



HM Inspectorate of
Prisons

An Inspection of Oakington Reception Centre

March 2002

Contents

Chapter	Title	Page
1	Background	4
2	Fact page	7
3	A Healthy establishment summary	8
4	What detainees told us	12
5	Reception	16
6	Accommodation and facilities	22
7	Access to legal advice and representation	26
8	Casework	30
9	Duty of care	34
10	Health care	40
11	Regime activities	47
12	Services	51
13	Resettlement	55
14	Recommendations and good practice	60
Appendix 1	Summary of Detainee Questionnaires	68
Appendix 2	Detainee Population Profile	89

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 Prior to this, any inspection of detention centres took place by invitation of the Secretary of State. Subsequently Oakington opened as a dedicated Reception Centre and the existing detention centres were renamed Immigration Removal Centres within the Nationality, Immigration and Asylum Act 2002². Following the introduction of the Detention Centre Rules 2001³ it was decided to carry out full inspections of all the removal centres in the UK, including Oakington, 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 or Reception Centre is not a prison. Detainees have not been charged with a criminal offence, nor are they detained through normal judicial processes. Our inspections are therefore based on our assessment of what constitutes a healthy environment for people whose liberty has been temporarily removed from them in these circumstances.

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

Similarly, we have adapted the four 'healthy prison tests' that we use in relation to prison establishments⁵ to meet the specific needs and circumstances of immigration detainees. Those tests are based upon the World Health Organisation's assessment of what constitutes a 'healthy' environment for those deprived of liberty.

We were assisted in these inspections by inspectors from the Adult Learning Inspectorate and by child care, dental and pharmacy experts. Specialists in

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

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 Oakington was carried out between the 4th and 6th of March 2002.
The team consisted of:

Colin Allen	HM Deputy Chief Inspector of Prisons
Monica Lloyd	Head of Thematic Reviews
Marjorie Simonds-Gooding	Consultant Inspector
Jim Siller	Consultant Inspector
Jane Mackay	Health Management Inspector

The questionnaire⁶ analysis and management of interpreters⁷ was carried out by:

Victoria Richardson	Senior Research Officer
Lucy Richardson	Research Officer
Mark Challen	Research Officer

The team were assisted by:

Nicola Rogers	Immigration Law Specialist ⁸
Christina Pourgourides	Consultant Psychiatrist
Jill Williams	Pharmacy Inspector
John Grimmer	Adult Learning Inspector

⁶ Translation arranged by Sally Walker Language Services

⁷ Provided by Lexicon Linguistics

⁸ Garden Court Chambers, Temple

2. Fact page

Task of the Establishment

The task of Oakington is to hold 'fast track' asylum seekers over a seven to ten day period whilst their asylum claims are processed.

Location

Longstanton, Cambridgeshire.

Contractor

Group 4.

Number held

253 at the time of the inspection.

Escort provider

Wackenhut Escorting Services UK and Group 4.

Type of accommodation

The accommodation is created from part of the site of a previous RAF air field. At the time of the inspection four separate blocks were refurbished and in use as residential accommodation within a secure area contained by a double chain link fence. Three blocks were for single males and one for single females. There was also a family block outside the fence which provided 42 family rooms. Other buildings accommodated the organisations providing legal representation, the Immigration Service and the immigration caseworkers.

Last full inspection

This is the first full inspection of this facility which opened in March 2000.

3. A Healthy Establishment summary

3.1 We have applied to the inspection of removal centres four tests which we consider determine their overall 'health'. These 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 detention centre meets its duty of care in protecting detainees from physical and psychological harm. This includes the management of the risks of fire, accident, violence, intimidation and mistreatment; it also includes the quality of mental health care provided. The second is that the inevitable insecurity of their position is not exacerbated by being unable to obtain timely information about the progress of their cases, by anxiety about welfare concerns outside, or by the inability to access competent legal advice (which may in some cases prevent their removal to an unsafe country or situation).

3.3 In applying this test to Oakington we have been mindful that two thirds of the population of the Centre had not been long in this country and many had arrived in unorthodox ways after frightening and arduous journeys. A relatively high proportion of the survey sample (two-thirds) said that they felt safe on their first night, and after a few days this figure rose to three-quarters. The same proportion also claimed that staff had approached them to enquire about their wellbeing, which is a tribute to the high quality of staff-detainee relationships in the centre. From the survey, levels of victimisation within the centre were almost negligible.

3.4 Fire and Health and Safety arrangements had benefited from a strong management drive. Suicide prevention was conscientiously addressed and incidents of self harm were relatively rare. A safe room was needed to assist with the management of those at risk of self harm, and the Detainee Departure Unit (DDU) had come to serve this purpose for those facing transfer to further detention. This location needed to be refurbished if it was to continue to play this role.

3.5 The Centre was aware of its responsibilities for child protection and met these well, though the need to protect children from contact with single adults resulted in family members over the age of 18 being placed in separate accommodation. Families and couples were usually kept together, though it was not always easy to determine the precise nature of family relationships.

3.6 Medical screening was perfunctory and allowed detainees to conceal their own or their children's health problems if they believed these might prejudice their asylum claims, with

implications for the health of individuals, other detainees and the public. The lack of routine provision for mental health screening and the reliance on self-assessment meant that mentally ill patients lacking insight into their difficulties could be overlooked. There was a limited service from the local psychiatric hospital, but staff reported a high prevalence of insomnia, anxiety and panic, which remained largely un-addressed. The system for onward referral relied on a hand-held record.

3.7 Unlike at other Centres, on-site immigration officers were actively involved in detainees' cases. However, the speed of the process (which was all carried out within seven days of arrival at the Centre) was inappropriate for full consideration of complex cases. The provision of legal representation on site avoided the problems associated with lack of access elsewhere in the detention estate, though on site representatives did not have the capacity to represent all cases since they had become more complex. They were also constrained by the inflexibility of the fast track process and needed to emphasise their independence from it.

3.8 We conclude that Oakington provided a safe custodial environment, but lacked the necessary mental and physical health screening to identify problems with consequences for the health of individual asylum seekers and the wider public. Detention at Oakington had the advantage of being for a finite and predictable term, and access to legal advice, case information and interpretation was good, though there were concerns associated with the inflexibility and speed of the fast track process.

Detainees are treated with respect as individuals

3.9 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.

3.10 New arrivals were treated kindly and respectfully by reception staff, though they were kept waiting for a long time in reception with no explanation and with insufficient translated and video information about life in the Centre. There was no awareness of or provision for meeting the welfare needs of those who had been picked up 'in country' without notice. Neither was there any provision for children in reception, and different arrangements were needed for the reception of families, which avoided the long wait in reception until the early hours of the morning.

3.11 Detainees could retain certain medication in possession, which was good practice, but there was little oversight of the pharmacy service and some irregularities in the storage of drugs. Almost two thirds of the survey sample claimed to have health problems connected with mistreatment in their country of origin, of whom two thirds had disclosed this to health care staff. This information was passed on to the authorities without the written consent of the patient, though not to legal representatives, and health care staff received no feedback about the outcome.

3.12 The design of the accommodation blocks was good and adequate showers, toilets and launderettes were provided. The standard of cleaning was high during our visit, though we understood that this was not always the case. The catering was rated highly by detainees, and the provision of a central restaurant shared with staff was 'normalising' and good practice, as was the provision of pre-packed food and drinks for new arrivals and discharges.

3.13 Essential needs were met in the first instance by the provision of 'destitute packs' which we thought would be better named 'reception packs'. These were adequate, except for the provision of a £3 phone card: best practice elsewhere suggests that this should be £5 and issued weekly. It was not clear how replacement items were to be supplied to detainees, though the provision for property to be stored centrally and in personal lockers was good.

3.14 The incidence of complaints was low and the survey confirmed that detainees were generally satisfied with their treatment. This was due in some part to the relatively short and finite length of stay and the nature of the people being detained, but also to the quality of custodial care. Provision for religious worship was satisfactory, but visiting ministers were exclusively Christian and there was scope for greater celebration of cultural diversity.

3.15 Adult children, aged over 18, were separated from their families, not only in terms of accommodation but also in terms of the processing of their asylum claims. The reason for it (the protection of juveniles) was understandable, but it was unacceptable that family members seeking refuge in the UK were separated from one another at a time of stress, and their asylum claims processed separately so that they could be dispersed to different parts of the country.

3.16 We conclude that, overall, detainees were treated well in Oakington and provided with a good standard of accommodation and services. The separation of families with over-18 children gave us most cause for concern.

Detainees are engaged in constructive activity

3.17 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.

3.18 The purpose of the Centre was the fast track processing of asylum claims, and to this end a series of meetings and interviews were attended during the period of detention, though there was scope for other activities. An amenities block provided a range of unstructured activities during the day and ESOL⁹ classes in the evenings, but the English classes excluded those under 16 years. There were few specific activities for women or older people or incentives to engage in them.

3.19 We conclude that there was scope for more time-tabled activities, more use of the outside area, greater differentiation of provision for young people, women and older people, and more incentives for participation.

⁹ English for Speakers of Other Languages

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

3.20 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 political situation in countries of origin. It also concerns the extent to which the centre assists detainees to prepare for their release or transfer to further detention by providing adequate notice and orientation.

3.21 Arrangements for sending and receiving mail were good, though little used. Faxes could be sent free and good use was made of this facility. Phones were a source of frustration. Calls were expensive, with a service monopoly, international phone cards were not available, those without means were limited to one £3 phone card and the lack of privacy hoods made it almost impossible to hear what was being said during a tannoy announcement. There was no access to e-mail or the internet. The visits room was small and under-used, and visitors, both legal and domestic, were required to give 24 hours notice.

3.22 Detainees granted temporary admission were issued with an address and travel ticket by the National Asylum Support Service, but received no orientation courses to prepare them for life in the UK as asylum seekers. Those being taken into further detention were not told of this until the morning of departure and, during the inspection, were not able to use the phone to communicate this to family and friends.

3.23 We conclude that detainees at Oakington were not given sufficient help to keep in touch with the outside world or to prepare for their release or transfer into further detention.

Conclusion

3.24 The application of these four tests indicated that Oakington was essentially a place of safety providing a high standard of custodial care. The needs and dignity of detainees were respected by Centre staff, except for the splitting of families during and after detention, and within the limits of a fast and inflexible process. Unlike at other Centres, there was access to on-site case information and legal representation, though there could be more structured activities, particularly for juveniles, and incentives to take part, in order to ease the tension associated with the serious business of the Centre. Arrangements for those leaving the Centre needed improvement. A forward destination and the means of travel were provided to those granted temporary admission, but they were given no support to orient to life in the UK. Those destined for further detention were not informed about their future destination until the day of departure, and were in practice unable at this stage to contact family, friends or legal representatives.

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. 112 filled in questionnaires¹⁰ and we spoke to Albanian, Chinese, Russian, Polish, Turkish, Bengali 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 Amongst the questionnaire sample the most common nationalities were Kurdish (13%), Chinese (11%) and Ugandan (9%). In terms of language 12% spoke Turkish, 11% Mandarin, 10% English and 8% Polish. Just under half (45%) understood spoken English and just over a third (36%) understood written English. This was the first place of detention for most of those sampled (81%), though four percent had been in detention somewhere else for over a month. The longest time respondents spent at Oakington was two weeks, and the largest proportion (56%) had been in the centre for between four and seven days.

