplation. There was scope for more integration of religious and cultural activities. The VC received few applications from detainees. The system for making complaints was not widely used and detainees were dissatisfied with the outcome.

Recommendations

- 1. There should be a greater level of staff supervision in the dormitories during patrol states and CCTV should be installed.*
- 2. The application of a prison based IEP system should be replaced with a scheme which rewards participation in the regime (see 12.8).*
- 3. The anti-bullying strategy should be reviewed and be based on a survey of the needs of detainees rather than prisoners.*
- 4. A specialist fire inspection should be undertaken and advice sought without delay.*
- 5. Health and Safety risk assessments should address the risk to detainees caused by fire, insufficient warmth and and low levels of staff supervision at night*
- 6. All night duty officers should carry a ligature knife with them when on duty and know how to use it effectively.*
- 7. All staff should be trained to ensure that suicide and self-harm procedures are effectively implemented, particularly those with specific responsibilities in this area.*
- 8. Those considered to be high risk of suicide should not be transferred to prison accommodation.*
- 9. Escorting staff should be trained in suicide awareness and be able to open F2052 SH forms as necessary.*
- 10. The position and accessibility of the multi-faith centre should be reviewed.*
- 11. Ethnic monitoring data should be interpreted by means of 'range setting' tables.*
- 12. Staff should receive training to help them understand the particular needs of detainees, as opposed to prisoners, as well as the backgrounds of the people in their care and the impact of detention in a foreign country, so that they can provide appropriate and individual support to detainees.*

13. The system for making complaints should be explained in simple language and in translation, and the number and outcome should be regularly scrutinised by the VC.

14. Detainees should have access to an independent Ombudsman.

Good practice

- 1. Immigration officers had received SASH training and could, and did, open 2052SH forms if necessary*
- 2. Detainees were allocated a named officer to provide close supervision and make regular entries into the F2052SH booklet.*
- 3. The anti-bullying co-ordinator examined security information reports (SIRs) and the staff information book that recorded daily activity on each dormitory.*
- 4. Co-operation between the Religious Affairs department and Education had resulted in an impressive 'Wheel of Life' creation in tiles.*
- 5. The RRLO had arranged a 'One World' day celebrating ethnic and cultural diversity.*

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 Haslar 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 The medical service at Haslar had been provided by the same group practice for some 30 years. The doctor we met was one of three who visited the Centre, and who took the lead role. He had been visiting for the last 11 years and had a very good understanding of the health needs of detainees. He attended each morning for surgery to see those requesting to see him and those who had arrived the previous day. There was an out of hours on call service from the same practice. There was a separate consultation room for the doctor to carry out medical examinations and a separate treatment room for minor surgery.

10.3 The service included three nurses, one full time 'F' grade and one full time 'E' grade and another nurse working half time. A nurse, usually two, was on duty from 8.00 am until 5.00pm Monday to Friday and on Saturday and Sunday from 7.30 am until 1.00pm. However staffing levels had been cut from three to two and a half-time nurse and with the increased workload they rarely left the Centre before 6.30pm. Staffing levels should allow the nurses to finish at their contracted time and provide adequate cover for annual leave and sickness.

10.4 Patients' health care records were in the form of the Prison Service Inmate Medical Record (IMR). They were kept in the treatment room and were only accessed by nursing and medical staff. Copies of GP or hospital records were requested where it appeared necessary. As the Haslar records were the property of the Home Office, they could not be transferred with the detainee if he moved to a privately managed centre. Nurses did endeavour to provide a written summary to accompany the detainee, but as they were often moved with little notice this was often not possible. Sometimes a photocopy was sent for onward transfer, particularly if the transfer was to Harmondsworth or Tinsley House. When detainees were released into the community the nursing staff tried to make links with a GP to forward medical records, but there was no formal mechanism for the sharing of records between the Health Service and privately managed Centres. There was also no forum in which health care staff could meet with their

colleagues working with immigration detainees elsewhere for ongoing professional development, and this was an omission.

Initial healthcare examination

10.5 The doctor aimed to see all new arrivals within 24 hours, and from the questionnaire 92% of detainees confirmed that they had seen a doctor on their first day at the Centre. From the survey a fairly large proportion (43%) brought prescription medication with them into custody. The Centre provided a compact for 'in-possession' medication and where the doctor thought it was safe, detainees were able to self-medicate, which was good practice. This compact should be translated into the main languages of detainees to ensure it was fully understood. About half of those who brought in medication claimed they were allowed to hold it in possession and almost two thirds (65%) said they had discussed this with the doctor. It was explained by health care staff that much of the medication in possession was inappropriate, unlabelled or of dubious. Of those who claimed their medication was taken from them, half said they were prescribed a replacement and three quarters said they experienced problems getting it (see 10.18), possibly due to the failings of the tannoy system which was relied upon to announce the dispensing of medication.

10.6 A local protocol for the management of TB had been developed with the local Consultant in Communicable Diseases and the Respiratory Chest Consultant. A Heaf Test was offered all new detainees and if positive, was followed up with a chest X-ray. Treatment depended on the known length of stay at Haslar. This was good practice. There was also a policy covering Hepatitis B which was reviewed annually, as was the policy on TB. Health information leaflets in translation explaining the importance of testing and treatment should be provided so that detainees were able to make an informed choice, and further protocols should be in place for other blood borne viral infections such as HIV.

Interpreters

10.7 The assumption was made that detainees understood the importance of medical examinations, but if not, another detainee was asked to explain. With the length of time that detainees were at Haslar, friendships were formed, and when a health matter could not wait, it was not inappropriate to use trusted friends to interpret. The use of external interpreters was avoided because there was no budget to fund it, it took time to arrange, and there were a large number of languages to cover. Occasionally the doctor had used language line, and we were assured that interpreters were used for sensitive health issues. Only one detainee from our questionnaire sample had not revealed a history of torture because of the lack of an interpreter. This remains a problematic area for health staff.

Access to secondary healthcare

10.8 Detainees were referred to secondary care as required and there were good links with both local hospitals and the District General Hospital in Portsmouth. Patients went out for appointments rather than consultants attending the Centre. Detainees had been handcuffed in

the past but we were told that the escorting officer now waited outside the consultation room while medical examinations took place. Occasionally waiting lists meant that detainees moved on before their appointment came through.

10.9 There was no system however for detainees to be able to obtain expert medical assistance that may have progressed their cases. Referrals were made to the Medical Foundation in cases where torture was suspected, but we came across one case whose representative wished him to be seen by a skin specialist in London, but there appeared to be no mechanism to allow this to happen.

Case Study – Harmid

Harmid is a Sri Lankan national of Tamil origin who had claimed asylum and had less than a month until his asylum appeal. He claimed to have been tortured and was able to show us scars on his body which may have corroborated his account. His representative wished to obtain an expert medical report from a skin specialist in London to present at his appeal. Such expertise was not available within Haslar and the specialist was unable to attend because of the distance and time involved. The on site immigration staff were unable and unwilling to facilitate Harmid visiting the skin specialist, and the immigration staff at the port refused to authorise his temporary release. His representative also wanted to obtain a psychiatrist's assessment of Harmid's depression. This was similarly difficult to obtain. When eventually Harmid's asylum appeal was listed, the Adjudicator refused to adjourn the hearing in order for these reports to be obtained, not appreciating the reasons for the delay.

Mental health care

10.10 Whilst there were good links with the community mental health team, the Consultant Psychiatrist was not able to provide much in-reach work due to the demand in the local population. Those in need of treatment but not sectionable under the Mental Health Act were managed within the non-therapeutic environment of the Centre. Only 37% of detainees indicated in the questionnaire that there was someone they could talk to if they were depressed and this was in most (76%) cases another detainee and rarely (9%) someone from healthcare or a member of staff (15%). Only 18% of detainees said that custody staff had approached them to check on their wellbeing, despite this being a requirement under Detention Centre Rule 45 (3). Officers should receive training to help them understand the typical backgrounds of the people in their care and the impact of detention in a foreign country so that they could provide more individual support to detainees.

10.11 We were told that negotiations were under way to set up a counselling service through the local branch of MIND. Such a service would inevitably favour those who spoke English. While in many respects it is commendable that in-reach mental health services such as counselling, occupational and other therapies are used in this way, it is very important to recognise that in most cases it is detention itself which is the source of the problem. This is especially so for those who have been previously traumatised whilst in custody in their own countries.

Experience of mistreatment in country of origin

10.12 Almost half (44%) of detainees indicated in the questionnaire that they had health problems which were associated with mistreatment in their country of origin. The majority (83%)

had been able to talk to a doctor or nurse about this. The health care staff were receptive to the possibility that detainees had been victims of torture in their home countries. If this was established, the doctor informed the Immigration Service by means of a standard letter. This was very brief because he had received no feedback in the past. No contact was made with detainees' legal representatives. The Immigration Service should acknowledge all such correspondence from doctors and a formal protocol for the sharing of medical information relevant to asylum claims should be established specifying the responsibilities of each party and the consequences of disclosure. Consent forms should be available if detainees want information to be passed to their legal representatives.

10.13 We observed the care of a detainee who was in acute distress and expressing thoughts of self harm. Health care staff dealt with him sympathetically and other detainees were identified to 'keep an eye' on him overnight. The following morning the doctor identified symptoms of post-traumatic stress disorder and recommended release.

Health information

10.14 Health Education information was available in a variety of languages. Previous Inspectorate advice had been taken and leaflets had been obtained from a London Health Authority with a large ethnic population. This was good practice. Ongoing attention to this area was needed as the nationality of the detained population changed. Such leaflets should also cover infectious diseases with serious individual and public health implications so that detainees can be informed of the value of such tests and treatment. Safer sex literature was freely available and condoms were available from the health care centre. Each detainee who had been at Haslar for six months or more was invited to attend a 'well man' clinic. This was excellent practice, but both these sessions and follow up appointments were poorly attended and the nursing staff spent a lot of time chasing up failed appointments. Many detainees developed health worries because of the stress of detention and this service was an appropriate way of providing reassurance and care. It deserved to be better explained and promoted, and should be included on the Detainee Consultative Committee agenda.

Food refusal

10.15 There was a policy to ensure that hunger strikes were managed in accordance with ethical guidelines. This was good practice, but it was undermined by the fact that there was no monitoring of detainee attendance at the dining hall, so those refusing food could be missed (see 13.2).

Pharmacy

10.16 There was no Pharmacist at Haslar or any staff dedicated to the pharmaceutical service. Since November 2001, Lloyds Pharmacy of Fareham had taken over the pharmaceutical service from HMP Parkhurst, and one nurse was responsible for supervising the supply of medicines as part of her duties. The pharmacist visited at the time of setting up the service, but

not since. The pharmacist from Lloyds Pharmacy should endeavour to visit at least once a month to advise on and oversee the service.

10.17 Prescriptions faxed on a standard prescription and administration sheet to Lloyds Pharmacy by 13.00 were dispensed and received back by about 14.30. There was a written prescribing policy, but no Drugs and Therapeutics Committee with input from the pharmacist. Medicines were dispensed over a stable type door with an officer close by in case of an emergency from 11.45 to 13.00 every day. The nurse distributing the medicine checked understanding thoroughly and ensured that individual detainees understood how the medicine should be taken. Patient information leaflets were not issued at the time the medicines were dispensed. It is a legal requirement that these are issued to patients with their dispensed medicines. A notice translated into several languages should be in place at the dispensing point announcing the availability of leaflets in English and help with translation if required.

10.18 Most detainees received their medication in-possession, so it was possible to have only one distribution time per day. Despite this practice and the compact, there did not seem to be a written In-Possession policy. Such a policy should be drawn up and available in translation.

10.19 The pharmacy was clean and tidy. Medicines were stored in metal, locked cabinets to which only nurses held keys. The keys to the pharmacy, at the end of the day were placed in a safe in the healthcare suite, and keys to the healthcare suite were deposited in a secure pouch at the gate. If entry to the healthcare centre was required out of hours, the keys were signed for at the gate by the orderly officer, the details of any drug dispensed were recorded in the medical record and the drug chart and pharmacy record updated the following morning.

10.20 The doors of the cabinets carried stock cards, indicating the stock levels to be held for each medication. Stocks of medicines were appropriately low and external and internal preparations were separated, as were patient specific and stock items. Where patient specific medicines were stored there were cards indicating the review dates for these patients. A refrigerator was present and ambient temperature records were being maintained. A maximum/minimum thermometer should be obtained to record the daily maximum and minimum temperatures.

10.21 Regular date checking of medicines took place and only one date expired item was found which had been highlighted as such on the stock card. Any unused, date expired or unwanted stock was returned to Lloyds Pharmacy for destruction. A Venalink tray, carrying Penicillin V tablets 250mg assembled three months previously was found. The contents of Venalink trays should not be used after a period of eight weeks from the date of assembly. Pre-packs present were correctly labelled, but each pack carried only one label. Pre-packs should be dual labelled so that when dispensed, one of the labels can be attached to the prescription form and faxed back to Lloyds Pharmacy so the pharmacist can confirm that the correct item has been dispensed.

10.22 There was a written special sick policy, and the HR013 5/96 form appeared to be suitably annotated. However there was no audit to highlight possible abuse and no log of interventions, dispensing errors or near misses. Audit should be carried out and a log kept as a clinical governance tool and source of information, to monitor and improve the pharmaceutical service. There was no system for detainees to obtain simple remedies in the absence of healthcare staff. The healthcare centre was open from 0800 to 1700 from Monday to Friday and 0730 to 1300 on Saturday and Sunday. Outside of these hours it had been proposed that

Paradote (Paracetamol) tablets would be available from custody staff, but opposition from the POA has stopped this. Paradote tablets are excellent for such situations, as they contain an emetic which makes overdose impossible. Simple remedies should be available to detainees when no healthcare staff are on duty.

10.23 There was a resuscitation kit in the treatment room, the contents of which were checked on a regular basis. No controlled drugs were stored. A register showed that the last time a controlled drug was supplied was in 1997.

Detainees' views about the quality of health care

10.24 Despite our view that the health care provision was good, detainees were not positive about it in our questionnaire, and in groups they complained that they did not receive the medication they wanted. They did not readily take up the offer of 'well man' clinics, either because they did not understand their purpose or because they were not informed about them in a language they could understand. This underlines the importance of the Detainee Consultative Committee and of there being a forum for health practitioners working with detainees to get together and share information about their practice and provide mutual support.

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

Good	15% (n=14)
Neither	40% (n=38)
Bad	45% (n=43)
Don't know have not been*	4% (n=4)
Missing information	7% (n=8)

Summary and Recommendations

10.25 The health care provided in Haslar was of a good standard and was well established. There was a shortage of nurses and this needed to be addressed. Detainees were seen by a doctor within 24 hours of arrival and were offered 'well man' clinics during their stay. Other detainees were used for interpretation and, although this was acceptable if used carefully, interpreters should be used for more sensitive health matters. There was access to secondary health care in the community and mental health in-reach was available, though used rarely. Custody staff needed to give detainees more individual attention. Health information concerning fitness for detention was passed to the authorities, but was not acknowledged and a protocol was needed to govern what should happen in these circumstances. There was a need for the Immigration Service and Department of Health to consult on mechanisms for the sharing of health records and there was scope for a regular forum for health care staff to meet with their colleagues for professional development.

10.26 Drugs were largely being dispensed safely at the time of the inspection and the in-possession policy was suitable for a detainee population though it should be formalised in writing, and the compact for holding medication in possession should be translated into the main languages of detainees. There was insufficient audit and oversight of the service from a

professional pharmacist, some lack of compliance with legal requirements and no system for simple remedies to be made available to detainees when the health centre was closed.

Recommendations

- 1. A staffing level of three full time nurses needed to be restored.*
- 2. An In-Possession policy for medication should be drawn up and translated into the main languages spoken by detainees.*
- 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. Protocols such as that in place for TB should be developed for other blood borne viral infections with serious individual and public health implications.*
- 5. Interpreters should be provided for the discussion of sensitive health issues.*
- 6. Health promotion leaflets in translation should cover infectious diseases with serious individual and public health implications so that detainees were informed of the value of such tests and subsequent treatment.*
- 7. The purpose and importance of well man clinics should be included on the Detainee Consultative Committee agenda to explain and promote this service*
- 8. Consent forms should be available for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
- 9. 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.*
- 10. The pharmacist from Lloyds Pharmacy should endeavour to visit at least once a month to advise on and oversee the pharmaceutical service.*
- 11. A Drugs and Therapeutic Committee should be instituted, with input from the pharmacist.*
- 12. A notice translated into several languages should be in place at the dispensing point announcing the availability of leaflets in English and help with translation if required.*
- 13. A written In-Possession policy should be drawn up and translated into the main languages of detainees.*
- 14. When drugs were dispensed out of hours and medication removed from the drugs cabinet this should be logged, with the date, authority of the person taking it and the purpose, and the detainee's medical record should be annotated.*
- 15. A maximum/minimum thermometer should be obtained to record the daily maximum and minimum temperatures.*

16. *The contents of Venalink trays should not be used after a period of eight weeks from their assembly.*
17. *Pre-packs should be dual labelled so that, when dispensed one of the labels can be attached to the prescription form and faxed back to Lloyds Pharmacy so the pharmacist can confirm that the correct item has been dispensed.*
18. *Audit should be carried out of the medicines dispensed for special sick and a log kept as a clinical governance tool and source of information to monitor and improve the pharmaceutical service.*
19. *Simple remedies should be available to detainees when no healthcare staff are available.*

Good practice

1. *Patients signed a compact for In Possession medication.*
2. *The nurse distributing the medicine checked understanding thoroughly and ensured that individual detainees understood how the medicine should be taken.*
3. *A local protocol for screening and management of TB had been developed with the local Consultant in Communicable Diseases and the Respiratory Chest Consultant.*
4. *The majority of detainees had been able to talk to a doctor or nurse about health problems caused by mistreatment in their country of origin.*
5. *The doctor made appropriate referrals to the Immigration Service when a detainee patient was suffering a stress disorder connected with his asylum claim.*
6. *Health Education information was available in a variety of languages.*
7. *Safer sex literature and condoms were freely available from the health care centre.*
8. *Each detainee who had been at Haslar for six months or more was invited to attend a 'well man' clinic.*

11. Regime Activities

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

Introduction

11.1 Since the introduction of the Detention Centre Rules, detainees had no longer been employed in the kitchen, laundry or any other part of the Centre. This was a major loss to the regime and to detainees, many of whom were without means and reliant on the Centre to supply them with essential items. A cut of 25% in the Education budget had further reduced the regime. Boredom and under-occupation was widespread, with only just over a quarter saying they had enough to do.

Educational provision

11.2 Education staff were caring, supportive, appropriately qualified and experienced and were supported by qualified volunteers who staffed a computer room and provided tutorials and help in English. From the questionnaire about two thirds of detainees (64%) said they were attending Education, and of those who were not a further 20% had applied to attend. The vast majority (81%) claimed it was helpful to them.

11.3 The curriculum consisted of art, IT and ESOL with a small amount of music. The Prison Service target of achieving qualifications in numeracy at level 2 was inappropriate for detainees. Art teaching and the standard of art work was high, and there were good displays of art work in the Centre. The initial assessment of literacy was weak and had to be fitted in to education sessions. The ESOL course materials were mainly course books which were based on European experiences and there was a lack of contextualisation of the learning to the experiences of detainees. There was good provision for IT with three computer rooms and 35 computers, with ten older machines used for word processing. This was a popular activity and there were good progression routes through exercise books. The monitors were at a low level on desks and could not be adjusted and neither could the chairs, which could result in strain and tiredness over the periods of time they were used.

11.4 A cut in educational materials budget last year by 25% (from £4000 to £3000) was starting to impact on the delivery of education and had affected the extent to which recognised qualifications were offered. There was no monitoring of the take up of activities by ethnicity or nationality.

Recreational pursuits.

11.5 There was a well-equipped gym and newly arrived detainees received gym induction on their second day from enthusiastic and well qualified Physical Education Instructors (PEIs). There was an area providing an assortment of weights and cardio-vascular equipment, and a larger area used for various indoor sports and exercise. Regular users had a pair of their own gym shoes kept in the gym. Sessions were available mornings and afternoons, and some evenings. The gym could accommodate up to thirty individuals at any one time and detainees could attend whenever they chose. Not all detainees wished to use the weights equipment, and more cardio-vascular equipment had been purchased to better meet their needs. Individual exercise programmes could be provided on request. We did not see evidence of any stress reduction exercise, such as meditation or yoga sessions, and a formal needs analysis of the population should be undertaken to identify detainee need.

11.6 As there were only two physical education instructors (PEIs), if one was instructing a group on the sports field and his colleague was absent for any reason, the gym could not be used. A new two-week duty roster was about to be introduced in which only one PEI was available for eight of the 14 days. Until recently the gym had also had the services of gym orderlies whose duties included the laying out and clearing away of equipment and the cleaning and upkeep of the kit room and football boots. As these orderly posts had been lost, the PEIs now undertook this work themselves, further detracting from contact time. This low staffing level also resulted in a lack of adequate supervision within the gym. During the inspection, an inspector stopped a detainee using the treadmill whilst wearing 'flip-flops' whilst the PEI was supervising circuit training. It was not possible for one PEI to provide the necessary supervision, and more staff should be available. Detainees should be able to work as gym orderlies and receive pay or shop vouchers for this work.

11.7 A partially grassed open-air exercise area was available at the back of the living accommodation, and detainees could use this area for two hours during the morning and two hours in the afternoon. It contained a number of benches, and sports equipment could be erected, but if there was not an officer available to supervise this activity then exercise was cancelled. Exercise was also cancelled during 'inclement weather'. The exercise log available in the central office did not keep an adequate record of whether or not exercise took place, and if it had not, for whatever reason. We do not believe that it is necessary for an officer to supervise exercise, and detainees should be allowed freedom of movement inside and outside of the Centre.

11.8 From the survey, only 29% of detainees said that there was enough to do and only 5% claimed they had a job, though 39% would have liked one. Other things they would have liked to do were:

- *Games/puzzles* **20% (n=10)**
- *More freedom* **16% (n=8)**
- *More exercise* **14% (n=7)**
- *More education/study* **12% (n=6)**
- *Something different* **10% (n=5)**
- *Watch television* **8% (n=4)**
- *Work* **6% (n=3)**
- *Facilities open longer* **6% (n=3)**
- *Go to the library* **4% (n=2)**

- *being with my children* 2% (n=1)
- *watching videos.* 2% (n=1)

Incentives for participation

11.9 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 no longer available and this loss had been felt keenly by detainees. Many had relevant qualifications and skills¹⁷ 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

11.10 The library was only open to detainees for 16 hours a week, although the librarian was on duty for 34.5 hours. It was not open in the evenings or weekends and neither were newspapers available at the weekends. In terms of stock, there was a good cross section of materials in different languages, including newspapers, cassettes, CDs and videos. The librarian was employed by Hampshire County Council as their cultural librarian and was able to borrow stock from the county when requested. The reading room was separate from the main part of the library but was too small to accommodate the numbers wishing to read newspapers on Monday and Tuesday mornings. Dictionaries were available in most relevant languages, including for some dialects.

Summary and Recommendations

11.11 Detainees were no longer able to work and there was generally not enough to do. A relatively narrow curriculum was provided in English for speakers of other languages, IT and art, but no monitoring of the take up by ethnicity or nationality. There was good provision for English and computer training but no opportunity to work towards qualifications. There was a well equipped gym and sports hall with open access, but only two PEIs which limited the use that could be made of these facilities. An outside exercise facility was under-used. There was scope for a needs analysis to determine what other activities could be provided, incentives for participation and detainee tutor support. The library was a useful well equipped resource but was only open 16 hours a week and not in the evening or at weekends. The reading room was too small to accommodate all those who wanted to read foreign newspapers.

Recommendations

1. *The Prison Service target of achieving qualifications in literacy and numeracy at level 2 is inappropriate for detainees and should be abandoned.*

¹⁷ See the list of previous occupations of detainees in Appendix 1.