4.2 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* 17% (n=11)
- *Housewife* 6% (n=4)
- *Teacher* 6% (n=4)
- *Lorry driver/driver* 5% (n=3)
- *Shop worker/in sales* 5% (n=3)
- *Computing* 5% (n=3)
- *Health worker* 5% (n=3)
- *Motor mechanic* 3% (n=2)
- *Market trader* 3% (n=2)
- *Builder* 3% (n=2)
- *Textiles* 3% (n=2)
- *Manager* 3% (n=2)
- *Business man* 5% (n=2)
- *Caterer* 5% (n=2)
- *Unemployed* 8% (n=5)

Occupations also mentioned once were, farming, fortune telling, accounting, carpentry, casual work and one detainee said that s/he was a pensioner.

¹⁰ The full analysis is included in Appendix 1.

4.3 Two fifths (41%) of the sample had children. In almost three-quarters (72%) of these cases the children were in the detainees' home country. For the most part they were being looked after by the second parent or family member, though a significant proportion (24%) did not know who was looking after them. Some had their children with them in the family block, though any over the age of 18 were accommodated separately in the adult accommodation. This caused problems for families under duress who suffered the additional stress of being separated (see 8.8). The splitting up of families in this way was not entirely necessary and in many cases caused additional distress.

4.4 Detainees in groups and via the questionnaire were full of praise for the staff and the standard of custodial care. We were told that staff were courteous and respectful, that detainees felt safe, that Oakington was 'a paradise' particularly after the journeys many had made to get here. One group commented, "*the staff are good here, we are treated as equals, this is not how they treat you in our country*". From the questionnaire almost two-thirds of the detainees (64%) said that they felt safe on their first night at Oakington. When asked whether a member of staff had asked after their well being since they had been at the Centre, the vast majority (72%) answered 'yes'. It was obvious from the focus groups that many were relieved to have reached a safe haven after long and sometimes perilous journeys, and that they genuinely appreciated the humanity shown by the staff.

4.5 The majority of detainees at Oakington stayed for less than a week and certainly no longer than two weeks. As this was their first place of detention and first time in the UK for many, the information they received during this time was vital to help them understand what would happen to them. Just over half (55%) of those surveyed said they were told what would happen on their first night or day at the Centre, but a third (36%) said this was not the case. However, after being at Oakington for a few days, 91% claimed they understood the rules and routines of the establishment.

4.6 According to the survey, over three-quarters (76%) said they were told why they were being detained in a language that they could understand and 70% were also given written reasons in a language they could understand. In the groups, some felt there was enough translated information around the Centre whilst others, particularly the Chinese, felt that this was not the case. However, all agreed that interpreters were available for most interviews. From the survey, of those who had had a medical examination 62% claimed there had been an interpreter present, 90% said they had understood what the doctor had said and 80% felt that the doctor had understood them. Detainees in groups claimed that they received a rub down search as opposed to a strip search, and from the survey, 85% said it was carried out in a sensitive and understanding way.

4.7 From the survey, although 43% did not know whether it was easy or difficult to see an immigration officer, of those who answered the question, 63% thought it was easy. In terms of legal representation, of those answering the question, 87% had a solicitor or legal representative. Of those who did not, over half (57%) said they knew how to get legal advice. However, in groups detainees complained that their representatives would turn up 10-20 minutes before their asylum interview, which did not allow them enough time to communicate their case. There was also some concern as to how confidential interviews were with their legal representatives. One detainee complained that, having seen his legal representative once, the immigration officer who interviewed him later seemed to know all about his case.

4.8 Compared with detainees at other Centres, a smaller percentage (24%) claimed that they had problems caused by their detention. Fewer had been living in this country prior to detention, and many of the remainder were simply relieved to have arrived safely. Of the 22 detainees (24%) who claimed they had problems, these were identified as:

- *Not knowing what was happening to them* 43% (n=9)
- *Having property on the outside* 33% (n=7)
- *Needing to let someone know where they were* 24% (n=5)
- *No-one was looking after their families* 19% (n=4)

Comments made were

- *For a few days I did not know about my husband and children's whereabouts*
- *My son was in school in London for past 3-5 months. What will happen next I don't know*
- *Pains of injuries sustained before coming here*

4.9 There were few complaints about the conditions in which they lived. They described their accommodation as clean and pleasant. They were able to do their own laundry free of charge, which they appreciated. The tannoy was criticised as being too loud and difficult to understand, as it distorted the sound. Another criticism was the fact that they were obliged to gather in the smoking TV room for roll check in some of the accommodation buildings, although smoking was not allowed during roll checks.

4.10 Detainees were also positive about the food. Questionnaire results indicated that the majority (86%) felt they had enough to eat, though in groups there was some concern that it was not enough for growing children. Detainees commented that there used to be a snack with tea and coffee at 9.30, but that had been discontinued. The quality of the food was commended though parents wanted more fruit for their children. The majority (91%) felt that it was well cooked, 80% felt that it met their religious needs, 67% that it met their dietary needs and 70% that it met their cultural needs.

4.11 Questionnaire results indicated that about half (53%) claimed they could see a minister of their own religion (20% said they could not, 27% that they did not know and eight percent that they did not want to)¹¹.

4.12 Half of the detainees who completed the survey said they had no money and of these nearly half (47%) said that they were provided with enough toiletries by the centre. In the groups, we were told by those who did not have money that they received a £3 phone card from the Centre. One group told us that the Centre could receive international incoming calls, which meant people did not have to use their own phone cards very much. Of those who had money, 86% could get what they needed from the shop. Almost all (94%) wore their own clothes though just under half (43%) said they did not have enough changes of clothes. In terms of private property, just over half (54%) said this had been removed when they arrived. In groups, detainees complained about the removal of mobile phones and bank cards. One group told us that food and medication including Ventolin and antibiotics were taken on arrival, and one person claimed he waited three days to get another inhaler.

4.13 The majority of detainees (80%) claimed to understand the role of the Visiting Committee, but when asked how easy or difficult it was to get to see a member of the committee, 39% said

¹¹ See para 6.x

they could not comment as they claimed they did not know who they were. Three-quarters (73%) felt it was easy, 24% felt it was neither easy nor difficult and three percent felt that it was difficult. A further 68% knew how to make a complaint. Only three people had made a complaint: one did not comment but two were satisfied with the way it was dealt with.

4.14 In terms of the service from health care, most of the sample (75%) had experience of this. None of the sample said their experience was bad, 68% rated it as good and 32% as neither good nor bad. In the groups, detainees told us they would see someone from healthcare, usually the doctor, within four days of arriving at the Centre. The survey appears to support this view, as only 52% claimed to have seen the Doctor within 24 hours of arriving at the Centre. In the groups, detainees complained that they sometimes had to wait a long time to see the doctor. One Russian said the diabetic health care was good.

4.15 Despite the uncertainty many felt about what was going to happen to them next, the vast majority, 73%, said that they felt safe at Oakington. Very few claimed to have been victimised by detainees or staff. The highest reported area of victimisation was insulting remarks made to detainees by staff, with five percent of the detainees claiming to have experienced this behaviour.

4.16 The majority of detainees (98%) were not working, though over a half (58%) expressed a desire to do so. Just over a third (38%) attended education, and 79% of those who did found it helpful. Less than a half (48%) said there were books in their own language in the library, although a fifth did not know. Overall, just under two-thirds (64%) said they had enough to do in the Centre. In the groups, we were told that detainees were bored, there were not enough books in different languages in the library, nor international TV programmes. Some felt that the amenities block was not big enough for the number of people it served. Detainees suggested working, listening and playing musical instruments and more education as ways of alleviating boredom.

4.17 With regard to communication with the outside world, detainees reported being able in most cases (96%) to receive incoming calls (a fifth could not comment as they had received none) and to make outgoing calls (88%). They had few problems in sending or receiving mail although again few had used this service. Just under a fifth (18%) had received a social visit from family or friends, a quarter (24%) had received a visit from community groups or volunteer visitors and three-quarters had received a legal visit. The majority (93%) felt that their families and friends had been treated well, but we were told that if visitors did not book a visit they were turned away at the gate.

Summary

4.18 Many detainees were relieved to have reached the UK and this, together with friendly and helpful staff, contributed to a safe and relaxed environment. They had few complaints about their treatment: in fact the most common comment was that officers were polite and kind. Their biggest problem was the lack of activities to alleviate boredom, although they were keen to point out that their asylum situation far outweighed any of the detail of their treatment in the Centre.

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 Oakington is the only centre in Europe that processes asylum seekers on a fast-track basis. During the week of our inspection, 250 detainees arrived and 275 were discharged. Contrary to what we expected, 19% of those surveyed said that they had been in detention somewhere else before arriving at Oakington, 63% for up to a week and 30% for over two weeks. The previous locations of the 250 new arrivals during the week of the inspection were:

- 43 from immigration reporting offices, ports and police stations.
- 40 from Lunar House, Croydon (the Immigration Department of the Home Office).
- 85 from Heathrow.
- 61 from Dover Port.
- 12 from Gatwick.
- 9 from Stansted.

A third of detainees had therefore been taken into detention while in the UK and two thirds on entry.

In country cases

5.2 The third of detainees who had been taken into detention while in the UK were picked up without warning whilst voluntarily reporting at Lunar House in Croydon or other reporting centres. Many were shocked and some had been unable to let their families or friends know where they were. Reception staff believed that immigration staff at the reporting centres dealt with immediate welfare problems and allowed detainees to make a telephone call, but none of those we spoke to had received such help.

Case study

Hanif had left his family waiting outside Lunar House while adhering to reporting conditions. He was distressed because he had not been allowed to phone them to tell them he was not coming back out. He had only been able to let them know where he was when he was finally located on his unit in the early hours of the following morning.

5.3 When we asked detainees in our survey if they had any problems caused by their detention that need to be sorted out, a quarter of those who replied (24%) said they did. They commented:

- *I don't know what is happening to me (43%)*
- *I have property outside (33%)*
- *I need to let someone know I am here (24%)*
- *No one is looking after my family (19%)*
- *No one is looking after my pets (5%)*

5.4 Other comments were:

- *For a few days I did not know where my husband and children were.*
- *I did not know about my husband and children's whereabouts.*
- *My son was in school in London for past 3 – 5 months. What will happen next I don't know.*
- *Phoning is expensive.*
- *I did not come for a joke, but to feed my family and me.*
- *Pains from injuries sustained before coming here.*
- *I have come to claim asylum as a political refugee in UK. I have nowhere to go and I need to be protected in UK.*

Port cases

5.5 In contrast, those detained on entry had some expectation of this: indeed we were told that some of those arriving by plane wrote 'Oakington Reception Centre' on their landing cards. Those travelling from Stansted, Gatwick and Heathrow airports arrived during the night on night buses or six-seater vehicles. A long journey to the UK was therefore followed by a protracted wait in airport holding areas before their journeys began, and these people arrived very weary. Escorting officers told us that if they could not carry all those who were detained at the airport, they were granted temporary admission to make space for the next day's arrivals. Escort vehicles left their engines running even when they were empty and locked. No-one could explain this practice and it added to the tension and general noise level around the reception building.

5.6 Some of those arriving were not making their first asylum claim and appeared to be returning to the UK with a second claim. Those who had been before and were recognised by staff were referred to as "BBs" or "Been Before" and their BB status was marked on boards in their accommodation units. Of six family groups we observed arriving in one night, three were recognised by staff as having been before. They knew their way around the Centre and were able to anticipate the reception procedures and services available.