2. *The ESOL course materials should more closely reflect the experiences of detainees from non-European cultures.*
3. *The computer monitors and chairs should be adjustable in height.*
4. *A needs analysis could be carried out to identify what activities detainees would like to take part in.*
5. *Monitoring of the take up of activities by ethnicity and nationality should be introduced.*
6. *The level of supervision of activities in the gym should be increased.*
7. *Detainees should be allowed freedom of movement into and out of the Centre.*
8. *Incentives should be provided for detainees to take part in activities and provide support to others in education and the gym.*
9. *The library should be open for longer periods including evening and weekends.*
10. *Paid work should be available for detainees who choose to undertake it.*
11. *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.*
12. *Certification of skills should be introduced wherever possible.*

Good practice

1. *The staff were caring, supportive, appropriately qualified and experienced and were supported by qualified volunteers.*
2. *Art teaching and the standard of art work was high, and there were good displays of art work in the Centre.*
3. *Detainees had open access to a well equipped gym.*
4. *Dictionaries were available in most relevant languages, including for some dialects.*

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 A pre-packed breakfast was provided at 8.00 and lunch at 13.00. On weekdays the evening meal was at 17.15 and on weekends it was served at 17.30. Hot water was available in each dormitory area, so that detainees could make hot drinks between meals and they were provided with biscuits in the evening. Detainees ate in a large dining room with an attractive mural. There was no pre-select menu system despite this having been recommended in a previous inspection. Detainees were able to select from a pictorial menu that indicated the suitability of the dish for different cultures and identified vegetarian dishes but not low fat options. There was always a vegetarian selection and other dishes were described as European, Eastern European and Asian.

12.2 We were told that detainees on the enhanced regime always had first choice and that the last dormitory did not have sufficient food or choice. Indeed 65% of respondents in our survey told us that they did not get enough food to eat at meal times. Care should be taken to rotate the order in which dormitories collect their food to ensure that the last detainees have sufficient choice and quantity. Meal times were announced on the tannoy and dormitories called for when it was their turn. Staff did not go in to the dormitories to check that the announcement was understood and that movement was taking place, neither were detainees checked on a register when they reached the dining hall, so it was impossible for staff to know that if anyone was refusing food. There should be some means of checking whether individual detainees were taking at least one meal per day and identifying those for whom there may be some concern over mental state or mood.

Detainees views of the food

12.3 Most (77%) of the detainees told us that the food at Haslar was not well cooked, over half (57%) that it was not appropriate for their religious needs, 61% that it did not meet their dietary needs and over two thirds (71%) that it was not appropriate for their cultural needs.

TABLE 12.1 QUALITY OF FOOD FROM SURVEY RESULTS

	Yes	
	#	%
Enough to eat?	34	35
Well cooked?	17	17

Meets religious needs?	30	31
Meets dietary needs?	19	20
Meets cultural needs?	19	19

12.4 A food comments book was available in the dining room, but this had only recently been provided and was empty, neither was there a pen available. We saw the original complaints book and were concerned about the tone of some of the comment that purported to come from a manager, which was offensive and uncalled for. There had been no entries for the last five months despite the obvious current level of dissatisfaction with the food. The VC Annual Report also stated that they rarely received food complaints. A food comments book should be easily accessible to detainees and should not require them to identify themselves by name and number. The monthly Detainees Consultative Committee had not recently covered catering issues despite the current concerns, though we were told that this could be raised, and that catering staff did attend. This would be the obvious forum for detainees to safely feed back their views. VC members should actively seek out detainees' opinion of the food and scrutinise the food complaints book on their weekly visits.

12.5 In our survey 12% of detainees volunteered that the food was awful. Other comments included:

- *Please make sure it gets better in terms of food hygiene, if not please don't let them bring anyone here as it is not very safe.*
- *The gap between breakfast and lunch is too big.*
- *We do not get good food here. We are vegetarians. Much wrong is happening here. Food is not good here. They keep non-vegetable and vegetable foods close together. Our requirement is that vegetable food should not have even a touch, drop of meat food. We do not like it so throw away the food.*

Multi-cultural provision

12.6 The Catering Manager told us that all the meat provided was Halal and if it was not, this was clearly indicated. However, detainees were concerned that some of the food, because of its content, could not be correctly described as Halal and was not correctly prepared. It may be that, because of the lack of regular dialogue about the food, detainees had developed misapprehensions about its content and preparation. If so, this underlines the importance of regular consultation. On the evening we inspected the food there was no alternative to white sliced bread, where nan or pitta bread might be expected. We were also informed that all meat dishes were Halal. We were not convinced that the caterers were sufficiently conscious of the cultural needs of the detainees, and such knowledge should be improved.

12.7 The Head of Activities had sought advice from the Prison Service Chaplaincy department and the Muslim Advisor to the Prison Service about the religious requirements that should be met by the catering department. He had formed a multi-disciplinary committee which included three Muslim detainees to work on arrangements for the celebration of Eid-ul-Adha and other religious festivals. They had also organised theme days when different nationalities suggested national dishes and menus. This was good practice and should be extended to other aspects of the catering provision.

The Kitchen

12.8 The kitchen was clean and well organised. Because of the Centre's change of status, detainees no longer worked in the kitchen or prepared and served food, and the catering had been taken over by a new team who were putting in place the necessary health and hygiene systems. They had all had the necessary basic food handling training and were undergoing further training where necessary. Staff knew the importance of wearing the necessary protective clothing but on the evening we inspected one did not have his hair covered and one was not wearing gloves. Food was stored and served at the correct temperatures. These were correctly recorded, both in the kitchen and at the point of serving. Records of cleaning schedules should also be kept and their effectiveness regularly monitored.

The Centre shop

12.9 Detainees had access to the shop three times per week. The facility was sited along the main passageway linking the residential accommodation and was easily accessible. The contract to supply the shop was held by A.C.Ward, a private company. The choice of products was extremely limited, and although there were some culturally appropriate items available, these appeared limited and expensive. The last inspection commented upon the limited range of goods available (150 items) and the lack of a mail order system. It was disappointing therefore to find this situation unchanged, and that the range of products had actually been reduced to approximately 92 items.

12.10 A needs analysis of the population should be undertaken, and the goods available should reflect the subsequent identified need of detainees. There were for example, no hobby materials and only a limited selection of toiletries. The BT telephone system required BT cards and these were available at £3.00, £5.00 and £10.00. Given that a number of detainees had only their weekly allowance of £2.50, the cost of the cheapest card was beyond their means in any one week. Detainees should also have their allowance increased.

12.11 There were no refrigerators available to detainees, but neither was there fresh or chilled food other than canned drinks and fruit juices which detainees placed on outside windowsills in their dormitory to keep them cool. A selection of chilled and fresh food and the means to preserve them adequately should be made available. Neither did the shop offer any special offers nor the option of larger, cheaper products. For instance lemonade was only available in cans for 48p each, whereas litre bottles are available in the high street at much cheaper prices. The detainees were 'captive consumers' with no other option but to purchase from one shop and their situation was being exploited. There were no itemised lists of goods or prices available. Neither was such information displayed on products within the shop. Detainees went to the shop and pointed to the goods they wanted. An OSG grade officer who only spoke English served them. If individuals were unable to understand this language any questions they had went unasked and unanswered. Itemised lists of goods for sale, including prices should be made available and freely circulated, and this information should be available in the languages spoken by detainees.

12.12 The officer serving in the shop had details of the cash balance of each detainee and was able to tell the individual how much money was in his account, how much he had chosen to spend and how much he had left. However, detainees did not receive their own account details, and although we were told that officers would provide this information upon request,

this assumed that the detainee was aware of this and could ask for it. Detainees were thus prevented from making informed choices about their own spending. Individual account details should be produced weekly.

Laundry

12.13 A central laundry operated from a building outside the inner security fence. It was efficient, though many detainees preferred to launder their own clothes and should be able to do so.

Summary and Recommendations

12.14 The dining arrangements favoured those on the enhanced regime who always dined first. This was poor practice. There was no system to check that individual detainees were eating and no pre-select menu. Detainees were very dissatisfied with the amount, quality and suitability of the food for dietary, religious and cultural needs. Formal food complaints did not reflect this level of dissatisfaction and more effective ways were needed to capture this feedback. There was good liaison between the catering department, activities department and Chaplaincy and some excellent national theme days which included national dishes, but the caterers did not appear sufficiently aware of the daily dietary needs of a multi-ethnic population. The kitchen was clean and well organised, staff had been trained in food hygiene and food temperatures were properly checked.

12.15 The choice of products in the shop was limited, prices were high and there was no mail order system or chilled or fresh food. Detainees were charged for phone cards even where they had no means and the cheapest available was £3. Prices were not displayed and the only language spoken was English. Shop staff had a record of each detainee's finances, but this was not disclosed to the detainee unless he asked. A central laundry washed clothes and bedding, but many detainees preferred to wash their own clothes by hand in their personal washing areas.

Recommendations

- 1. The order in which dormitories collected their food should be rotated to ensure that no dormitory was systematically disadvantaged in terms of choice and quantity of food.*
- 2. A register should be taken at the entrance to the dining hall to ensure that individual detainees were eating regular meals.*
- 3. There should be a pre-select menu.*
- 4. The catering arrangements should be a standing item on the consultative committee to ensure that detainees are consulted about the food and informed of its content and preparation.*
- 5. Catering staff should be more aware of the dietary needs of a multi-ethnic population.*

6. *Records of cleaning schedules should be kept in the Kitchen and their effectiveness regularly monitored.*
7. *The shop should stock more items at more competitive rates, particularly fresh goods and hobby items.*
8. *There should be a mail order system for special items.*
9. *Pictures of goods and their prices should be produced and made available in the common rooms.*
10. *Detainees should receive a weekly statement of the transactions and balance of their accounts.*

Good practice

1. *The Head of Activities had formed a multi-disciplinary committee which included three Muslim detainees to work on arrangements for the celebration of Eid-ul-Adha and theme days when different nationalities suggested national dishes and menus.*

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 Visits operated in a well-equipped area with a new carpet. There was a ramp for disabled access and space for eleven detainees to receive three visitors each. There were two interview rooms and one closed visits/interview room. There were only eight lockers for visitors' property, which was barely sufficient, and three vending machines, one each for hot drinks, cold drinks and for confectionery, which was good. Just under a half of detainees (44%) had had a visit since they had been at Haslar, and these were mostly less than once a week (48%). Of those who had received a visit, about a third felt they were treated well by visits staff, whilst just under half (45%) felt they were treated neither well nor badly, and a quarter felt they were treated badly.

13.2 Visiting at the time of inspection took place morning and afternoons daily except for Wednesday afternoons, but we were informed that morning visits were about to be discontinued, and afternoon visits would be confined to two hours between 2 and 4 p.m. daily except Wednesdays. In the two weeks prior to the inspection, an average of 4.5 detainees had received visits on weekday mornings and 6.5 on weekday afternoons. These numbers did not appear to justify stopping all morning visits. From the questionnaire, of those who had had a legal visit, half felt it had not been long enough. These times were significantly shorter than best practice in the other removal centres inspected.

13.3 Legal visits also had to take place during these restricted times. Since the inspection we have been contacted by solicitors who have told us that the two hour period is further reduced by delays in getting them into the visits room and the remaining time is simply not enough for them to complete their business. Given that detainees are almost all seeking to establish or challenge their immigration status, access to legal representatives is core to the purpose of the Centre, and should be made much more widely available.

13.4 There was good provision for children in the play area and changing room, but we were concerned to hear that a detainee had been prevented from holding his child's hand whilst walking to the drinks machine. Staff told us that visitors and detainees were allowed to have physical contact when greeting or saying goodbye to their visitors but not during the visit. Managers said that physical contact was allowed. This should be clarified, and detainees should be allowed appropriate physical contact during visits, especially with their children, partners and family members.

13.5 Apart from documents, visitors were not allowed to bring in anything whatsoever for the detainee, even where property needed to be restored prior to departure. All property had to be sent in by post. Subject to the normal security arrangements, visitors should be able to bring property to Reception where it should be treated as if it had arrived by post. Visitors should also be allowed to bring in food for consumption during the visit.

13.6 All visitors were searched prior to visits and all detainees were searched prior to and following visits. One detainee was usually strip searched after each visits session. In the last twenty one sessions there had been twenty detainees strip searched, yet this had produced no finds and there was no evidence of there being a drug problem in the Centre. Strip searching should only be carried out on the grounds of reasonable suspicion and should not be undertaken randomly.

Communication with the outside world

13.7 Since Detention Centre Rules replaced Prison Rules there had been no censorship of mail. All detainees were given one international letter and one inland letter free per week. Those without means could ask for an extra inland letter. From the questionnaire detainees were relatively happy with the system for sending and receiving mail. The majority had no problems sending letters (84%) or receiving them (82%). Those who did have problems complained about them being opened and delayed. Faxes up to eight pages could also be sent on receipt of an application.

13.8 Visitors currently attended from the Haslar Visitors Group. Advisers and legal representatives also attended from the Refugee Legal Centre, Immigration Advisory Service and the Citizen's Advice Bureau. Just over a quarter (26%) of detainees said that they had received a visit from a volunteer visitor or community group. Every encouragement should be given to these reputable organisations to make contact with detainees, especially when they would otherwise have no visitors.

13.9 There was one incoming telephone per dormitory housed in a complete telephone booth. The booth was an excellent feature, though the glass in the door of one was broken and not repaired. The limit of one per dormitory was insufficient for all except H dorm which had fewer occupants. Individual calls were limited to fifteen minutes, but detainees said that the use of the phone was a constant source of frustration and dispute between them. From the questionnaire 83% said they were able to receive incoming calls. There should be at least two and preferably three incoming telephones for each 36 bed dormitory.

13.10 There were also two outgoing telephones to each dormitory and from the questionnaire three quarters of detainees said they were able to make outgoing calls. The rates of charge were not displayed for local, national or international calls and no international phone cards were available. The tariffs should be displayed and international phone cards should be available. Phone cards were available in different denominations but the cheapest was £3.00. As the detainee allowance was £2.50 a week phone cards could not be purchased without private means. There should be consistency between removal centres, following current best practice, and a £5 phone card should be provided to all those without means.

Access to information about countries of origin

13.11 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 judge whether it was safe to return. However, they were not able to obtain up to date, objective information, for example country reports by governmental and non-governmental organisations accessed via the internet, or specialist foreign journals.

Preparation for release

13.12 Detainees from Haslar were either sent to other removal centres, removed from then country, released on bail or granted temporary admission to the UK, often with very little notice. There was a perception among detainees that men were called to Reception and then “disappeared”. This is unacceptable. People need to prepare themselves for major life changes and be fully appraised of what awaits them in advance of it happening. Particularly in cases of removal, detainees needed to close their affairs in this country, have their property restored, and plan for their return, including being able to notify people in their destination country. Similarly when detainees were transferred to another removal centre, they needed to know why, where and for how long and to be able to inform their family, friends and legal representatives in advance of the move. 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, and there was no preparation at all for those being taken into further detention, being transferred to prisons or being removed from the country. Indeed in the case of removal, detainees were lucky to receive more than a few hours notice. Copies of medical notes were not routinely made available on discharge.

Release arrangements

13.13 In the past, friends and family had been able to deliver to luggage and possessions to the Centre, but this was no longer allowed. Friends therefore relied on meeting up with detainees at the airport in order to return their property to them. This often failed and we heard from officers that many detainees were sent back to their country of origin without their luggage and property. More effective arrangements were needed for the restoration of property and the preparation of a release plan.

Summary and Recommendations

13.14 The visits area was well appointed but it was accessible only two hours a day six days a week, for legal as well as family visits. Property could not be handed in by visitors even when this was the last chance to restore property before removal. Detainees and their visitors were not allowed to touch during the visit, and detainees were randomly strip searched after visits whether or not there were grounds for suspicion. Free mail and fax facilities were available but the system for receiving phone calls was overloaded and for making calls was very difficult for those without means. 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. The Centre provided no preparation for the release, transfer or removal of detainees.

Recommendations

- 1. There should be a common standard across the removal centre 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 removal centre estate for the provision of free phone cards to those without means, consistent with the DC Rules and it should follow current best practice of a £5 phone card.*
- 3. Detainees should be able to purchase international phone cards and be able to use e-mail.*
- 4. Appropriate physical contact with friends and family members should be allowed during visits.*
- 5. Visitors should be allowed to restore property to detainees by delivering it to Reception.*
- 6. Detainees should only be strip searched on the grounds of reasonable suspicion.*
- 7. 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.*
- 8. Centre staff and Immigration officers on site should provide advance notice and support for those being released, transferred into detention elsewhere or removed.*
- 9. Detainees should be provided with a copy of their medical record on release or transfer.*
- 10. 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.*
- 11. 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. The visits room was well equipped with a ramp for disabled access.*
- 2. There were three vending machines in the visits room, one each for hot drinks, cold drinks and for confectionery.*

14. Recommendations and Good Practice

Recommendations

Chapter 5. Reception

1. *Detainees should receive a map showing the location of Haslar and should have access to a public phone and a video showing the reception process and life in the Centre in the first holding room.*
2. *Information about the Centre should be available in a number of languages from the moment of first arrival.*
3. *The searching area should be clean and allow sufficient privacy for detainees to retain their dignity.*
4. *Strip searching should only be carried out on the basis of a risk assessment and conform with Prison Service procedures so that detainees are at no time completely naked in the sight of others.*
5. *Escorting companies should be trained in suicide awareness procedures and the use of F2052SH forms to alert the Centre to detainees at risk of self harm.*
6. *Reception packs should include shampoo and cigarettes for smokers.*
7. *A system should be in place for providing help with the legitimate welfare concerns of detainees on first arrival.*
8. *There should be a first night procedure to provide individual attention and reassurance to newly arrived detainees.*
9. *Detainees without means should receive a £5 phonecard and free toiletries pack every week, according to best practice in other Centres.*

Chapter 6. Accommodation

1. *The cubicles should be fitted with doors and detainees provided with keys to their rooms.*
2. *False ceilings should be fitted to the cubicles.*
3. *Curtains should be placed at the windows.*
4. *Metal mirrors should be renewed.*

5. *A table and chairs should be provided in each room and the occupancy of each cubicle reduced to two.*
6. *Cupboards should be of sufficient size to allow all in-possession property to be stored and cardboard boxes to be dispensed with.*
7. *Each dormitory should be provided with a water boiler and improved recreational facilities.*
8. *The heating should be improved immediately.*
9. *All detainees should be provided with duvets.*
10. *Telephone cubicles should be maintained in good condition.*
11. *Washbasins should be fitted with plugs.*
12. *Stable doors to the toilets should be replaced with whole doors.*
13. *Cleaners should clean and check all accommodation before detainees are located.*
14. *There should be a curfew in operation during the night to allow detainees to sleep undisturbed.*
15. *The day rooms should be decorated and the furniture replaced.*
16. *Notices in day rooms should be displayed in the common languages of detainees.*
17. *Detainees should be provided with good quality adequate clothing.*
18. *There should be a laundry in each dormitory for detainees to wash, dry and iron their own clothes.*
19. *There should be more equipment in residential units to occupy detainees in association.*

Chapter 7. Access to legal advice and representation

1. *Arrangements should be made to ensure that detainees have on-site 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. *Visiting arrangements for legal visitors should allow adequate access in daytime, evenings and weekends and be administered efficiently, according to best practice in other detention centres.*
7. *Detainees should have access to up to date legal text books on immigration law.*
8. *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.*
9. *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. *The role of on site immigration officers should be reviewed and clarified and their casework responsibilities clearly defined.*
5. *On site immigration officers should have access to the Asylum Casework Information Database (ACID).*
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.*

Chapter 9. Duty of Care

1. *There should be a greater level of staff supervision in the dormitories during patrol states and CCTV should be installed.*
2. *The application of a prison based IEP system should be replaced with a scheme which rewards participation in the regime (see 12.8).*

3. *The anti-bullying strategy should be reviewed and be based on a survey of the needs of detainees rather than prisoners.*
4. *A specialist fire inspection should be undertaken and advice sought without delay.*
5. *Health and Safety risk assessments should address the risk to detainees caused by fire, insufficient warmth and and low levels of staff supervision at night*
6. *All night duty officers should carry a ligature knife with them when on duty and know how to use it effectively.*
7. *All staff should be trained to ensure that suicide and self-harm procedures are effectively implemented, particularly those with specific responsibilities in this area.*
8. *Those considered to be high risk of suicide should not be transferred to prison accommodation.*
9. *Escorting staff should be trained in suicide awareness and be able to open F2052 SH forms as necessary.*
10. *The position and accessibility of the multi-faith centre should be reviewed.*
11. *Ethnic monitoring data should be interpreted by means of 'range setting' tables.*
12. *Staff should receive training to help them understand the particular needs of detainees, as opposed to prisoners, as well as the backgrounds of the people in their care and the impact of detention in a foreign country, so that they can provide appropriate and individual support to detainees.*
13. *The system for making complaints should be explained in simple language and in translation, and the number and outcome should be regularly scrutinised by the VC.*
14. *Detainees should have access to an independent Ombudsman.*

Chapter 10. Health Care

1. *A staffing level of three full time nurses needed to be restored.*
2. *An In-Possession policy for medication should be drawn up and translated into the main languages spoken by detainees.*
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. *Protocols such as that in place for TB should be developed for other blood borne viral infections with serious individual and public health implications.*

5. *Interpreters should be provided for the discussion of sensitive health issues.*
6. *Health promotion leaflets in translation should cover infectious diseases with serious individual and public health implications so that detainees were informed of the value of such tests and subsequent treatment.*
7. *The purpose and importance of well man clinics should be included on the Detainee Consultative Committee agenda to explain and promote this service.*
8. *Consent forms should be available for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
9. *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.*
10. *The pharmacist from Lloyds Pharmacy should endeavour to visit at least once a month to advise on and oversee the pharmaceutical service.*
11. *A Drugs and Therapeutic Committee should be instituted, with input from the pharmacist..*
12. *A notice translated into several languages should be in place at the dispensing point announcing the availability of leaflets in English and help with translation if required.*
13. *A written In-Possession policy should be drawn up and translated into the main languages of detainees.*
14. *When drugs were dispensed out of hours and medication removed from the drugs cabinet this should be logged, with the date, authority of the person taking it and the purpose, and the detainee's medical record should be annotated.*
15. *A maximum/minimum thermometer should be obtained to record the daily maximum and minimum temperatures.*
16. *The contents of Venalink trays should not be used after a period of eight weeks from their assembly.*
17. *Pre-packs should be dual labelled so that, when dispensed one of the labels can be attached to the prescription form and faxed back to Lloyds Pharmacy so the pharmacist can confirm that the correct item has been dispensed.*
18. *Audit should be carried out of the medicines dispensed for special sick and a log kept as a clinical governance tool and source of information to monitor and improve the pharmaceutical service.*
19. *Simple remedies should be available to detainees when no healthcare staff are available.*

Chapter 11. Activities

1. *The Prison Service target of achieving qualifications in literacy and numeracy at level 2 is inappropriate for detainees and should be abandoned.*
2. *The ESOL course materials should more closely reflect the experiences of detainees from non-European cultures.*
3. *The computer monitors and chairs should be adjustable in height.*
4. *A needs analysis could be carried out to identify what activities detainees would like to take part in.*
5. *Monitoring of the take up of activities by ethnicity and nationality should be introduced.*
6. *The level of supervision of activities in the gym should be increased.*
7. *Detainees should be allowed to exercise whatever the weather and without supervision from staff.*
8. *Incentives should be provided for detainees to take part in activities and provide support to others in education and the gym.*
9. *The library should be open for longer periods including evening and weekends.*
10. *Paid work should be available for detainees who choose to undertake it.*
11. *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.*
12. *Certification of skills should be introduced wherever possible.*

Chapter 12. Services

1. *The order in which dormitories collected their food should be rotated to ensure that no dormitory was systematically disadvantaged in terms of choice and quantity of food.*
2. *A register should be taken at the entrance to the dining hall to ensure that individual detainees were eating regular meals.*
3. *There should be a pre-select menu.*
4. *The catering arrangements should be a standing item on the consultative committee to ensure that detainees are consulted about the food and informed of its content and preparation.*
5. *Catering staff should be more aware of the dietary needs of a multi-ethnic population.*

6. *Records of cleaning schedules should be kept in the Kitchen and their effectiveness regularly monitored.*
7. *The shop should stock more items at more competitive rates, particularly fresh goods and hobby items.*
8. *There should be a mail order system for special items.*
9. *Pictures of goods and their prices should be produced and made available in the common rooms.*
10. *Detainees should receive a weekly statement of the transactions and balance of their accounts.*