The reception area

5.7 The reception area was clean, light and welcoming. Its layout was similar to an airport departure lounge with rows of seats facing a television and a long counter from which staff received detainees. This created an open and friendly atmosphere and allowed for continuous supervision. However, the area was not child-friendly, there were no children's books or toys and the lavatories were some distance from the main holding room. Detainees had to be

accompanied by staff when going to the lavatory, and single adults with children had to leave the remaining children if they accompanied one to the toilet, or take all of them together. Baby changing facilities were located in the unisex disabled toilet. We were told that detainees arriving on the night bus had been given meals in the holding room at the airport between 5.00 pm and 6.00 pm. On arrival, culturally acceptable sandwiches were provided, including a vegetarian choice, and tea, coffee and cold drinks were available without charge from a machine.

The reception process

5.8 There was an agreed daily maximum of 36 principal applicants. A family counted as one applicant, so the actual number arriving was often higher than 36. Both the day and night staff were friendly and courteous. On arrival detainees were asked to sit and wait, without any indication that this could be for many hours. Day staff dealt only with those being discharged, so that those arriving during the day had to wait (often for several hours) for the night staff to come on duty to begin the reception process, and then several more hours to be located in their accommodation. This applied equally to children. One family with three small children arrived at the Centre at 10 pm but were not admitted to the family unit until 4 am, and some single detainees arriving mid afternoon were not processed until 1.30 am the following morning.

5.9 Among the 112 respondents to our survey, there were 24 different languages spoken. Only 45% could understand spoken English and 36% written English. Reception staff told us that it was difficult to communicate and that they resorted mostly to sign language. Language Line was available but this was not often used, as staff told us that they had been warned that it was very expensive. We were not able to establish when it had last been used and how often, if ever, in the last year.

5.10 Detainees were provided with appointment interviews with the Immigration Casework Directorate (ICD) or Refugee Council (RC) as part of the reception procedure. They were also allocated to either the Refugee Legal Centre (RLC) or Immigration Advisory Service (IAS) if they indicated that they wanted legal advice.

The reception of families

5.11 Families were observed being admitted to the centre. The process was very adult focused and took a long time. Children, already tired, were left waiting with their parents in a room that was not child friendly. The Immigration Service made an assumption of family membership in making the decision to detain, and it was not clear whether it was the responsibility of the centre to question the validity of this judgement, but the Reception Supervisor completed a 'family assessment form' which asked:

- *Is there any documentary evidence that they are a family?*
- *Do the adults appear to be husband and wife?*
- *Do the children appear to be comfortable with the adults?*
- *Is there any documentary proof of the ages of the family?*
- *Are there any signs of neglect or abuse?*

These were difficult judgements to make with limited evidence. A *'Form of Acknowledgement for Children at Oakington Immigration Reception Centre'* was completed and signed by accompanying adults. This explained that children who were not the subject of separate detention orders could only remain with the adults with their signed consent. This did not, however, absolve the Centre from its responsibility for the detention and proper treatment of minors. It was clear that many families did not understand the implications of this form, which was only in English.

Searching

5.12 Staff carried out a rub down search and checked detainees with a metal detector wand. There was no 'sterile area', and as detainees remained in the same area before and after searching, it was not clear how effective the process was. Luggage was also searched, and the long wait in reception was due in part to the searching of the bags that detainees had brought with them. During the process any medication held by detainees was identified and a nurse checked whether it was appropriate for it to remain in possession. If not, the medication was retained and issued daily. In our survey, 22% said that they had brought in prescribed medication, of whom 44% said it was taken away and 40% said it was not. Of those who said it had been removed, 76% said that this had been discussed and the vast majority (95%) were able to continue taking the medication or similar.

5.13 Reception staff did not remove personal property from detainees, though they were encouraged to deposit anything valuable in the safe and were issued with a receipt. From our survey, half of respondents (54%) said that personal property was taken from them when they arrived. Of these, 86% said they had signed for their property and 43% believed they could get access to it if they needed to, but over a third (37%) did not know if they could. Reception staff claimed that legal papers were not removed. From the survey, over a quarter did not answer this question or did not remember what had happened, but 44% claimed that legal documents had been taken from them when they arrived. There appeared to be some confusion in the minds of detainees about what had happened to their property. This was not surprising given the lack of translated information and interpreters and their general state of exhaustion.

Health screening

5.14 A nurse was on duty from 19.00 to 04.30 to carry out medical screening, but no interpreters were present. New arrivals filled out a short self-completion questionnaire in their own language, which asked them whether they were taking any medication or had any health problems they wanted to discuss with a doctor or nurse. Children were not spoken to and had no opportunity to express any concerns or fears that they may have had. For families, the nurse completed a section of a 'Family Risk Assessment form', which was based on nothing more than a visual check. This health check was cursory and did not constitute a thorough health screen (see 10.7-10.10).

Provision of information

5.15 There were notices in different languages in reception and new arrivals were handed a Detention Centre Compact stating what Oakington expected from them in terms of behaviour and what they could expect from the centre. Detainees signed this. A leaflet called “Asylum Procedures at Oakington Reception Centre” was attached to the compact and explained the criteria for requesting asylum in the UK and the fast-track process. The roles of the different agencies, and the fact that these services were free, was also explained, and both the compact and leaflet were provided in translation. A television broadcast English channels all day and all night, but there was no video information about the Centre even though a video player was available. This was a lost opportunity to explain the fast-track process and life in the Centre in different languages to those who could not read, for which there was ample time. The survey suggested that understanding was limited. When asked whether it was clearly explained what would happen on their first night or first day, only just over half (55%) said that it was.

Essential supplies

5.16 Detainees were given a ‘destitute pack’ on arrival if they arrived with less than £10. This contained soap, shaving foam, a razor, toothpaste, toothbrush, shampoo and a £3 telephone card, but no cash. A £3 phone card was insufficient for a ten-day period and it was unclear whether replacements would be issued. To be consistent with best practice elsewhere, a £5 phone card should be issued in reception and replaced after one week. Sanitary protection and nappies had to be asked for individually, and again it was not clear how replacements would be provided. A new set of underwear and outer clothing was available if needed, and those who had been before appeared to know how to ask for it. Babygros, nappies and other children’s clothing were held in the Family Unit. Clean second-hand clothing was also available. The term ‘destitute pack’ was demeaning and should be replaced with a more neutral term such as ‘reception pack’.

Allocation to rooms

5.17 Staff told us that, if detainees were assessed as depressed or at risk, they were located in single rooms, or if there was tension between particular nationalities they were accommodated apart as space allowed. Otherwise, they were placed wherever there were spaces in the appropriate male, female or family accommodation. There was no formal risk assessment and such decisions were made informally. Risks were minimal, however, because the accommodation was either single or dormitory with up to twelve people sharing. Individuals were less at risk from one another when located in multiples than in pairs. Given that up to 50 new receptions were received every day, about whom very little was known, and the entire population of the centre turned over every ten days, it was unrealistic to expect any more detailed decision making.

Summary and Recommendations

5.18 Two thirds of new arrivals at Oakington were detained at port and one third in country. Reception staff were courteous and friendly, but no-one took responsibility for the problems of those who had been picked up without notice and needed to communicate their situation or were concerned about dependants or property outside. There was an unknown number of detainees who had been before. The reception area was spacious and welcoming but not child friendly, and new arrivals, including children, waited many hours before they were located on their units. Refreshment and drinks were provided. Family membership was not questioned and adults signed that they took responsibility for the children who had arrived with them. New arrivals were given a rub down search and were checked with a hand held metal detector, but remained in a non-sterile area afterwards with access to their luggage.

5.19 Health screening was cursory and did not directly involve children. Luggage was searched and valuable property was removed and signed for. Medication was left in possession if a nurse considered this to be safe, otherwise it was removed and issued as required by the medical staff. Most of those who had medication removed had been able to continue to receive it or similar. A compact and booklet explaining the fast track process were available in translation and the compact was signed, but there was not enough written or video information about the Centre or reception process, or help for those who could not read. Detainees were issued with a 'destitute pack' if they were without means, but it was not clear how replacements could be obtained. There was minimal assessment of risk before co-location, though those considered vulnerable were placed in single accommodation.

Recommendations

- 1. The Centre should confirm that those detainees picked up in country have been able to inform family or friends of their whereabouts and that their immediate welfare concerns are addressed.*
- 2. There should be a more robust arrangement in reception for identifying those detainees who had passed through Oakington before.*
- 3. Detainees should spend less time waiting in reception to be dealt with and then waiting to be located in their accommodation.*
- 4. Detainees travelling with children should be prioritised for admission.*
- 5. Baby changing facilities should be available in male and female lavatories.*
- 6. Toys, books, drawing paper and crayons should be available for children to play with during the time spent in Reception.*
- 7. The 'Form of Acknowledgement for Children at Oakington Immigration Reception Centre' should be translated into the languages of detainees.*
- 8. The admission process should be more child focused to ensure the medical and social needs of children are identified at an early stage.*
- 9. A 'welcome' video showing life at Oakington, produced in many languages, should be available to inform newly arrived detainees about what lay ahead for them.*
- 10. The necessity for searching and the reason for medical examinations should be explained in notices in reception and written explanations should be available for detainees in a language they can understand.*

11. The effectiveness of the current searching procedure should be reviewed.

12. 'Destitute packs' should be renamed 'reception packs' and include a £5 phone card.

6. Accommodation and facilities

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

The main accommodation

6.1 At the time of the inspection there were four separate blocks in use as residential accommodation within a secure area contained by a double chain link fence. Three blocks were for single males and one for single females. The female unit was surrounded by an additional fence and could only be entered by women or men escorted by a female member of staff or Visiting Committee member. The site was very large and additional buildings were used for amenities, to house the other organisations providing services on site and to provide interviewing accommodation. There were six dormitories in each block and four single-bedded rooms. The dormitories held up to 12 people, but were rarely full. Secure lockers were provided for every detainee, to which they had a key. There were two day rooms containing TVs, one of which was designated non-smoking. Ablutions areas and laundries were clean and in good condition. The accommodation was spacious and warm. There was a custody office on the ground floor off the foyer with two officers on duty around the clock and where detainees went for help and advice. Notice boards in the foyer of each block contained little information in translation. An intrusive tannoy relayed announcements in English to all the blocks from a central point.

6.2 Staff told us that if detainees were assessed as depressed, or at risk, they were located in single rooms. Otherwise, they were placed wherever there were spaces in the appropriate family, male or female accommodation. Bed spaces were allocated at random, regardless of ethnic or national group. The accommodation was prepared for new arrivals, and clean. Each bed had sheets and a blanket, with extra blankets available if needed. In the Female Unit, patterned bedcovers were also provided. Staff told us that they kept a close watch on new arrivals about whom there were particular concerns. On the following morning, staff showed them around to familiarise them with the facilities.

6.3 Two thirds of detainees (64%) claimed that they felt safe on their first night. The following comments were made by more than one person:

- *Feel safe and secure here and well guarded* 39% (n=12)
- *We are treated well* 19% (n=6)
- *Officers are kind and polite* 19% (n=6)

Individual comments included:

- *Because I am not in Turkey*
- *To be able to move around*
- *Because everyone lives here peacefully*

- *I had a colleague with me*
- *I felt safe after a word from my solicitor*
- *Because people have taken the time to explain to me*
- *I felt safe because there are many women*

6.4 Those who did not feel safe (27%) gave the following reasons:

- *Felt like I was a criminal in prison* 27% (n=7)
- *I didn't understand why I was here* 19% (n=5)
- *I didn't know what to expect* 8% (n=2)
- *I was in a foreign country* 8% (n=2)
- *I didn't know if there were any Turkish people here* 8% (n=2)
- *I have never been in detention/prison before* 8% (n=2)

Other individual comments were:

- *Because there was no Polish interpreter and I did not know why they brought me here*
- *Because I have not slept all night*
- *It was a new environment like prison*
- *I thought I would be tortured*

6.5 For reasons of child protection, family members over the age of 18 years were classed as single people and accommodated in the main accommodation units some distance from their families. In these circumstances they were able to associate freely in the main compound between the hours of 07:30 and 22:00 apart from periods of roll checks, but the requirement of sleeping apart caused some distress. This was particularly the case where a family member was in any way physically or mentally disabled and dependent on his or her family. We urge staff in these circumstances to exercise discretion and make judgements which seem sensible in the individual case, making such cases the subject of formal risk assessments, and ensuring that the decision is ratified by a senior manager. Families and married couples or unmarried couples in a permanent relationship but not identified as such in reception were re-united once their relationship had been confirmed by IND, though this was not possible if the Family Unit was full.

Induction

6.6 On their first morning, a member of the custody staff on the unit showed new arrivals around the Centre and explained the facilities and services available to them. This was good practice. One detainee commented in the questionnaire: *"It's imperative that detainees should be taught how to use the services – domestic – like operating washing/drying machines, making phone calls, using sinks etc on first day of arrival, since some have never been exposed (to these) prior to coming here."*

Family accommodation

6.7 The family unit was housed on two floors of the former officers' mess situated outside of this secure area within its own fenced area. There was free access to or from this unit. There were 42 family rooms, 18 toilets, one nappy changing room and four laundry rooms. There was also a smoking lounge with a large TV screen and a second TV room, a lounge with a table

football game and seating, a large creche and outdoor playground. The unit had its own dining room and kitchen. There was also an isolation area for managing those with infectious diseases. Again the accommodation was spacious, clean and welcoming.

6.8 As time went on and staff on the family unit were able to observe the 'family' together, evidence could accrue to challenge their claim to be a family. We were shown evidence of an incident where, following concerns expressed by staff over the relationship between a single male and a baby, investigations had revealed that he was not the father. The baby had been removed from the adult and placed in the care of the Cambridgeshire Social Services by means of an Emergency Protection Order.

The Crèche

6.9 The crèche was open between the hours of 9am and 5pm and took children up to twelve years of age. It was friendly and child centred and some excellent structured play was observed. It provided childcare when parents attended immigration or legal interviews or when they needed a break. This meant that parents could attend interviews without being distracted by their children, and that children were not witness to the possible distress of their parents. The staff in the crèche were all qualified and two were NNEB trained. The task for the staff was a difficult one, as they did not know how long the children would be with them and they had to cater for a wide range of ages and languages. If interviews went on beyond 5pm, this caused problems, as the crèche was only staffed to this time. There was evidence that staff had referred child care concerns to medical staff, though on the whole they felt that the children in their care showed little signs of disturbance and were well cared for.

Older Children

6.10 There was no contract for the unit to provide facilities for children aged over 12, who were left to roam the Centre under the theoretical supervision of a parent. This was not constructive for them and, depending on the closeness of the supervision provided by parents, put them at risk of coming into contact with adults who might cause them harm. When parents were being interviewed away from the family unit, most brought their older children with them rather than leave them alone. We saw children aged between 12 and 17 waiting outside the interview rooms for more than an hour on their own. They appeared frightened and confused and they usually did not speak English. The staff were concerned about their safety, as they were unable to watch them all the time and, in any case, could not communicate with them.

Summary and recommendations

6.11 Detainees were accommodated in three single male blocks or one single female block surrounded by its own fence within the secure area. Families were accommodated in a family unit situated outside of the secure area but surrounded by its own fence. All the accommodation was warm, spacious and clean at the time of the inspection. Care was taken to separate children from adults other than their carers, and this had led to some distress where families had been separated. Single rooms were used for those considered to be vulnerable

and the allocation of bed spaces was entirely random. Custody staff showed new arrivals around the Centre on their first morning. The staff on the family unit had a good understanding of child protection issues. Trained staff ran a well ordered crèche between the hours of 9 am and 5 pm for children up to the age of 12 years, but interviews with the parents occasionally continued beyond this time. There was no supervision provided for children over this age when their parents were involved in interviews.

Recommendations

- 1. A different method of communication should be found to replace the tannoy.*
- 2. Staff should exercise discretion when deciding whether to separate individuals over the age of 18 from their families. Such cases should be the subject of individual risk assessments ratified by a senior manager.*
- 3. Centre managers should continue to ensure that couples who claimed to be partners were accommodated together.*
- 4. More activities and supervision should be available for juveniles over 12 years.*
- 5. The crèche should remain open longer to look after children whose adult carers were still being interviewed, and safe supervision areas should be provided for children aged over 12 while their parents were being interviewed.*

Good practice

- 1. On their first morning a member of the custody staff on the unit showed new arrivals around the Centre and explained the facilities and services available to them.*
- 2. Staff made appropriate referrals to Social Services under the child protection procedures where they had reason to doubt family membership.*
- 3. There was an isolation area for managing those with infectious diseases.*

7. Access to legal advice and representation

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

Introduction

7.1 The fact that Oakington accommodated asylum seekers whose claims were processed on a fast track basis made the provision of good quality and timely legal advice crucial. Most detainees were held for 7–10 days, during which time they were interviewed by immigration officers and a decision was made on their asylum claim.

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 Oakington had on-site legal representation provided by the Immigration Advisory Service (IAS) and the Refugee Legal Centre (RLC). Both were registered with OISC. Detainees were automatically referred to either RLC or IAS unless they indicated that they had arranged their own representative. There were no interpreters present at this point and some detainees appeared not to understand what they were being asked or why they needed legal representation. From the questionnaire, about a quarter did not answer the questions relating to their understanding of how to access legal advice or representation. Of those who did, 85% claimed they understood after a few days how to obtain legal advice, and 91% that they understood how to get representation, but 12% said they did not know how to obtain legal advice and 7% said they did not know how to get representation. Given that the whole purpose of the centre was to process asylum claims within a short period of time, for which legal representation was critical, the fact that a quarter did not answer the question and a significant minority did not understand how to access this was concerning.

7.4 Of those who claimed to have had a meeting with their representatives and who answered this question, all said they had had an interpreter present, most but not all (86%) said the visit was long enough to explain their case, and 94% said they understood fully what was happening.

7.5 Both the RLC and IAS were short of staff and their morale was low. The RLC reported that, since the list of nationalities which could be detained at Oakington had expanded to include those whose claims could be complex, it had become difficult to meet the numbers they were contracted for. The Immigration Service claimed that allocations were adjusted to meet staff shortages. Some detainees used outside representation, but usually only if they already had this arranged. It would be difficult for others to do the same if there was a shortfall in on-site representation, because of the strict timetable, the shortage of competent outside representatives, the necessity of booking legal visits 24 hours in advance, and the cost of the phone calls. There was no access to e-mail.

Case study – Ali

Ali is a Turkish Kurd with a complex asylum claim. He was being represented by solicitors not based at Oakington. On arrival at Oakington he was told he would be interviewed on day three. With difficulty his solicitor managed to visit him on day two and discussed his case with him for about two and a half hours. Ali had not yet finished recounting his story however and the solicitor was only able to return to the Centre half an hour before the asylum interview. Immigration officers were not prepared to give longer for the preparation of the case. Ali felt under a lot of pressure because he felt very unprepared for the interview.

Legal representation

7.6 We were told of a number of instances in which external representatives provided an inadequate service, including failing to attend for immigration interviews or attending just prior to the interview commencing with no time to take instructions. Immigration officers were extremely reluctant to delay interviews if representatives failed to attend or arrived too late for detainees to seek prior advice and information.

7.7 Detainee identification cards were pinned on a board in the interview centre whilst they were being interviewed. This meant that it was easy for touts and others acting on behalf of exploitative representatives to copy down personal details of detainees who could then be called up directly and offered services. In this way it was possible to exploit detainees' ignorance of the process and persuade them that they needed expensive legal representation if their asylum claim was to be successful. Whilst the RLC had made some complaints to OISC about the conduct of external representatives, they did not have the resources, and neither was it their task, to monitor such activity. No formal monitoring of legal representation took place in the Centre.

7.8 In practice, the efforts of all the participants in the fast track process were concentrated on the demanding initial interview and decision-making process, for which there was little time to impart complex information effectively. The Immigration Service told us that only five to nine per cent of cases were taken out because they were deemed to be too complex for the fast track process. There was little time to provide effective advice for those leaving Oakington, either to further detention or to be dispersed.

Case study – Fouad

Fouad is a Turkish Kurd. On arrival in the UK he had been approached by an immigration consultant offering advice services. When we spoke to him he had already had his asylum interview but his representative had not attended nor had he ever visited Fouad to give him advice. Fouad considered that he was now left to represent

himself. He had asked for his interview to be delayed whilst he found alternative representation. He was told that this was not possible. He was very distressed and did not know what to do.

7.9 It was positive that detainees at Oakington had direct access to properly regulated and specialist legal advice and representation on site, with interpreters. However, this also carried the risk that legal representatives would be seen by detainees as part of the authorities deciding their claim and could become too close to decision-makers. It is important to support and emphasise their independence. It would assist if these organisations were funded through the Legal Services Commission, like other legal representatives, rather than by the Home Office, and if, as we propose in relation to other centres, there was active monitoring by the OISC. A formal Protocol governing relations between representatives and Centre staff would also assist. This would cover procedures for making complaints (by detainees or representatives), for representatives to ask for complex cases to be transferred out of the fast track process, and for the exchange of information about medical or other needs.

Bail applications and appeals

7.10 Detainees were served with the result of their asylum claim 24 hours before departure. Since neither detainees nor their representatives knew if the outcome of the process was to be temporary admission or detention pending removal, it was impossible to know in advance if they would need to apply for bail. No bail applications were therefore made from the Centre and the short time-scale made it difficult for representatives, particularly outside representatives, to launch appeal proceedings while the detainee was still in the Centre, and therefore accessible.

Summary and Recommendations

7.11 Oakington was the only centre to provide on site representation from regulated and specialist organisations. All detainees therefore could in theory access independent legal advice, though a significant number appeared to be unclear how to do this, and a small proportion appeared not to be represented at all. On site legal representatives were stretched in providing representation to all requesting it, especially as cases were proving more complex than anticipated. Only a small proportion of cases were removed from the fast track process. Measures were needed to emphasise and support their independence from the immigration process. It was difficult for outside representatives to operate effectively within the Centre, and there was some evidence that unregulated and unscrupulous advisers were able to exploit the system and the vulnerability of detainees. Some detainees were unclear about their rights to bail and appeal if their claim failed and/or they found themselves in further detention, and there was little time to obtain further legal advice before departure.