Chapter 13. Resettlement

1. *There should be a common standard across the removal centre 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 removal centre estate for the provision of free phone cards to those without means, consistent with the DC Rules and it should follow current best practice of a £5 phone card.*
3. *Detainees should be able to purchase international phone cards and be able to use e-mail.*
4. *Appropriate physical contact with friends and family members should be allowed during visits.*
5. *Visitors should be allowed to restore property to detainees by delivering it to Reception.*
6. *Detainees should only be strip searched on the grounds of reasonable suspicion.*
7. *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.*
8. *Centre staff and Immigration officers on site should provide advance notice and support for those being released, transferred into detention elsewhere or removed.*
9. *Detainees should be provided with a copy of their medical record on release or transfer.*
10. *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.*

11. *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. *Some officers established the nationality or first language of new arrivals and contacted other detainees to help settle them into their accommodation.*
2. *Detainees were given cards telling them which dormitory they were in and a telephone number where they could be reached, so that family and friends could phone them directly day or night.*

Chapter 8. Casework

1. *Immigration staff had developed a proforma which was faxed to the port to obtain relevant information about the detainee.*

Chapter 9. Duty of Care

1. *Immigration officers had received SASH training and could, and did, open 2052SH forms if necessary.*
2. *Detainees were allocated a named officer to provide close supervision and make regular entries into the F2052SH booklet*
3. *The anti-bullying co-ordinator examined security information reports (SIRs) and the staff information book that recorded daily activity on each dormitory.*
4. *Co-operation between the Religious Affairs department and Education had resulted in an impressive 'Wheel of Life' creation in tiles.*
5. *The RRLO had arranged a 'One World' day celebrating ethnic and cultural diversity.*

Chapter 10. Health Care

1. *Patients signed a compact for In Possession medication.*
2. *The nurse distributing the medicine checked understanding thoroughly and ensured that individual detainees understood how the medicine should be taken.*

3. *A local protocol for screening and management of TB had been developed with the local Consultant in Communicable Diseases and the Respiratory Chest Consultant.*
4. *The majority of detainees had been able to talk to a doctor or nurse about health problems caused by mistreatment in their country of origin.*
5. *The doctor made appropriate referrals to the Immigration Service when a detainee patient was suffering a stress disorder connected with his asylum claim.*
6. *Health Education information was available in a variety of languages.*
7. *Safer sex literature and condoms were freely available from the health care centre.*
8. *Each detainee who had been at Haslar for six months or more was invited to attend a 'well man' clinic.*

Chapter 11. Activities

1. *The staff were caring, supportive, appropriately qualified and experienced and were supported by qualified volunteers.*
2. *Art teaching and the standard of art work was high, and there were good displays of art work in the Centre.*
3. *Detainees had open access to a well equipped gym.*
4. *Dictionaries were available in most relevant languages, including for some dialects.*

Chapter 12. Services

1. *The Head of Activities had formed a multi-disciplinary committee which included three Muslim detainees to work on arrangements for the celebration of Eid-ul-Adha and theme days when different nationalities suggested national dishes and menus*

Chapter 13. Resettlement

1. *The visits room was well equipped with a ramp for disabled access.*
2. *There were three vending machines in the visits room, one each for hot drinks, cold drinks and for confectionery.*

Appendix 1

Summary of Detainee Questionnaires

On the day that the survey was carried out the population at Haslar Holding Centre was 147. The detainees were offered a questionnaire in their own language. Four interpreters who spoke Tamil, Bengali, Hindi, Punjabi and Urdu, and Albanian – representing the most common languages – were present to explain what we were trying to do. Two percent of the detainees were unable to fill in a questionnaire because we did not have it in their language. One hundred and seven completed questionnaires were returned. Seventy-three percent of the population was sampled.

Missing data 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

- Just over a half of the detainees were aged between 22 and 29 years.
- Half of detainees had been in Haslar for more than two months but less than six months.
- Eighty-seven percent had been in detention before coming to Haslar. For 50% the length of time in detention before was a month or less.
- The most common nationality was Sri Lankan, 17%, followed by Algerian, 11% and Indian, nine percent.
- The most common language spoken was Tamil, 17%, followed by Punjabi, 11%, Albanian and Arabic 10%.
- Fifty-five percent said that they understood spoken English. A half said they understood written English.
- A third of the detainees had children under the age of 18. Of these a third said their children were in Britain.

- **What is your age? (n=104)**

Under 18 years	2% (n=2)
18-21 years	3% (n=3)
22-29 years	53% (n=55)
30-39years	31% (n=32)
40-49 years	5% (n=5)

50-59 years

7% (n=7)

- **Are you male or female?**

All respondents were male.

- **How long have you been in detention here? (n=100)**

Under two weeks	6% (n=6)
Over two weeks up to four weeks	8% (n=8)
Over one month less than two months	11% (n=11)
Over two months less than four months	28% (n=28)
Over four months less than six months	23% (n=23)
Over six months less than eight months	9% (n=9)
Over eight months less than twelve months	4% (n=4)
Over twelve months less than sixteen months	5% (n=5)
25 months	1% (n=1)
Other*	3% (n=3)
Information not translated – Pushtu questionnaire completed	1% (n=1)
Information not translated – Bengali questionnaire completed	1% (n=1)

*Two detainees said 'weeks' and one detainee said 'months'

- **Were you in detention somewhere else before coming here? (n=103)**

Yes	87% (n=90)
No	13% (n=13)

- **If you were in detention somewhere else, for how long? (n=82)**

Under one week	18% (n=15)
Over one week up to two weeks	7% (n=6)
Over two weeks up to four weeks	24% (n=20)
Over one month less than two months	10% (n=8)
Over two months less than four months	18% (n=15)
Over four months less than six months	1% (n=1)
Over six months less than eight months	10% (n=8)
Over eight months less than twelve months	4% (n=3)
Other*	6% (n=5)
Information not translated – Bengali questionnaire completed	1% (n=1)

*Three detainees said 'days', one said 'few days', and one detainee said 'weeks'.

In total 90 (86%) detainees had been in Haslar or another place of detention for one month or longer.

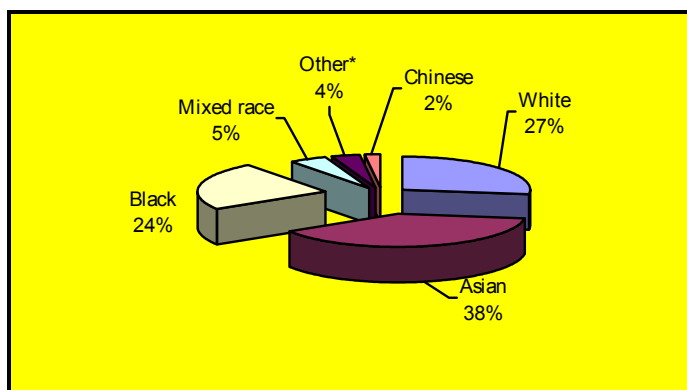
- **What is your nationality? (n=95*)**

Albanian	4% (n=4)
Algerian	11% (n=10)
Angolan	2% (n=2)
Chadian	1% (n=1)
Bangladeshi	5% (n=5)
Chinese	1% (n=1)
Colombian	6% (n=6)
Zairian	3% (n=3)
Gambian	1% (n=1)
Ghanian	1% (n=1)
Indian	9% (n=9)
Jamaican	1% (n=1)
Kenyan	1% (n=1)
Kosovon	6% (n=6)
Kurdish of Syria	1% (n=1)
Moroccan	1% (n=1)
Nigerian	5% (n=5)
Pakistani	2% (n=2)
Romanian	2% (n=2)
Russian	1% (n=1)
Rwandan	1% (n=1)
Senegalise	1% (n=1)
Somalian	1% (n=1)
Sri Lankan	17% (n=16)
Turkish	1% (n=1)
Turkish Cypriot	1% (n=1)
Ugandan	1% (n=1)
Ukranian	4% (n=4)
Zimbabwe	2% (n=2)
Other**	3% (n=3)
Information not translated – Pushtu questionnaire completed	1% (n=1)

*In the Urdu questionnaire this question had been wrongly translated and those filling in this questionnaire (n=2) were asked 'what is your age?'

**Two detainees said they were Muslim (completed Bengali questionnaires). One detainee reported that his nationality was Nigerian/German.

- **Ethnicity (n=106)**



*One detainee described himself as Arabic, one as Berber, one as Latino, and one as Moroccan.

- **What is the main language that you speak? (n=104)**

Albanian	10% (n=10)
Arabic (two detainees also spoke English and French, one spoke French)	10% (n=10)
Bengali	7% (n=7)
Berber	1% (n=1)
Chinese	1% (n=1)
English (One detainee also spoke Shona, one mentioned Gujerati, Urdu and Hindi)	9% (n=9)
French (Two also mentioned speaking English and Arabic, one mentioned Arabic)	6% (n=6)
Greek (also spoke Turkish)	1% (n=1)
Kurdish (also spoke English)	1% (n=1)
Mandarin	1% (n=1)
Mandinka	1% (n=1)
Portuguese (one spoke French)	2% (n=2)
Punjabi	11% (n=11)
Romanian	2% (n=2)
Russian (two spoke Ukrainian)	4% (n=4)
Shona	1% (n=1)
Somali	1% (n=1)
Spanish	6% (n=6)
Swahili (mentioned speaking a little English)	1% (n=1)
Tamil	17% (n=18)
Turkish	1% (n=1)
Ukraine	1% (n=1)
Urdu (two also spoke English)	4% (n=4)
Yoruba (one spoke English)	3% (n=3)
Information not translated – Pushtu questionnaire completed	1% (n=1)

- **Do you understand spoken English? (n=107)**

Yes	55% (n=59)
No	44% (n=47)
Yes and no/little	1% (n=1)

- **Do you understand written English?** (n=107)

Yes	50% (n=54)
No	49% (n=52)
Yes and no/little	1% (n=1)

- **Do you have any children under the age of 18?** (n=103)

Yes	34% (n=35)
No	66% (n=68)

- **If yes, where are they?** (n=33)

In Britain	33% (n=11)
In your home country	61% (n=20)
In Britain and in your home country	3% (n=1)

In addition, one detainee said that his children were in Canada.

- **If in Britain or in your home country, who is looking after them?** (n=31)

Children's mother/father	65% (n=20)
A family member	13% (n=4)
Friends	13% (n=4)
With the mother and with family	3% (n=1)
Don't know	3% (n=1)

In addition one detainee commented 'Church of God'.

Your first few days here

- Slightly over half of the detainees felt that they had not been told why they were being detained in a language that they could understand. Two-thirds had not received written information in a language they could understand.
- Half of the detainees did not feel that they were strip-searched in a sensitive way.
- Thirty-nine percent of detainees said their legal documents were taken from them on arrival.
- Seventy-three percent of the detainees said that their personal property was taken on arrival. Of these 44% felt that they could get access to the property if need be.
- Forty-two percent of the detainees were taking prescription medication. Over half of these did not have their medication taken away on arrival.
- Ninety-two percent had had a medical examination by a doctor within 24 hours of arriving at the Centre. A third claimed to have not understood what the doctor had said. An interpreter (another detainee) had been present in six percent of the examinations.
- Ninety-one percent had been allowed to make a telephone call within 24 hours of arriving at the Centre.

- Just under two-thirds of the detainees felt that staff had not explained what would happen on the first day or night in the Centre.
- Eighty-two percent of the detainees had not felt safe on their first night in Haslar. When asked why not, 16% said that this was because they felt as though they were treated like prisoners.
- Eighty-four percent of the detainees felt that they had problems as a result of their detention. For almost two-thirds of these detainees the main problem was not knowing what was going to happen.

- **Were you told why you were being detained in a language that you could understand?** (n=102)

Yes	47% (n=48)
No	53% (n=54)

- **Were you given written reasons why you were being detained in a language that you could understand?** (n=102)

Yes	36% (n=37)
No	64% (n=65)

- **When you were searched in reception was this carried out in a sensitive and understanding way?** (n=100)

Yes	37% (n=37)
No	53% (n=53)
Don't know	10% (n=10)

- **If no, why do you think this?** (n=46)

The main reason given by detainees as to why they thought the search in reception was carried out in an insensitive way, centred around the fact that detainees were made to undress completely (30%). Five detainees (11%) mentioned that this was against their religion. Four people (9%) claimed to feel humiliated and disgraced, while five detainees (11%) reported that they felt they were treated inhumanely. Six detainees reported that they did not understand what was happening or why it was occurring.

Other reasons given were: need a translator, people don't like us, feeling very tired, felt it was insensitive and one detainee replied that he did not know.

Comments included:

Our clothes are stripped off and our private parts are examined, this is against our culture and our faith

What is humanity, they don't know – they treat us like animals

Two officials searched me with my clothes removed and made fun of me and ridiculed me

All my life I have never been treated that bad, stripped of all my clothes

I told the officers I did not have any underwear. The officer told me he did not care

We were stripped naked, it is against our religion

- **Were your legal documents (about your case) taken from you when you arrived here?** (n=96)

Yes	39% (n=37)
No	54% (n=52)
Don't remember	7% (n=7)

- **Was any of your personal property (do not include your money, keys or mobile phone) taken from you when you arrived here?** (n=103)

Yes	78% (n=74)
No	20% (n=19)
Don't remember	2% (n=2)
Did not have any property*	8% (n=8)

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

- **If your property was taken, did you agree the list of property that is being stored for you?** (n=73)

Yes	89% (n=65)
No	8% (n=6)
Don't know	3% (n=2)

- **Can you get access to your property if needed?** (n=72)

Yes	44% (n=32)
No	40% (n=29)
Don't know	15% (n=11)

- **When you first arrived were you taking any medication that had been prescribed by a Doctor?** (n=97)

Yes	42% (n=41)
No	58% (n=56)

- **If yes, was the medication taken away from you on arrival?** (n=37)

Yes	41% (n=15)
No	59% (n=22)

- **If you were taking prescription medication, did you discuss this with a doctor on reception?** (n=37)

Yes	65% (n=24)
No	35% (n=13)

- **If yes, were you still able to take the medication or similar medication?** (n=22)

Yes	55% (n=12)
No	45% (n=10)

- **If yes, have you had any problems receiving the medication?** (n=12)

Yes	75% (n=9)
No	25% (n=3)

- **Did a doctor give you a medical examination within 24 hours of you arriving at the Centre?** (n=100)

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

- **If yes, did you understand what the doctor said?** (n=83)

Yes	67% (n=56)
No	33% (n=27)

- **Did the doctor understand what you said?** (n=87)

Yes	54% (n=47)
No	18% (n=16)
Don't know	28% (n=24)

- **Was an interpreter present?** (n=84)

Yes	6% (n=5)
No	94% (n=79)

- **Was the interpreter a professional person or a detainee?** (n=4)

All four interpreters were detainees.

- **Were you allowed to make a telephone call within the first 24 hours of you arriving at the Centre?** (n=100)

Yes	91% (n=91)
No	5% (n=5)
Don't remember	4% (n=4)

- **Was it clearly explained to you what would happen here on your first night or first day?** (n=97)

Yes	24% (n=23)
No	63% (n=61)
Don't remember	13% (n=13)

- **Did you feel safe on your first night here?** (n=98)

Yes	11% (n=11)
No	82% (n=80)
Don't remember	7% (n=7)

Of those who did not feel safe, the most commonly mentioned factors were: (n=68)

(Some respondents mentioned more than one thing so the percentages do not add up to 100)

- Being treated like a criminal/prisoner 16% (n=11)
- No doors on the rooms where we sleep 15% (n=10)
- Never been in prison before 15% (n=10)
- Due to the variety of people in there 12% (n=8)
- Bad living conditions/standards 10% (n=7)
- Very noisy/hard to sleep 9% (n=6)
- Fear of prison 9% (n=6)
- Staff were not friendly/unhelpful 7% (n=5)
- Did not know what was happening 7% (n=5)
- Did not feel safe 6% (n=4)
- Due to being strip searched 4% (n=3)
- Because of the lock-up system 3% (n=2)
- Bad food 3% (n=2)
- Felt like a Serb prison 3% (n=2)

Other reasons for not feeling safe were: no privacy, sexual harassment, feeling stressed and feeling claustrophobic.

Comments from respondents who reported they did not feel safe included:

I felt that I had come to be tortured because they brought me to prison

I was in extreme fear and felt like a criminal

The living conditions are very bad. There are no doors in the rooms. Officers are racist, food is really bad especially breakfast. There is one television and people are fighting for that

Because I thought they would punish me badly and it is the result of applying for asylum

Nobody explained anything about this place and I am sleeping with 35 different nationalities of people

The atmosphere is very bad, noisy and dirty

Because the place looks very bad. It is very cold. When you go to get your food the cutlery is not well cleaned, even my dog can't eat on such plates or spoons. This would make anyone feel unsafe

We cannot have a good night's sleep because of the 24 hour noise

I am not a criminal but I have been treated like one

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

	Yes	No
The rules and routines (n=89)	62% (n=55)	38% (n=34)
The role of the Visiting Committee (n=85)	41% (n=35)	59% (n=50)
How to make a complaint (n=84)	45% (n=38)	55% (n=46)
How to get legal advice (n=81)	44% (n=36)	56% (n=45)
How to get a solicitor (n=82)	49% (n=40)	51% (n=42)

- Do you have any problems, caused by your detention that need to be sorted out? (n=92)

Yes	84% (n=77)
No	16% (n=15)

- If yes, what? (n=62)

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

I have property outside	31% (n=19)
I need to let someone know I am here	21% (n=13)
No one is looking after my family	24% (n=15)
No one is looking after my pets	-
I don't know what is happening to me	60% (n=37)

Comments included:

I can't solve my problem whilst I am here. One day I went to the office for a reason, whilst I was standing I touched a piece of paper. The officer told me if I touched the paper again he would break my fingers

It was the UK Government who gave me a six months temporary permission to stay in the UK after I had been detained eight days. I reported to the Immigration officer every Tuesday. The UK is a lawful country with a good human rights records. I didn't know what happened they arrested me while I was sleeping. It has not been six months yet. I have not been to court yet, why detain me here? I haven't heard from anyone who can speak Chinese to explain to me what on earth is happening to me. I didn't do anything wrong

My girlfriend is pregnant with my baby and I have no news of her

I have been here for nine years. I have a limited company registered in my name. I pay taxes. I have a girlfriend. She weeps when she calls me. I can't leave her here. I have money, car and I will be able to buy my house in a short time. Please release me

My condition is deteriorating fast due to stress – I am HIV positive

I want Britain to give me an answer on leaving because I am in a lot of stress

My property was sent to Pakistan on 6th August. It has not been returned to me so far

Life within this Centre

- Over half of the detainees were able to see a religious leader or minister of their own religion. However a third were not able to do so.
- Over half of the detainees felt that they did not have money to spend at the shop. Of these 70% did not feel the Centre provided them with enough toiletries. Of those who did have money to spend, 65% felt they could get what they needed from the shop.
- Over a third of the respondents felt that they got enough to eat. Seventy-seven percent felt it was not well cooked.
- Forty-four percent of detainees felt that they had health problems caused by mistreatment in their home country. The majority, 83%, had talked about these problems with the doctor or nurse.
- The largest proportion of respondents (45%) felt that health care at Haslar was bad.
- The largest proportion of detainees (39%) felt that it was difficult to see the Visiting Committee or Board of Visitors.
- One fifth of the detainees had made a complaint since being at Haslar. However 89% were not happy with the way in which it was dealt.
- The majority of detainees, 71% had a solicitor or legal representative, however a fifth did not.
- Of those eligible for a review of their case, 30% had had a review, whilst over half, 56%, had not. Of those who had had a review, the same number reported the reviews as being on time as not being on time. Fifty-seven percent did not feel the reviews told them about the progress of their case.

- **Are you able to see a religious leader or minister of your own religion? (n=97)**

Yes	58% (n=55)
No	35% (n=33)
Yes and No	1% (n=1)
Don't know	6% (n=6)
Don't want to see one*	2% (n=2)

*Those who did not want to see a minister were taken off the overall percentages.

- **Do you have money to spend at the shop? (n=97)**

Yes	41% (n=40)
No	59% (n=57)

- **If no, are you provided with enough toiletries etc. by the Centre? (n=47)**

Yes	30% (n=14)
No	70% (n=33)

- **If you have money, can you get what you need from the shop? (n=37)**

Yes	65% (n=24)
No	35% (n=13)

Of the thirteen detainees who could not get what they needed from the shop, seven (54%) reported that the shop did not stock the types of items they needed in their situation. Other problems mentioned were: only open three times a week, having to wait for ordered items, the shop is poor and the way that you have to pay for items. Two detainees did not comment.

- **Do you get enough to eat at meal times?** (n=97)

Yes	35% (n=34)
No	65% (n=63)

- **Is the food well cooked?** (n=99)

Yes	17% (n=17)
No	77% (n=76)
Yes and no	6% (n=6)

- **Is the food appropriate for your religious needs?** (n=97)

Yes	31% (n=30)
No	57% (n=55)
Don't know	12% (n=12)

- **Is the food appropriate for your dietary needs?** (n=96)

Yes	20% (n=19)
No	61% (n=59)
Don't know	19% (n=18)

Is the food appropriate for your cultural needs? (n=99)

Yes	19% (n=19)
No	71% (n=70)
Don't know	10% (n=10)

- **Can you wear your own clothes?** (n=100)

Yes	74% (n=74)
No	26% (n=26)

- **If no, does the Centre provide you with suitable clothing?** (n=23)

Yes	26% (n=6)
No	70% (n=16)
Yes and No	4% (n=1)

- **If yes, you can wear your own clothes, do you have enough changes of clothes?** (n=58)

Yes	52% (n=30)
No	48% (n=28)

- **Do you have any health problems that have been caused by mistreatment in your home country?** (n=94)

Yes	44% (n=41)
No	56% (n=53)

- **If yes, have you spoken about these problems with a doctor or nurse in this Centre?** (n=35)

Yes	83% (n=29)
No	17% (n=6)

- **If no, why not?** (n=5)

Difficult to talk about it	40% (n=2)
Doctor/nurse wouldn't understand	-
Doctors/nurses don't ask	-
No interpreter	20% (n=1)
I want to forget about it	40% (n=2)

The one detainee who mentioned that he had not spoken with a doctor or nurse about his problems and indicated that he had no interpreter commented:

No because I might face more problems.

- **What do you think about the health care in this Centre?** (n=99)

Good	15% (n=14)
Neither	40% (n=38)
Bad	45% (n=43)
Don't know have not been*	4% (n=4)

*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=98)

Yes	37% (n=36)
No	58% (n=57)
Don't know	5% (n=5)

- **If yes, who?** (n=34)

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

A member of staff	15% (n=5)
A psychologist	-
Another detainee	76% (n=26)
Someone from health care	9% (n=3)
Religious minister	6% (n=2)

Comments from detainees about other people who they spoke to were:

With my own people, who else?

Only with a Punjabi speaker

Maybe to myself (most detainees are frustrated)

Only people like me understand me – the others do not care

God

Just talk amongst ourselves, if we need to speak to health care we need an appointment

• **Have staff ever separated you from other detainees?** (n=98)

Yes	15% (n=15)
No	79% (n=77)
Don't know	6% (n=6)

If yes, why? (n=15)

It was clear from the majority of comments that the detainees considered the locking of the gate on their spur as being separated from other detainees. From the remaining comments it appears that only three had been isolated from others in the way we were meaning, that is segregated:

I had a scuffle with a Kosovan

A football related problem

I was verbally aggressive without reason

As a result only the answers from these three detainees were looked at in any further detail. One detainee made no comment on the remainder of the question. The other two detainees said that they did nothing whilst in isolation. One commented that he had been in isolation for longer than a week, the second detainee did not comment. When asked how they had been treated, one said well and one 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=97)

Easy	29% (n=19)
Neither	32% (n=21)
Difficult	39% (n=26)
Don't want to see them*	30% (n=29)
Don't know who they are*	2% (n=2)

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

• **Have you made a complaint about the Centre whilst you have been here?** (n=96)

Yes	22% (n=21)
No	68% (n=65)
Don't know how to	10% (n=10)

• **If yes, were you happy with the way in which it was dealt?** (n=18)

Yes	6% (n=1)
No	89% (n=16)
Yes and No	6% (n=1)

Comments from those who were unhappy with the handling of their complaints included:

They act and behave as if nothing has happened

No quick feedback or no immediate answers

No one takes anything seriously

Because the governor (a young man) was laughing at my complaint and was laughing with the other officers that were there

Because they don't care about us they just ignore us

- **Do you have a member of staff who is responsible for you, sometimes they are called personal officers? (n=95)**

Yes	9% (n=9)
No	63% (n=60)
Don't know	27% (n=26)

- **Do you have a solicitor or legal representative? (n=94)**

Yes	71% (n=67)
No	20% (n=19)
Don't need one	9% (n=8)

- **If no, are you able to get any legal advice? (n=17)**

Yes	29% (n=5)
No	29% (n=5)
Don't know	41% (n=7)

- **Have you had any monthly reviews of your case?**

Only those who had been in Haslar or another place of detention totalling one month or longer were included in the following questions. Those who did not answer the question on length of time were also excluded (n=82).