Recommendations

- 1. It should be clearly explained to new arrivals, in a language they understand, how the fast track process works and the importance of legal representation.*
- 2. Sufficient representatives and advisers should be available to meet the needs of all detainees requiring these services.*

3. *The OISC should regularly monitor the quality of legal advice and representation offered both by on site and external representatives.*
4. *Access for competent and properly regulated legal representatives should be made easier, without the need to give 24 hours notice.*
5. *Detainees should be provided with free outgoing legal telephone calls and access to e-mail.*
6. *Detainees' ID cards should not be left on display where they can be seen by visitors to the Centre, so called 'legal advisers' or other detainees.*
7. *There should be a formal Protocol for handling complaints, requesting transfer of complex cases and exchanging information, in order to maintain the professional distance required for representatives to operate robustly within the Centre.*
8. *Consideration should be given to transferring the funding of asylum legal advice and representation provided by RLC and IAS to the Legal Services Commission.*
9. *Detainees should be fully informed of their rights to legal aid, appeal and bail.*
10. *Detainees should be informed in good time about any decision to further detain them so they can be advised on their rights to bail, appeal and ongoing legal aid.*

Good practice

1. *Detainees were able to access regulated and independent legal advice and representation on site.*

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.

Introduction

8.1 Given the fast track procedures at Oakington, we expected to find that the authorities made every effort to expedite the cases of those detained. We did not expect that this haste would detract in any way from a full and proper consideration of claims. We also expected that detainees would understand the reasons for their being selected for fast tracking and what this meant.

Reasons for detention

8.2 All detainees at Oakington were asylum seekers detained under Immigration Act powers on the basis that *'their application can be decided quickly, including those which can be certified as manifestly unfounded'*.¹² This was often determined by the nationality of the asylum seeker. Two thirds of those arriving during our inspection had been brought to the centre directly from air and sea ports and a third were picked up at reporting centres across the country. From the questionnaire just under a third of detainees (30%) claimed that they were not given written reasons for their detention that they could understand. Many of the new arrivals we spoke to were confused about why they were detained when they had been signing on at reporting centres as agreed.

Case study - George

George is an asylum seeker to whom we spoke in reception where he had been waiting for over 5 hours. He was very unclear about why he had been detained. He had been living in the UK for some years awaiting the outcome of his asylum application and had reported to the Home Office in Croydon as required that day. He had no warning that he would be detained and had no belongings with him. He had no idea what was going to happen to him at the Centre.

Efficiency of casework

8.3 In contrast to other centres, where immigration officers on site had very little information about cases, full case files were available and immigration officers conducted asylum interviews themselves. There was also a good supply of interpreters attending the Centre and, in theory, detainees should have been able to obtain information about their cases easily. From the questionnaire, 43% did not know how easy or difficult it was to get to see an immigration

¹² Ministerial announcement March 2000.

officer and just under a fifth missed the question altogether. It appeared that not enough time had elapsed for them to be able to make much sense of their experiences and the bewildering array of officials who were involved in their cases.

8.4 Decisions on asylum claims were made within seven to ten days, and the Centre was dominated by this strict timetable. In cases where detainees wanted to obtain documentation to prove their claims, immigration officers were very reluctant to delay the process to accommodate this. On site representatives complained that immigration officers were unwilling to recognise that some claims were not straightforward and would be better processed within the normal asylum procedures, and they did not challenge the strict timetable although the Operations Enforcement Manual stated that “A person whose case at first appeared to be one which could be dealt with quickly, but which is later identified as being more complex, should be transferred out of the Oakington system”. The entire Centre appeared to be singularly focused on achieving high turnover targets and the vast majority (99%) of asylum claims were rejected.

Case Study – Suleman

Suleman is a Turkish Kurd who had claimed asylum on arrival in the UK and was immediately transferred to Oakington. He had a complicated asylum claim and said he had been detained on numerous occasions in Turkey before he fled. He had seen his solicitor before his asylum interview but had not had sufficient time to recount all the details of his case. He felt under pressure during his interview with the immigration officer to keep his answers brief as he felt the officer was in a hurry. He said that he had called his mother in Turkey to send him some documents relating to his case but they had not yet arrived and the immigration officers were not going to delay their decision. He was extremely upset and was suffering flash backs to his previous detention in Turkey.

Evidence of mistreatment in country of origin

8.5 The fast track process did not adequately accommodate information about previous torture and other forms of ill-treatment. Health care staff were not proactive in seeking out this information (see 10.13) and legal representatives told us it was often disclosed to them in the context of the asylum claim but they were not sure how to deal with the medical aspect of such disclosures. From the questionnaire almost two thirds (64%) claimed to have experienced such mistreatment, and of these, 63% said they had disclosed this to medical staff. The latter told us that when this information came to their attention it was faxed to the Centre Manager and Immigration Service, but it was not clear what use was made of this information. There was no feedback from the Immigration Service to the medical staff. Neither did it appear to interrupt the fast track process, which continued to a negative conclusion in virtually all cases. A history of mistreatment is centrally relevant to asylum claims and there should be a clear protocol concerning whose responsibility it is to enquire about this and how the disclosure should be handled from both the medical and casework perspectives.

The asylum claims of families

8.6 Minors and spouses could be included in the asylum claim of the principal applicant or be considered separately. They might opt to have their claims considered separately if they had been the subject of mistreatment themselves and wanted their story to be heard, as otherwise they were not interviewed. However, adult children over the age of 18 were obliged to make separate claims. This meant that families with adult children were not only housed separately within the Centre but were also processed as unrelated people and could be released at

different times and to different destinations. This was entirely inappropriate for asylum seekers who were often isolated and had to cope with an alien environment that called for close interdependence. Furthermore, chronological age did not necessarily correspond to mental or emotional age and many young adults remained physically, emotionally and economically dependent on their parents. Families were thus unable to enjoy family life. There was no reason why the claims of family members could not be processed simultaneously and certainly no reason why, if they arrived at Oakington together, they could not also leave together.

Case study – the Kracow family

Saidi Kracow, her 21 year old daughter, Arni and her 15 year old daughter Sonia had arrived in the UK with Saidi's nephew and his child and had all claimed asylum. They were all taken to Oakington. Saidi and Sonia were being detained in the family unit whilst Arni was alone in the girls unit. When we spoke to them Arni had already had her decision, which was negative, and was due for release the next day, whilst Saidi and Sonia had not received their decision. Saidi's nephew had already been released and none of them knew where he now was. Arni was terrified of being separated from her mother and sent somewhere far away. She had no knowledge of the UK, did not speak English and did not know how she would find her mother if she became separated from her.

Age dispute cases

8.7 Immigration staff were extremely reluctant to release in age dispute cases, despite there being clear instructions in the Operations Enforcement Manual that unaccompanied minors should be excluded from the fast track process. This included *“age dispute cases, other than where there is clear and irrefutable documentary evidence that the applicant is aged over 18 years.”* In practice, the Immigration Service effectively required the detainee to prove that he or she was a minor. Within the short time period allowed, this was very difficult. Medical experts were not called upon to give an opinion.

Case study – Maurice

Maurice was a Turkish Kurd who had claimed he was 16 years old. The immigration officers who initially interviewed him did not believe him, claimed he was 18 years old and gave him a random date of birth to reflect this which they entered into all the official Home Office documentation. He was extremely distressed at being disbelieved and did not know how he could prove his age when he had fled Turkey without being able to obtain identity documentation. No medical expert had been asked to assess his age.

The end of the process

8.8 Whether individuals were detained further after the Oakington process was completed, or released into the community depended to a large extent on the availability of space elsewhere in the detention estate. This was not assessed until the due day of release, after the decision letter had been delivered. Only the one percent whose asylum claim was positively determined knew that they were not going to be detained further. The uncertainty was even more difficult to manage where more than one family member was at Oakington and their claims were not determined together.

Summary and Recommendations

8.9 Contrary to our expectations, a substantial proportion of detainees did not know why they were being detained, or in the fast-track process. Casework was conducted on site by immigration casework staff and was progressed speedily. In practice, cases were rarely taken out of the fast and inflexible process. The lack of proper medical screening meant that mental and physical problems which might bear on asylum claims were not always identified, and where they were, and were passed on to the authorities, they appeared to have no impact on the outcome. The claims of adult children were not always processed together and this resulted in their separation when they left the Centre, causing acute distress. Medical experts were not consulted in age dispute cases. The final decision to detain or release was not made known to the detainees or their representatives until the day they were expecting to leave the Centre.

Recommendations

- 1. Detainees should in all cases be told the specific reasons for their detention in a language they understand.*
- 2. Detainees must be given every assistance in obtaining reports or other documentation which bear on their asylum claims.*
- 3. Detainees should be released from the fast track process if it becomes evident that the claim is too complex to be dealt with fully in the time allowed, or that they are not fit to detain.*
- 4. There should be a clear Protocol governing the disclosure of information of previous mistreatment and fitness for detention to the relevant authorities and what action should follow.*
- 5. Family members should have their applications progressed simultaneously so that they are released at the same time and to the same place.*
- 6. The burden of proof in age dispute cases should be on the authorities rather than the detainee and subject to medical reports.*
- 7. Detainees and their representatives should be given at least 24 hours notice of whether they are to be released or detained further and the reasons for any continued detention.*
- 8. Those subject to further detention should be informed of their bail and appeal rights.*

Good practice

- 1. Detainees were able to have face to face interviews with immigration officers, who had knowledge of their cases, and with interpreters present.*

9. Duty of Care

We expect detention 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 Without locking detainees into their accommodation blocks it was not possible to exercise close supervision and control over their movement, and good order was achieved through detainees' goodwill and acceptance of the legitimacy of their detention. Detainees were able to enjoy decent and spacious accommodation and experience a large degree of freedom of movement within a large and well kept site. They knew that they were in detention for a short and finite period and that it was likely that they would be granted temporary admission at the end of the process. They could also see daily evidence of progress in their asylum claim. There was little vandalism of the site or disruptive behaviour. There had been no use of segregation to control bullying and the survey confirmed that very few detainees had experienced this. The Visiting Committee made an average of two visits a month to those removed from association, and there had been only six recorded uses of Control and Restraint in the previous year.

Fire safety

9.2 The arrangements for fire safety were comprehensive. The most recent fire safety report was positive and there was evidence of recent evacuation practice. With accommodation arranged in a series of separate blocks, the danger of fire spreading was limited and evacuation was relatively straightforward, though there were no written plans for evacuation from the crèche in the family block, and fire exits were not clearly marked. Smoke and heat detectors were fitted in each block but no sprinklers. Detainees were not allowed to hold their own matches or lighters and staff provided lights for cigarettes on request. A private firm provided extinguishers for electrical fires and maintained them in working order. Each block had its own alarm and an indicator board in other blocks and the main control room showed where the alarm sounded. All 'position instructions' included what to do in the event of a fire.

9.3 Monthly fire drills were carried out for each block and full evacuations were called without notice at different times so they reached different shifts. The response time from Cambridge for fire appliances was 15 minutes. Local fire crews had visited the centre and knew the layout of the accommodation and position of the water hydrants. Regular practices were carried out, which included live practice in one of the empty accommodation blocks. All staff had one day's training with the Fire Brigade and one day's Health & Safety training, which detailed their

responsibilities and provided live training with the equipment on site. The emphasis for staff was on swift evacuation and subsequent searching of the block if it was safe to enter.

9.4 Although these arrangements were comprehensive we had doubts whether they would be sufficient to compensate for the absence of a sprinkler system in the event of a real fire. We were concerned that the complex design of the stairs and passages in the accommodation blocks, the regular turnover of detainees, their recent displacement and general disorientation and the barriers caused by language would conspire to make evacuation in the event of a real fire a far from simple matter. In view of this we believe a sprinkler system should be installed.

Health and Safety

9.5 All the required documents were in place, including a full set of risk assessments concerning the hazards to staff and how these should be managed, but there were fewer concerning the hazards to detainees. The existence of a full set of risk assessments for all staff on site was an achievement in itself given the number of separate organisations working within the centre who were required to meet their separate responsibilities as managers under the Health and Safety at Work Act. This devolution of responsibility had made management accountability unclear until a recent rationalisation had placed the overall responsibility with one dedicated manager. This was good practice and had provided the necessary drive to ensure that risk assessments for staff were completed. One day H&S courses were also provided for staff, and set out their responsibilities under the Act. Further work was now needed to keep risk assessments under review and to check that hazards to detainees were as comprehensively covered as were those for staff.

Suicide and self harm procedures

9.6 All custody staff were trained in the Prison Service F2052 self harm procedures as part of their initial training, and subsequently all 'position instructions' included guidance to staff on what to do if they were concerned about the state of mind of individual detainees. The shift manager, accommodation officer, nurse and GP completed an initial risk assessment in the first 24 hours and re-assessed the detainee every day. When asked in the questionnaire whether there was anyone they could talk to if they felt upset, about half (54%) said there was. This person was usually (64%) another detainee, but was also on 26% of occasions identified as a member of staff. This was a measure of the esteem afforded staff by detainees.

9.7 Managers were considering introducing refresher training by means of desk top scenario exercises on the night shift, alongside child protection and security awareness, which was a creative idea for the good use of 'down time'. As with Health and Safety, different organisations were responsible for their own training in suicide awareness, and the training of Immigration Service staff had lapsed. Following a serious incident in which this had come to light, it was planned to make a Group 4 trainer available for the necessary training. A Suicide Management Committee had recently been reformed to include a member of staff from each shift, a member of the Visiting Committee, a union representative, a shift supervisor, a shift manager, a SASH trainer, the Assistant Centre Manager, the Immigration Service, the registered mental nurse (RMN), and the Manager of Religious Affairs. The non-governmental organisations did not seem to be represented, and this was an omission.

9.8 Threats to self-harm were a powerful means of influencing staff, and distinctions had constantly to be made between empty threats and genuine despair. Centre managers claimed that they erred on the side of caution and responded with either continuous or intermittent watch as there were no safe rooms. There had only been a total of 29 F2052 SH forms opened in a year during which 12,000 detainees had passed through the Centre, and there had been no suicides. It was recognised that those destined for long-term detention were a high risk group for self-harm. We were told, for example, that the increase in detention capacity that accompanied the opening of Yarl's Wood corresponded with an increase in incidents of self-harm as detainees believed it was increasingly likely they would be detained. Those subject to further detention were not therefore told of this decision until they were located in Detention Reception prior to their transfer to the Detainee Departure Unit (DDU). This effectively displaced distress on to the escort contractors and the receiving establishment. Group 4 escorting staff were trained in suicide awareness and were able to open F2052 SH forms, but Wackenhut staff were not. All escorting staff should be trained in suicide awareness and be able to open forms as necessary.

Anti-bullying

9.9 No detainee said they had been verbally or physically abused because of their nationality. The Centre Manager recalled only one occasion when a group of Romanian women had been behaving in a dominating way with other nationalities in the female unit, but they had stopped readily when challenged. Some disharmony between children had also occurred within the family centre, and this had been dealt with through discussion between the parents, health care staff and Centre managers, via interpreters. Those identified as vulnerable by virtue of previous abuse or torture were placed in single rooms and kept under constant watch.

9.10 There was an anti-bullying strategy that detailed sanctions for the bully under Detention Rule 40 and protection of the victim via support from health care staff and the Manager for Religious Affairs, but this had never been implemented, as the population of the centre did not display this behaviour. Neither were they in the centre long enough for cliques to form and for such behaviour to become established. This was confirmed in our questionnaire, where only one detainee (less than one per cent) answered yes to each of the following questions relating to victimisation by other detainees:

- *Being insulted,*
- *hit kicked or assaulted,*
- *experiencing unwanted sexual attention,*
- *being made to hand over property,*
- *being verbally or physically abused because of cultural or ethnic background .*

Child protection

9.11 There was a comprehensive child protection policy that had been agreed with the local social services after consultation with the NSPCC. It covered actions to be taken if children were either identified on arrival with signs of abuse or were seen to be suffering abuse whilst in the centre. Staff were appropriately vetted and not detailed to work on the family unit without completing a one day child protection course. Those we spoke to, including contract cleaning and maintenance staff, were aware of these procedures. Some staff said they would like more

training, but all were very clear about their responsibilities and to whom they should report if they had concerns. Evidence was seen of such concerns being reported to senior management and of appropriate liaison between the centre and social services.

Religious Affairs

9.12 A Manager of Religious Affairs had just been appointed at the time of the inspection after an interregnum of several months. She had been involved in the Centre in a voluntary capacity and had previous experience of working in developing countries. Provision was made for regular Christian worship in a chapel in the main amenities block, and a Muslim prayer room was provided with washing facilities adjoining. There was no multi-faith room where Buddhists or those with no particular religious affiliations could spend quiet time. There was, however, a 'quiet room' adjacent to the Christian Chapel which was usually available in the daytime for these purposes. Visiting ministers at the time of the inspection were exclusively Christian, though there were plans to recruit the services of an Imam and to develop a network of visitors from other faiths. From the questionnaire just over half of respondents (53%) believed they could see a minister of their own religion, though a fifth said they could not and over a quarter said they did not know.

9.13 This is an important area for detainees under considerable strain, away from their normal sources of support and facing an uncertain future and there was scope for the religious affairs department to assume greater prominence in the life of the Centre.

Race Relations

9.14 The ethnic mix of the centre at the time of the inspection was 30% white, 31% black, 10% Asian, 10% Chinese, 10% 'Dark', 6% Roma and 4% other.

9.15 A Race Relations Liaison Officer (RRLO) was provided with 12 hours facility time every 16 days to carry out his duties, which included the initial and refresher training of custody staff and the monitoring of any racial incidents. There were good links with the Religious Affairs department and the RRLOs in other Group 4 centres. As with anti-bullying procedures, racial incidents were few and dealt with informally. This was confirmed in our questionnaire where only one detainee claimed to have been victimised by other detainees on the grounds of ethnicity or culture and none claimed that they had been victimised on the grounds of nationality. There were no reported incidents of any such victimisation towards detainees by staff, but there should nevertheless be a race and diversity committee to provide oversight and drive in this area.

9.16 The Centre made good catering provision for its multi-ethnic and multi-cultural population: 80% of the questionnaire sample claimed that the food met their religious needs and 70% claimed that it met their cultural needs. However, there was greater scope for the stocking of cosmetic and skin products for black detainees who represented about a third of the total population (see 12.10). There was also scope for national theme days which included cultural events and national menus so that there was a greater emphasis on celebrating cultural diversity. The representation of detainees on race relations and cultural committees was difficult to achieve because of the fast turnover of the population, but there was scope for more

consultation about the stock held in the shop, about religious and cultural provision and about communications within the Centre.

The Visiting Committee (VC)

9.17 This committee consisted of seven members from the local community, including one previous member of a prison Board of Visitors. There had been difficulty recruiting and retaining new members due to the slow pace of the recruitment process, the workload involved and the lack of appropriate training. It was hoped that this would improve with the Board of Visitors secretariat taking over responsibility for recruitment and training of VC members. Two members were on call each week and made at least one visit during that time. Additional visits were made to check on any detainees removed from association under the Detention Centre Rules. There had been an average of two such Rule visits a month.

9.18 The VC members were concerned that their role was not well understood in the centre and they were hoping that photo boards and translated information would be provided in each accommodation block. From our questionnaire, 39% of detainees did not know who the VC were, but, of those who said they did, the majority (73%) felt it was easy to get to see them. The VC said they received few complaints and rarely by means of their formal grievance procedure. However, from the questionnaire most detainees (68%) claimed they knew how to make a complaint, and of these only 4% had complained and two who commented said that they were happy with the way their complaints had been dealt with. Only four grievances had been received by the Centre manager, and these had been fully investigated and the findings shared with the VC. As in other Centres, as a final resort, we nevertheless believe that there should be access to an independent Ombudsman.

Summary and Recommendations

9.19 Good order was achieved through the provision of a decent and legitimate regime. Arrangements for fire safety were comprehensive but did not include a sprinkler system. Health and Safety meetings had been centralised under one accountable manager and risk assessments completed for staff, though not for detainees. All custody staff were trained in suicide awareness and self harm procedures and means were being sought to refresh this training. The number of self harm incidents was relatively low and there had been no suicides in the two year life of the centre. A Suicide Management Committee had recently been formed with widespread membership but without representatives from the non-governmental organisations. The policy of not informing detainees that they were destined for further detention until the last minute controlled self harm but at the expense of openness and transparency and the displacement of responsibility on to escort contractors and the receiving establishment. Not all escorting staff were trained in suicide procedures.

9.20 There was little bullying in the Centre. Appropriate child care and child protection procedures were in place and staff in the family unit were aware of their responsibilities for both. The management of religious affairs was in a state of transition and there was scope for this department to assume greater prominence in the life of the Centre. Race relations were good and there were few complaints of victimisation on the grounds of race or nationality, though there was scope for events which celebrated cultural diversity. The Visiting Committee

was struggling to recruit and retain members and to communicate its role to detainees, but had become an effective force in the Centre.

Recommendations

- 1. Sprinklers should be installed in the accommodation blocks.*
- 2. There should be a written fire evacuation procedure for the crèche and fire doors should be clearly marked.*
- 3. Further thought needed to be given to the Health and Safety risks to detainees, and their management.*
- 4. Representatives from the non-governmental organisations should sit on the Suicide Management Committee.*
- 5. If a safe room is needed and the Detainee Departure Unit is to be used in this way, it should be refurbished to be suitable for this purpose.*
- 6. Wakenhut escorting staff should be trained in suicide awareness and be able to open F2052 SH forms as necessary.*
- 7. Ongoing training should be available for those staff in regular contact with children.*
- 8. Ministers and visitors from other faiths should be recruited to conduct religious worship and to visit detainees.*
- 9. There should be a race and diversity committee to support the Race Relations Liaison Officer and oversee race relations in the centre.*
- 10. Events celebrating cultural diversity such as national theme days should be introduced.*
- 11. The Board of Visitors secretariat should ensure that there is effective recruitment and training for Visiting Committee members.*
- 12. There should be notices in reception, and in the accommodation units, describing the role of the Visiting Committee. These notices should make a clear distinction between other forms of visitors' organisations and should be in languages that detainees can understand.*
- 13. Detainees should have access to an independent Ombudsman once the avenues of complaint open to them are exhausted.*

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 As Oakington held men, women and families soon after arrival in the UK, 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 in the country of origin. 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 Healthcare services were provided through a contract with Forensic Medical Services (FMS), a commercial healthcare provider. The contract provided a seven day nursing service to deal with minor ailments, a two hour GP clinic and pharmacy services. There were three substantive and one locum GP providing primary care input to the centre. One of the GPs was female, though staff could not remember an occasion when a female detainee had requested to be examined by a doctor of the same sex (though they might not have appreciated that such requests would be met). There were eight registered general nurses (RGNs), one registered mental nurse (RMN) and one registered sick children's nurse (RSGN), two of whom worked part-time. One nursing post was unfilled at the time of the inspection.