Yes	30% (n=25)
No	56% (n=46)
Don't know	12% (n=10)
Not applicable	1% (n=1)

- **If yes, are these reviews on time? (n=21)**

Yes	38% (n=8)
No	38% (n=8)
Don't know	24% (n=5)

- **Do you receive results in writing?** (n=22)

Yes	82% (n=18)
No	14% (n=3)
Don't know	5% (n=1)
- **Are the results fully explained to you?** (n=22)

Yes	50% (n=11)
No	45% (n=10)
Don't know	5% (n=1)
- **Is your legal representative present when you are given the results of reviews?** (n=23)

Yes	13% (n=3)
No	87% (n=20)
- **Do the reviews tell you about the progress of your case?** (n=23)

Yes	26% (n=6)
No	57% (n=13)
Partly	17% (n=4)

Personal Safety

- Twenty-nine percent of the detainees claimed that other detainees had said something insulting to them whilst they were at Haslar. Thirty-one percent of detainees claimed that staff had victimised them in this way.
- Thirteen percent of the respondents felt that they had been abused because of their nationality by other detainees.
- Sixty-eight percent of the detainees said that they did not feel safe at Haslar.
- Eighty-two percent of detainees said that staff had not come up to them during their time at Haslar to ask how they were.

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

	'Yes' # (%)	Frequency (n=22)		
		Once	Occasionally	Regularly
Total (94)	27 (29%)	4 (18%)	12 (55%)	6 (27%)

Overall, 29% of detainees who responded to the question claimed to have had insulting remarks made to them by another detainee since being at Haslar. Twelve detainees (55%) claimed that it happened occasionally, with six respondents (27%) reporting that it occurred regularly. Eight detainees (40%) mentioned problems occurring while watching television and six respondents (30%) claimed that there were problems with using the phone.

Detainees who claimed to have received insulting remarks from other detainees commented:

I was abused for having spoken too long on the telephone

Sometimes people here are fighting over the phone because you are not allowed to speak on the phone more than 15 minutes – the same thing happened with the television

It started from which television station we have to watch and especially people are depressed and frustrated, which leads to them losing their heads/control

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

	'Yes' # (%)	Frequency (n=22)		
		Once	Occasionally	Regularly
Total (93)	29 (31%)	7 (32%)	12 (55%)	3 (14%)

Overall, 31% of detainees who responded to this question claimed to have had insulting remarks made to them by a member of staff. Twelve detainees (55%) claimed that this happened occasionally.

Some of the comments made by detainees who had received insulting remarks by staff were:

A senior officer told me I was stupid and mouthy because it happens I was in the wrong dormitory, he also searched me and the others like criminals

One official tried to hit me and threw my card to the ground

Bad words and obscenities

Name calling, 'you ugly come here' because I have gone in the dorm to talk to my friend

Use bad body language and kick my bed to wake me up in the morning

Attitude of many officers is not good, some are nice

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

	'Yes' # (%)	Frequency (n=5)		
		Once	Occasionally	Regularly
Total (95)	5 (5%)	4 (80%)	-	1 (20%)

Five detainees (5%) claimed to have been hit, kicked or assaulted by other detainees since being at Haslar. Of these respondents, four (80%) claimed that this incident occurred once.

Three of the five detainees commented on what happened:

A remote control was thrown at me straight into my eyeballs, which gave me a red spot in my left eye

I was asked for a light and I said I didn't have one but advised him where he could buy one. The detainee hit me, I fell over and I wanted to hit back but was stopped by someone from Pakistan who said I would be locked up and so I went to the television room. He followed and started on me again, others mediated but it didn't stop him swearing. I pressed the bell and three officers ran in. They did not ask what had happened, just grabbed me by the collar – the Pakistani detainee explained everything but nothing happened to the other guy

Speaking on the phone

- **Have you been hit, kicked or assaulted since you have been here by any member of staff? (n=92)**

Two detainees (2%) who answered the question claimed they had been hit, kicked or assaulted by a member of staff. Both detainees reported that this had occurred once but did not comment on what had happened.

- **Have you experienced unwanted sexual attention here in the Centre? (n=96)**

One detainee felt that he had experienced unwanted sexual attention whilst being at Haslar.

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

	'Yes' # (%)	Frequency (n=6)		
		Once	Occasionally	Regularly
Total (99)	6 (6%)	2 (33%)	4 (66%)	-

Six detainees (6%) claimed to have been made to hand something over by other detainees. Four respondents (66%) claimed that this type of victimisation occurred occasionally.

Three detainees commented on this issue:

Because the cells have no doors therefore they have stolen my cigarettes

Canteen is not open everyday, other detainees ask for something and then pay when it is their turn

Asked for coffee, cream, cigarettes, sugar

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

	'Yes' # (%)	Frequency (n=11)		
		Once	Occasionally	Regularly
Total (95)	12 (13%)	1 (9%)	9 (82%)	1 (9%)

Overall, 13% of detainees who completed this question mentioned that other detainees had verbally or physically abused them because of their nationality. Of the twelve detainees who reported this type of victimisation, nine (82%) claimed that it occurred occasionally.

Comments included:

Think we are guerrillas as we are Colombian

They look at us badly. Stare at us as we're Colombian

Because I am African

Half the detainees are mentally not right

For telephone and other reasons

Telephone, changing channels, being rude to each other. The staff will not try to find out the truth but send them to prison

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

	'Yes' # (%)	Once	Frequency (n=5)	
			Occasionally	Regularly
Total (95)	8 (8%)	-	5 (100%)	-

Eight detainees (8%) claimed that they had been verbally or physically abused by a member of staff because of their nationality.

Comments made by detainees included:

The staff don't answer any questions, they get angry most of the time

Some of them say things which there is no need for

You can see it in their racist faces when I say things they don't like

Whilst complaining a member of staff told me to go back to my country

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

	'Yes' # (%)	Once	Frequency (n=5)	
			Occasionally	Regularly
Total (93)	6 (6%)	5 (100%)	-	-

Six detainees (6%) who had completed this question claimed that other detainees had verbally or physically abused them because of their cultural or ethnic background since being at Haslar.

Four detainees commented:

We were called terrorists during prayers

As I am a Colombian, they stare and say things

Because of my Spanish customs and because I hardly go to church they view me badly

For use of phones and television

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

	'Yes' # (%)	Frequency (n=6)		
		Once	Occasionally	Regularly
Total (91)	9 (10%)	1 (17%)	2 (33%)	3 (50%)

Overall, 10% of detainees responding to this question claimed that they had been verbally or physically abused because of their cultural or ethnic background by a member of staff. Half of the detainees claimed that this type of victimisation occurred regularly.

Three detainees commented on this issue:

The way they talk you feel it even though they don't mention it i.e., the way they talk to Jamaicans is not the way they speak to Africans

When I ask for any help they just ignore me

Friday is prayer day and we don't get enough time for washing before prayers

- **Do you feel safe here? (n=92)**

Yes	10% (n=9)
No	68% (n=63)
Don't know	22% (n=20)

- **If no, do you feel unsafe:(n=51)**

Sometimes	29% (n=15)
Most of the time	71% (n=36)

- **Since you have been here have staff come up to you to ask how you are? (n=94)**

Yes	18% (n=17)
No	82% (n=77)

- **If you press the call bell in your room, how quickly is it answered by staff? (n=88)**

Within 5 minutes	30% (n=20)
More than 5 minutes	36% (n=24)
Don't know	35% (n=23)
Do not have a bell*	24% (n=21)

*Those who answered do not have a bell were taken off the overall percentages.
Note, the bell was in the dormitory and not in the rooms.

What do you do here

- Prior to arriving at the Centre, the largest proportion of detainees, 20%, had been occupied as students.
- Sixty-four percent of detainees were involved in education at the Centre. Of these 81% found the education useful.
- Thirty-nine percent of the detainees would have liked a job, the majority 61% did not.
- Seventy-one percent felt that there was not enough to do to fill their time.

• **What work or study were you doing in your home country or in Britain before you came into detention? (n=76)**

Student	20% (n=15)
Unskilled labourer	5% (n=4)
Engineer	5% (n=4)
Owned a small business	4% (n=3)
Taxi driver/chauffeur	4% (n=3)
Unspecified work	4% (n=3)
Working and studying	3% (n=2)
Manual work	3% (n=2)
Manager	3% (n=2)
Factory worker	3% (n=2)
Worked for company	3% (n=2)
Worked in IT	1% (n=1)
Tailor	1% (n=1)
Car mechanic	1% (n=1)
Accountant	1% (n=1)
Salesman	1% (n=1)
Chef	1% (n=1)
Farmer	1% (n=1)
Conductor	1% (n=1)
Joiner	1% (n=1)
Hairdresser	1% (n=1)
Florist	1% (n=1)
Singer	1% (n=1)
Technician	1% (n=1)
Artist	1% (n=1)
Interior decorator	1% (n=1)
Waiter	1% (n=1)
Sports teacher	1% (n=1)
Cleaner	1% (n=1)
Worked in a gym	1% (n=1)
Nurse	1% (n=1)
Machinist	1% (n=1)
Unclear	5% (n=4)
Nothing	5% (n=4)
Information not translated – Punjabi questionnaire completed	4% (n=3)
Information not translated – Bengali questionnaire completed	3% (n=2)

• **Are you doing any education or here in the Centre? (n=98)**

Yes	64% (n=63)
No	36% (n=35)

The most common things that detainees mentioned doing were: (n=50)
 (Some respondents mentioned more than one thing so the percentages do not add up to 100)

- Computers/IT **58%** (n=29)
- English classes **56%** (n=28)
- Art classes **4%** (n=2)
- Music **4%** (n=2)
- Help with numeracy **4%** (n=2)
- Library **4%** (n=2)

- **If you are not doing any education have you applied to get on education?** (n=20)

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

- **Is the education you are doing helpful?** (n=53)

Yes	81% (n=43)
No	2% (n=1)
Don't know	17% (n=9)

- **Are there books in your language in the library?** (n=98)

Yes	72% (n=71)
No	16% (n=16)
Don't know	10% (n=10)
A few	1% (n=1)

- **Do you have a job in this Centre?** (n=97)

Yes	5% (n=5)
No	95% (n=92)

Of the five detainees who said that they had a job, one said he was a cleaner, one a gym assistant, one worked in the kitchen, one said he used to work in the kitchen and one did not comment.

- **If no, would you like to have one?** (n=66)

Yes	39% (n=26)
No	61% (n=40)

- **Is there enough to do to fill your time here?** (n=82)

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

The most common things mentioned by those detainees that reported they did not have enough to do to fill their time were: (n=51)

(Some respondents mentioned more than one thing so the percentages do not add up to 100)

• Games/puzzles	20% (n=10)
• More freedom	16% (n=8)
• To do more exercise	14% (n=7)
• To do more education/study	12% (n=6)
• Do something different	10% (n=5)
• Watch television	8% (n=4)
• Work	6% (n=3)
• Go to the library	4% (n=2)
• Facilities open longer	4% (n=2)
• Don't know	4% (n=2)

Other suggestions included: being with their children, watching videos, and having something to do after four o'clock.

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

Not applicable as detainees were not locked in their rooms but in dormitories at Haslar.

Communication

- The majority of detainees said that they were able to receive and make calls.
- Two thirds of prisoners said they were able to send and receive post without any problem.
- The majority of respondents, over half, had not had a visit since they had been at Haslar. Of those that had, a third felt they were treated well by visits staff, whilst almost a half felt they were treated neither well nor badly.
- Twenty-six percent had had a visit from a Community or volunteer visitor.
- Detainees were split in terms of whether or not they had had a visit from their solicitor, 50% had had a visit, whilst 50% had not. Of those who had, half felt the visit had been long enough, whilst a half felt that it had not.

• **Are you able to receive incoming calls? (n=92)**

Yes	83% (n=76)
No	13% (n=12)
Yes and No	3% (n=3)
Don't know	1% (n=1)

• **Are you able to make outgoing calls when you need? (n=93)**

Yes	76% (n=71)
Yes, but it is difficult	3% (n=3)
No	15% (n=14)
Don't know	5% (n=5)

The three detainees who reported '**Yes but it is difficult**' commented:

Yes, but there is only one phone and depends on ability to buy a phone card – if you can afford it

Very expensive

It is very difficult because there is only one phone and it is very busy

• **Are there any problems with sending letters?** (n=93)

Yes	16% (n=12)
No	84% (n=62)
Don't know have not tried*	20% (n=19)

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

In terms of problems with sending letters, detainees commented:

Like today, I want to send an urgent letter to my solicitor after I received a letter from him telling me the urgency of the reply but was told the post has already gone for the day and that was about 10am

We open letters or mail in front of the staff

Take up to two weeks to get here

Why can't we have stamps?

Before letters were checked but now they don't

Sometimes the shop is closed which makes it impossible for us to buy stamps to post our letters (not possible to shop while the shop is open)

It is difficult to send a fax

I don't have enough money for an envelope

Private post is looked at before being distributed

• **Are there any problems with receiving letters?** (n=91)

Yes	18% (n=13)
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No	82% (n=60)
Don't know have not tried*	20% (n=18)

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

Comments included:

Parcels take a long time to get to us. Officers don't deliver them on time

They open them in front of us and check everything

Officers open my confidential letters – governor says letters are not opened after 1st February but this is not the case, still mostly opened

Personal letters are opened up

- **Have you had a visit since you have been in here from your family or friends?** (n=91)

Yes	44% (n=40)
No	56% (n=51)

- **If you have had a visit, how many visits do you get in a week?** (n=31)

Less than one a week	48% (n=15)
One	16% (n=5)
Two	10% (n=3)
Three	6% (n=2)
More than three	6% (n=2)
Don't know	13% (n=4)

- **Do you arrive on time for your visit?** (n=32)

Yes	59% (n=19)
No	22% (n=7)
Sometimes	19% (n=6)

- **How do you feel you and your family/friends are treated by visits staff** (n=31)

Well	32% (n=10)
Neither well nor badly	45% (n=14)
Badly	23% (n=7)

- **Have you had a visit since you have been here from Community groups or volunteer visitors?** (n=89)

Yes	26% (n=23)
No	74% (n=66)

- **Have you had a visit from your solicitor/legal representative?** (n=94)

Yes	50% (n=46)
No	50% (n=46)
Do not have a legal representative*	2% (n=2)

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

- **If yes, do you arrive on time for your visit?** (n=37)

Yes	78% (n=29)
No	16% (n=6)
Sometimes	5% (n=2)

- **Was an interpreter provided?** (n=39)

Yes	44% (n=17)
No	36% (n=14)
No need	21% (n=8)

- **Was the visit long enough for you to explain your case?** (n=43)

Yes	49% (n=21)
No	51% (n=22)

- **Did you understand fully what was said?** (n=42)

Yes	71% (n=30)
No	29% (n=12)

- **How easy or difficult is it to see an Immigration officer when you want?** (n=94)

Easy	25% (n=24)
Neither	23% (n=22)
Difficult	27% (n=25)
Don't know	23% (n=22)

In addition one said he had no need to see an immigration officer.

Overall impressions

- **Are there any other comments about the Centre that you would like to tell us?** (n=84)

The most commonly mentioned issues were:

- **This Centre is like a prison/we are treated like criminals** **25%** (n=21)

Atmosphere here is the same as prison - very little food, we are locked up most of the time, we are not allowed to meet and greet our own family members

It really is unfortunate that this prison may be called a detention centre. Most prison rules still apply such as our time to the chapel is limited to just 40 minutes or less, three days a week. I cannot speak on the phone for more than ten minutes and I am not allowed to be sent phone cards. Frankly I don't think seeking asylum in Britain makes me deserve a jail sentence. The food is horrible in fact I am unhappy to carry on with the comment

Here there are not any criminals, why do you treat us like one? You keep people for a year, ten months, six months, we are asylum seekers - no fear?

- **I came to escape and instead have been locked up** **14%** (n=12)

We have fled our countries fearing for our lives, forgoing our properties/assets, just to lead a peaceful life, begging to just be left alive. And here you catch us and imprison us and torture us. This country's Home Office does not trust our words and subject us to such treatment. Is there no end to this at all?

My country is under a lot of unrest and I came here to lead a peaceful life but being locked up in a cell, and not knowing what is going to happen to me is mentally stressing me out and I am here locked up and this is torture. Sometimes we pay for the mistakes of our solicitors

- **The conditions and facilities here are very bad** **13%** (n=11)

Yes, the conditions are really bad, the rooms are dirty, poor food, no changing of bed sheets. It sounds like we need to pay for our freedom. People here call themselves democrats but it is a very difficult thing to understand how. They have forgotten that refugees have lost almost everything. But some people have still hearts and they think about us. Not everybody can cope with these experiments. God bless us

The living conditions are very difficult. Rooms are without doors and ceilings. The food is not good and not enough. Hygiene is very poor starting from the drinking water. We do not have enough money. We are depressed. We have problems in our country that is why we asked the English government who does not care at all for us but lock us up. It is not long before the day when people will burn this place down because of hunger and stress that people developed in this prison. God bless you.

We are passing through very bad times. We don't get good food, not enough sleep, it is very noisy around the clock (24 hours)

Why don't we have similar rules as in other detention centres if we are called a detention centre. There are a lot of quite bad comments but I would like to mention the most important, 1. Why are we locked up three times a day, 15 hours in total unlike other detention centres?. 2. Whatever you do, there is constant pressure around. 3. Do you think it is OK to have meal at 8.00 am then 1.30pm - you get very hungry and then at 5pm when you are not hungry but know you will not eat again until the morning? 4. Food is tasteless, too spicy, some food runs out before dorm called. 5. No fresh salads, vegetables, just one apple a day and one portion of milk that is all. 6. Canteen is open just three times a week. 7. Nothing to do at all at the weekends - education and library closed. 8. There is nothing to do after 4pm as well - classes and library closed at this time of the day. 9. There is nothing to wipe our hands on after having eaten our meal. I doubt this will really change anything

They are torturing us. It is very cold in our sleeping rooms. They don't give us money. No food that tastes edible. No proper telephones. Lack of basic comforts. They lock us up all the time. When we are in bed, the officers talk so loud. There are so many problems

- **The food is awful** **12%** (n=10)

This centre is very unhygienic. Please make sure it gets better in terms of food hygiene, if not please don't let them bring anyone here as it is not very safe

The gap between breakfast and lunch is too big

We do not get good food here. We are vegetarians. Much wrong is happening here. Food is not good here. They keep non-vegetable and vegetable foods close together. Our requirement is that vegetable food should not have even a touch, drop of meat food. We do not like it so throw away the food. We pray daily and are disturbed from the noise

- **I am being put through mental torture by being here** **10% (n=8)**

Why have they brought me over here? We are in a mentally depressed state. They don't even feed us well. Why don't you decide on our cases immediately? Knowing we are refugees, you subject us to these conditions. The rules of this country are bad

Keeping us here like this is not right it is bad because we are refugees. You surely know how this will affect us mentally/emotionally. You must be able to make immediate decisions. We are young and this is affecting our lives

- **It is difficult to sleep here** **6% (n=5)**

I don't understand the logic behind the rooms. I can't sleep at all where I am

It is difficult to try to sleep with a bright light. Please do something

- **The Sikhs should have a separate place to pray** **6% (n=5)**

I am of Sikh religion. I say my prayers twice a day, there is no separate place where we all can sit and pray. The room where we live is very noisy. It makes it very difficult. If we are to ask other people to remain quiet for a few minutes there is a risk of a brawl or fight. So please provide us with a separate room

- **Officers treat detainees badly** **5% (n=4)**

Just to say it's a prison system and not a detention centre. And that some officers are very mean and behave badly to us. Thanks a lot

I'm not happy to be here in this place. Would like to get out. The way they treat us when I first came to the centre, I was strip searched, and we are still strip searched now. Its very hard to be here, I feel bad, please I beg you let me out

- **The length of time they take deciding over cases** **4% (n=3)**

What I would like to say is there are problems in my country and I came here and I am imprisoned here. I have been put in prison and I have been mentally and emotionally stressed and depressed. They keep us here from two weeks to a month or anything. Why can't we be given a decision soon? I don't know why they are doing this

When someone is brought in here as a prisoner of crime he comes in with some expectation and knowledge of his fate. He is also aware of the length of his sentence. When can we leave from here? We don't know what our state is and here we are locked up

- **The inconsistency of whether someone gets detention or not** **2% (n=2)**

I am a person who entered the UK like everybody else. I went to the Home Office in Croydon to report and they stopped me because I was without documents. There was some other people without documents who were released. So my mistake was that I had documents so I am kept here without a motive

- **My crime was trying to make a better life for my family** 2% (n=2)

*I have a request to the Home Office Minister David Blunkett - if you are in a foreign country, working in a good position and follow the rules and pay tax and they arrest you and put you in prison and your family is depending on you to send money for food etc and you are in prison. Think what you would feel in your heart. You see the world or any poor country with no food to eat, no clothes, no water, and people go to foreign countries like the UK to make a life and be safe like your family. There are many examples to write to you but no time.
Thanks*

Appendix 2

Detainee Population Proforma

Population breakdown by:

Age	No of detainees	%
18 – 20 Years	1	0.7
21 – 24 Years	24	17.3
25 – 29 Years	48	34.5
30 – 34 Years	30	21.6
35 – 39 Years	16	11.5
40 – 44 Years	8	5.8
45 – 49 Years	6	4.3
>50 Years	6	4.3
Total	139	100.0

Religion	No of detainees	%
Anglican	1	0.7
Bhuddist	1	0.7
Roman Catholic	8	5.8
Church of England	2	1.4
Other Christian Religion	23	16.6
Other Non-Christian Religion	1	0.7
Hindu	16	11.5
Muslim	55	39.6
None	9	6.5
Orthodox	5	3.6
Rastafarian	2	1.4
Sikh	16	11.5
Total	139	100.0

The following tables were based on information gathered on a different day from the above tables, thus explaining the different totals.

Nationality	No of Detainees	%
Afghanistan	1	0.71
Albania	4	2.83
Algeria	12	8.51
Angola	2	1.42

Bangladesh	7	4.97
Chad	1	0.71
China	2	1.42
Colombia	5	3.55
Czechoslovakia	3	2.12
Gambia	1	0.71
Ghana	1	0.71
India	16	11.35
Iran	2	1.42
Ivory Coast	1	0.71
Jamaica	7	4.97
Kenya	3	2.12
Kosovo	2	1.42
Morocco	1	0.71
Nigeria	5	3.55
Pakistan	11	7.80
Romania	3	2.12
Russia	1	0.71
Rwanda	1	0.71
Senegal	1	0.71
Sierra Leone	1	0.71
Somalia	1	0.71
Sri Lanka	18	12.77
Syrian Arab Republic	1	0.71
Turkey	5	3.55
Uganda	1	0.71
Ukraine	4	2.83
Venezuela	1	0.71
Yugoslavia	4	2.83
Zaire	1	0.71
Zimbabwe	2	1.42
Unknown	9	6.38
Total	141	100

Ethnic Group		No of Detainees	%
Asian	Indian	16	11.35
	Pakistani	11	7.80
	Bangladeshi	7	4.97
	Sri Lankan	18	12.77
	Afghanistan	1	0.71
	Iranian	2	1.42
Black	African	22	15.60
	Caribbean	7	4.97
Other	Algerian	12	8.51
	Moroccan	1	0.71
White	European	21	14.89
	South American	6	4.25
Other	Turkish	5	3.54
	Syrian	1	0.71

Chinese	2	1.42
Unknown	9	6.38
Total	141	100

Length of time in Detention	No of detainees	%
Under one week	18	12.77
One week up to two weeks	22	15.60
Two weeks up to four weeks	19	13.48
One month up to two months	22	15.60
Two months up to four months	31	21.99
Four months up to eight months	25	17.73
Eight months up to ten months	1	0.70
Ten months to two years plus	3	2.13
Total	141	100