10.3 Nurses were on duty 24 hours a day, with a minimum of two working during the day until 20.00 and one working during the night in reception from 20.00 until 8.00. The busiest time was after 21.00 when the nurses had to see all new receptions, be on duty for other detainees in the Centre and prepare the paperwork for clinics the next day. Up to 60 new detainees could arrive each night if families were admitted, and very rarely did they arrive with any sort of medical record. Paperwork had to be completed on all of them. The medical records appeared to be a photocopy of a photocopy and each record was kept in a plastic wallet and locked in a cabinet, with the intention of being stored for up to ten years after discharge. About 250 detainees passed through the Centre each week, and on discharge, all were given a copy of their record and advised to register with a GP in the area in which they were to live. This placed the onus for onward referral on to the asylum seeker, and a considerable administrative burden on to the nursing staff.

10.4 There was only one room available in the Centre for consultation, treatment, the storage and dispensing of drugs and the storage of medical records. Drugs were kept in lockable cupboards and a fridge. There were no controlled drugs. The healthcare staff held keys to the

treatment room and to the cupboards, and only they had access to the keys. Clinics took place in the same room behind a screen, which was not ideal as other non-medical staff also needed to enter the room. In these circumstances there was a “knock and wait” procedure, but this was not sufficient to ensure privacy during medical examinations.

10.5 The pharmacy service was basically a supply function with a twice-weekly top up for stock. A local pharmacy was used for items that were required urgently. The pharmacist was based in HMP Altcourse and did not visit the centre. There was a formulary in place but no Drug and Therapeutics Committee. All medicines were labelled correctly but stock rotation was not taking place and a couple of date expired items were found. The drug refrigerator had a maximum/minimum thermometer, but only the actual temperature was recorded daily rather than the range. Some items requiring refrigerated storage were not stored in the fridge even though this instruction was printed on the label. Prescriptions were written on the patient’s medical record, which also recorded information about medication held in possession. Doctors supplied medication using labelled stock supplied by FMS, filling in the label with the patient’s details. This was unusual but lawful. Most medication was issued ‘in possession’ according to a written policy intended to enhance the process of normalisation. There was also a special sick policy and no more than three days treatment was supplied. Out of hours, it was reported that nurses would take verbal instructions from a doctor over the phone following a protocol, but it was stressed that this was only done in exceptional circumstances.

Use of interpreters

10.6 The health care staff used the same interpreters as the Immigration Service, Refugee Legal Centre and Immigrants Advisory Service, though immigration officers had first call on them. They denied using other detainees to interpret. From the survey, nearly two thirds (62%) of those who had had a medical examination claimed that an interpreter had been present and that this person was in most cases (96%) a professional interpreter. The vast majority (90%) claimed they had understood what the doctor had said, and 80% thought the doctor had understood them. Language line was used rarely (about 6 to 8 times a month) because it was expensive and not considered to provide a good service. These arrangements for interpreting were far superior to anything we saw in the rest of the detention estate.

Healthcare examination

10.7 Very rarely did detainees arrive with any form of medical record. In reception, a cursory health check was carried out by means of a short questionnaire translated into the main languages of the residents. This asked:

- *are you taking any medications for current health problems?*
- *do you wish to speak to either a doctor or a nurse about a health problem?*
- *is the health problem urgent?*

10.8 This effectively screened out many respondents. Just over half (52%) of the survey sample saw a doctor during their short stay at Oakington. The health check relied heavily on the detainee understanding these questions. Although they were translated, many arrivals could not read or write and we saw older children completing the form for their parents. The nurse also completed a section of a ‘Family Risk Assessment’ form which was headed ‘I have

carried out a visual health assessment and have the following to report'. The nurse confirmed that this was based on nothing more than a visual check. At no time during the admission process were children examined. Although we do not suggest that children should be subject to medical examination on arrival, they should be examined within 24 hours of arrival in the presence of an appropriate adult with some knowledge of the child. Immunisation history should be recorded along with previous childhood ailments and height and weight. A skin map should record any previous injuries, scars or tribal markings, and current infection, or signs and symptoms consistent with abuse, should be noted.

10.9 The health assessment allowed any health matters which new arrivals wanted to conceal from the authorities, or of which they were unaware, to pass unnoticed and untreated. The assumption was made that the port health authorities had carried out medical checks at ports, which we know not to be the case. No screening was therefore carried out on newly arrived asylum seekers for blood borne viral infections with serious individual and public health implications such as HIV, Hepatitis B, TB or other chronic conditions. Whilst we recognise that the period of detention at Oakington was short, it did provide an opportunity to provide a health screening to identify: evidence of mistreatment relevant to asylum claims, health concerns for follow-up treatment in the community and the presence of infections with individual and public health implications. Adults should receive information in their own languages about the advisability of being tested for TB and other infectious diseases, and such testing should either be possible in Oakington, or there should be a system for onward referral where this could be carried out, and counselling and treatment provided.

Access to secondary healthcare

10.10 The Detention Centre Rules allowed for further medical investigation in detention. Given the short period of detention at Oakington, only those who were identified with chronic conditions such as diabetes or hypertension were followed up. A midwife visited when necessary, but it was unclear whether the health visitor also attended. Detainees were taken to outside health facilities if necessary. In these circumstances, restraints were not used. If there were serious conditions requiring hospital admission, the Immigration Service decided whether detainees could be granted temporary admission for treatment in the community or should be transferred to a detention centre or prison hospital for treatment. If granted temporary admission to the country, they were re-detained on release from hospital. Otherwise they were provided with a uniformed bed watch, though this was infrequent. One patient granted temporary release for psychiatric treatment had subsequently absconded.

Case study

A 56 year old Lithuanian man completed a questionnaire on arrival confirming he had urgent health problems, and was in receipt of medication. He was seen four days later by the doctor who requested further investigations. After 48 hours a form was completed declaring him unfit for detention and he was released on the same day.

Mental health care

10.11 The screening questionnaire did not ask specific questions relating to mental health, though staff reported a high prevalence of insomnia, anxiety and panic. The medical contract initially excluded any provision for mental health care at Oakington, and this remained the case for the first year. At the time of the inspection an agreement had been reached with Fulbourn hospital for a consultant psychiatrist to provide assessments when requested either by legal representatives in relation to allegations of rape or torture, or Centre staff where there was concern regarding suicide risk, or by the detainee him or herself, or the doctor.

10.12 With the high turnover in the population, it was not possible to respond to generalised high levels of psychiatric morbidity. There were no counsellors or psychologists on site, though one RMN provided counselling and operated a waiting list for what were usually one off sessions with no onward referral to services in the community. The reliance on self-assessment meant that mentally ill patients lacking insight into their difficulties were overlooked. There should be screening for mental health problems and onward referral as required.

A 26 year old Cameroonian woman had arrived in the UK four days previously by boat. She claimed she was fleeing persecution by a church minister in her home country who had compelled her to join a sect, and that she heard his voice every night making threats to her. She wanted to be protected from him. She had been discharged from psychiatric care in Cameroon less than a week before leaving the country. She recognised that she was not her usual self. She had been examined on arrival at Oakington through an interpreter, though could not recall completing a questionnaire. It was clear on examination that she was psychotic and suffering from delusions and hallucinations, and was unfit for detention. At the time of the inspection it was unclear whether this had been identified and what action was intended.

Experience of mistreatment in country of origin

10.13 We were told that it was not policy to ask questions about torture and resulting injury, and the responsibility was left with the detainee to disclose. As this information had significant health implications and was potentially important to asylum claims, it was inappropriate for this not to be acknowledged as an important task for health care staff. In fact, from our questionnaire, almost two thirds of detainees (64%) indicated that they had health problems associated with mistreatment in their country of origin, and of these almost the same proportion (63%) had disclosed. Those who had not done so identified the following reasons:

Difficult to talk about it	42% (n=6)
I want to forget about it	36% (n=5)
Doctors/nurses don't ask	29% (n=4)
No interpreter	7% (n=1)

10.14 There was a fairly high level of disclosure, despite the difficulties this entailed and the lack of pro-active questioning. Previous injuries and their link with current health concerns are important to the delivery of proper health care and provide potential evidence to support asylum claims. Currently, such information was faxed to the duty shift manager and the Immigration Service, but the doctors received no feedback and could not be sure how the information was used and whether it was in the interests of their patients to disclose it. As all but one per cent of asylum claims were refused, it would seem that the information had very little impact.

10.15 There was also no consent form in the medical records authorising this disclosure, though doctors claimed they received the verbal consent of the patient. The breaching of

patient confidentiality should be accompanied by formal documentation of the patient's consent, and doctors should be confident such action is in the best interests of their patients.

10.16 Clarification was needed of the respective responsibilities of health care staff and the Immigration Service, and a formal Protocol should specify when and how such information should be shared, the use to which it would be put and what feedback the doctor should expect. It should also include procedures for passing on this information to the health provider in the community when the detainee is released.

10.17 The RMN reported that a notification of torture did not result in any particular response from health care staff, and it was clear that greater specialist knowledge of the treatment needs of such patients was required. The RMN had made some links with the Medical Foundation for the Care of Victims of Torture, but the health care staff in Oakington needed further specialist knowledge in this area.

Food refusal

10.18 A register was taken of who collected meals from the dining hall and after three days Centre staff alerted health centre staff if a detainee was not taking food. The detainee was kept under observation, but the view was taken that it was their choice whether or not to eat. During the relatively short stay of detainees at Oakington this was unlikely to become a serious issue, but was one that needed to be continuously monitored.

Detainees' views about the quality of health care

10.19 Overall, detainees were positive about the quality of health care at Oakington with over two thirds assessing the service as good. This was extremely unusual in comparison to other centres.

TABLE 7.1. WHAT DO YOU THINK ABOUT THE HEALTH CARE IN THIS CENTRE?

Good	68% (n=54)
Neither	32% (n=25)
Bad	-
Don't know have not been*	24% (n=25)

Summary and Recommendations

10.20 The contract provided a seven day nursing service to deal with minor ailments, a two hour GP clinic and a pharmacy service. At least two nurses were on duty during the day in the Centre and one at night in reception to screen new arrivals. Nursing staff completed paperwork on all new arrivals and attempted to provide all those leaving with a discharge letter. Extra nursing and administrative help was needed. The health care accommodation was limited in size and did not provide sufficient privacy. Interpreters were provided for medical consultations, but only about half of the population saw a doctor. Most experienced only a cursory health check based on a self assessment and it was possible to conceal health problems with

potentially serious individual and public health implications. Children were not given a separate medical examination.

10.21 Secondary health care was rarely needed during the short stay at Oakington and each case was dealt with on its merits. Detainees could be granted temporary admission for hospital treatment. Although arrangements had been made for a psychiatrist to visit, this did not meet the widespread need for help with sub-clinical problems of anxiety, depression and insomnia which were not sectionable. The reliance on self assessment did not identify those who were seriously disturbed and who lacked insight into their difficulties. Although the medical staff did not invite disclosure of mistreatment in their country of origin, two thirds of detainees claimed to have experienced this, and, of these, two thirds had disclosed it to health care staff. This information was passed to the Immigration Service without written consent but not to legal representatives. There was no feedback to medical staff and it was not clear how this information was used. Health care staff had no specialist knowledge in this area or avenues for onward referral. There was a policy for managing food refusal. Detainees were positive about the quality of health care provided.

Recommendations

1. *Detainees should be told that they can request examination by a doctor of the same sex.*
2. *Administrative help was needed to help the nurses deal with the volume of arrivals and discharges.*
3. *A full complement of nurses should be in post.*
4. *The pharmacist should visit to monitor and review the pharmacy service to ensure compliance with both the law and best practice.*
5. *There should be a Drugs and Therapeutics Committee chaired by the visiting pharmacist to oversee:*
 - *the storage and administration of drugs*
 - *stock rotation*
 - *out of hours dispensing*
6. *The facilities for health care examinations should provide greater privacy during medical examinations.*
7. *Medical staff should receive training in identifying and treating health problems associated with mistreatment.*
8. *All new arrivals, both adults and children, should receive a physical and mental health screening which includes*
 - *checks for signs of physical mistreatment in the country of origin*
 - *counselling and testing for infectious diseases*
 - *screening for serious mental health problems.*

9. *Consent forms should be signed for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
10. *There should be a Protocol governing the disclosure of information of mistreatment and fitness for detention to the relevant authorities and what action should follow.*
11. *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.*
12. *There should be avenues of onward referral for further primary and secondary health care for those suffering from mental or physical health problems identified at the Centre.*

Good practice

1. *Detainees were allowed to keep medication in possession.*
2. *Interpretation facilities were the best seen in the detention estate.*

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 Detainees' time was structured by the fast track processing of their asylum claims and a series of interviews and meetings throughout the seven to ten days of their stay, though these did not fill their time completely and other activities were open to them.

Educational provision

11.2 Oakington was not contracted to provide education, but had secured the services of a private company who specialised in working with refugees and teaching English as a Second Language (ESOL). The courses were paid for through a franchised arrangement with a local college of further education that accessed funding through the Learning and Skills Council. This funding only extended to detainees who were 16 or older and there was therefore no English teaching available for children. Two classes operated every evening including Saturdays and Sundays. One class was for those who had little or no English language speaking ability (elementary), and the other was for improvers (intermediate). Detainees attending the classes were assessed and directed to the most suitable class. There were opportunities for those who wanted to gain accreditation to take a nationally recognised exam in spoken English. In the month before the inspection, 292 detainees had attended ESOL classes and 104 of these completed the exam. During that time an average of 36 attended classes each day. From the questionnaire, 38% said they attended some form of education, of whom 79% said this was helpful.

11.3 Two rooms in the amenities block were used for this purpose. One was also used as a quiet room or for videos during the day. It had no desks or writing surfaces and was not suitable for classes. The other room had desks but it was too small for the number of people being taught. The tutors worked well with multi-national groups. They were patient and helpful and provided useful handouts to involve the class and reinforce their learning. The sessions were interesting and interactive and the topics were relevant to their needs.

11.4 There were no computers in the centre for the use of detainees and no computer training was provided. Computer classes are popular with detainees in other centres and should be provided, and there should be controlled access to the internet. Internet access would allow detainees to learn, research their own interests and read newspapers in their own language online.

Recreational pursuits.

11.5 The main activities available at Oakington were based in the amenities block. In addition to the English classes, there was a small fitness suite, a small library, a chapel and Muslim prayer room, television and video rooms, table tennis, table top football games and electronic video games. There was also an outside grassed area with football posts and a volleyball net. All these facilities were inside the secure area of the site. Detainees from the family block, which was outside this area, could gain access to the amenities block at any time, as long as children were escorted and supervised by their parents, although television and video viewing facilities were also provided within the family block. Detainees were not locked up and had complete freedom of movement.

11.6 There was no proper gym at Oakington, only a small fitness room with basic keep fit equipment which was old but functional. The room was not regularly used and many detainees were unaware of its existence. It was next to the chapel and the noise generated when it was in use disrupted worship or quiet contemplation. Football and volleyball sometimes took place outside on the field, but this was not time-tabled and was organised by staff on an ad hoc basis. Both the gym and outside areas were only used when sports and games qualified staff were available, and were not fully utilised.

11.7 From the questionnaire, a third (36%) of detainees said they did not have enough to do. A greater level of activity would assist with tension release and provide distraction. Over half (58%) would like to work and other suggestions were:

- *Listen/play musical instruments*
- *More education*
- *Voluntary work*
- *More books in detainees' own languages*
- *More recreational activities*
- *Job training.*

11.8 There were few gender or age sensitive pursuits available. A female only fitness session was available in the afternoons but was poorly attended, possibly because it was not known about. There were electronic games machines provided in the female unit. Outside activities when they occurred were for males only. More imagination was needed to identify activities that would appeal to women, the young and the elderly. Fitness activities for women such as dance, aerobics, tennis and badminton should be offered and be more widely advertised, as should art and craft workshops and computer games for young people. Those under 16 should also be able to attend organised activities. National theme days, weekly discos and bingo sessions were popular in other centres.

Incentives for participation

11.9 Given the health benefits associated with activity, the Centre should give some thought to providing incentives for participation. Detainees were under considerable stress, being displaced and alone in a foreign place, unable to communicate with most of the people around them and awaiting decisions about their future. Any opportunity for stress release would help reduce tension, and the Centre would therefore benefit from a greater investment in activities and from encouraging participation. Events should be regular, time-tabled and well advertised,

and registers should be kept of those taking part. Those attending an activity session every day should be able to earn a bonus over the course of the week, possibly an additional free phone card, or voucher to spend in the shop.

Access to the library and newspapers

11.10 A small library was open from 9am to 12pm, 1.30pm to 5pm and 6.30pm to 10pm every day of the week. There was space for about ten people to sit and read. Books were available in twelve languages other than English, but there were very few books available in each. From the questionnaire, Turks and Kurds complained that there was nothing for them to read and a third of detainees (34%) said they were not able to access books in their own language. There were also no dictionaries available. The system for borrowing and returning books was a manual system that did not provide effective tracking of books on loan or allow overdue books to be retrieved. There were four English daily newspapers and twelve in other languages. The latter were not received every day but were no more than three days old. A selection of board games and puzzles was also available, although they were in poor condition. Detention Centre Rules were available in 24 languages, but there were no computers affording access to the internet.

Summary and Recommendations

11.11 English classes were available to adults on a drop-in basis every evening including weekends and these were well attended. The classroom facilities were inadequate and the service did not extend to those under 16 years of age. There was no access to computers or computer training. All detainees had free access to the amenities, including young people if accompanied and supervised by their parents. There were few organised sports and games activities, as these relied on the services of qualified staff who were not always available, and there was little for women, young and older people to do. There was scope for more encouragement of activity through providing incentives for participation. The library was small and provided a limited supply of books in the languages of about two thirds of the population of the centre, and twelve foreign newspapers. The system for lending books was not efficient and there were no dictionaries or controlled access to the internet.

Recommendations

- 1. Funding should be provided for organised activities for juveniles, which could include learning opportunities.*
- 2. Classroom facilities should be improved to provide writing surfaces, more space and ventilation.*
- 3. Classes should be provided in computer literacy and information technology.*
- 4. Fitness activities for women such as dance, aerobics, tennis and badminton should be tried and more widely advertised, as should art and craft workshops and computer games for young people.*

5. *The gym facilities should be improved and relocated.*
6. *Activities should be time-tabled and widely advertised.*
7. *More PE staff should be provided so that gym and outdoor activities can be provided regularly.*
8. *The number and range of foreign language books should be increased to correspond with the nationalities held in the Centre.*
9. *Dictionaries should be available in all the main languages of detainees and replaced promptly.*
10. *The system for recording which books have been loaned should be improved so that books are not lost.*
11. *The puzzles and board games should be replaced and properly controlled so they remain in good condition.*
12. *Computers should be provided for controlled access to the Internet.*

Good practice

1. *ESOL courses were provided for adults and the standard of teaching was high.*
2. *Detainees had free access to the amenities block at any time.*
3. *The library was open from 9am to 10 pm, except for meal times, every day of the week.*

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 There were two dining areas at Oakington, one in the main amenities block and the second in the Family Unit. Both were light and welcoming and displayed pictorial menu boards showing the choice available and indicating which meals were vegetarian and which Halal. Staff also ate in the main dining area and were provided with one free meal every day. Unlike the practice in one other centre where staff ate in association with detainees, staff at Oakington took their meals earlier than detainees and did not use this opportunity to mix with them.

12.2 Different accommodation units were called to the dining area at different times, which minimised waiting times. A register was kept of detainees arriving to eat so that a pattern of food refusal could be identified. This was good practice. Meal times were 7.30 am to 8.30 am for breakfast, 12.30 pm to 1.30 pm for lunch and 5.30 pm to 6.30 pm for dinner. Tea breaks were provided at 10.00 am, 3.00 pm and 9.00 pm. Detainees told us that they did not have biscuits at the 9.00 pm break though the Catering Manager believed that biscuits were provided in the main dining area. Centre staff should monitor this practice and ensure that snacks were available to those detainees who wished to have them.

Minority ethnic and religious provision

12.3 Religious requirements for the procurement, storage, preparation, distribution and serving of food were properly observed and a halal certificate was clearly displayed in the kitchen and outside the dining area. Halal food and other religious and culturally appropriate food was provided every day and this was indicated by a symbol on the pictorial menu. Food that was not halal was clearly indicated. During Ramadan a breakfast pack had been prepared for Muslim detainees before prayer and biscuits, and dates and dinner had been provided after sunset.

Detainees' view of the food

12.4 In our survey, 86% of respondents said that they had enough to eat at meal times. Parents told us that there was not enough food for growing children and young male adults told us that they did not receive enough food, particularly if they spent a lot of time in the gym, but these were minority views. On the whole, given the range of needs that had to be met, detainees' views of the food were favourable.

TABLE 9.1 THE QUALITY OF FOOD FROM THE SURVEY RESULTS

	#	%
Enough to eat?	92	86
Well cooked?	95	91
Meets religious needs?	84	80
Meets dietary needs?	70	67
Meets cultural needs?	71	70

The Kitchens

12.5 The catering at Oakington was sub-contracted to Aramark, which also ran the shop and provided all the cleaning services on site. There were two kitchens. The central kitchen provided all detainees' meals, including those served in the main dining area and in the family unit, to which meals were transported in hot trolleys. The latter also had its own kitchen, which produced simple food and snacks for children and babies. The central kitchen also supplied one meal per day for 50 members of Group 4 staff and 60 meals for working visitors, as well as a selection of packed meals for every detainee who was discharged. This consisted of a sandwich, drink and pack of biscuits and was excellent practice.

12.6 Those who were segregated in the Detainee Departure Unit were provided with the same meals as the accommodation units, but were given instant soup instead of freshly made soup with their main meal. Those awaiting transfer to long term detention were given packed meals as part of the discharge procedure. Those arriving in reception were provided with a sandwich, pasty, cup of soup and coffee, tea and cold drinks. The kitchen also provided packed meals for those waiting for or taking part in interviews. All the packed meals provided for those arriving, being discharged or being interviewed included vegetarian alternatives and met the necessary cultural and religious requirements.

12.7 Concern had been expressed in the past that staff in the family unit kitchen did not always comply with legislation regarding food handling and cleanliness. At the time of our inspection, all staff on duty had received training in basic food handling and there was ongoing training for all kitchen staff in general catering, including health and safety and hygiene. The Catering Manager organised a food hygiene test paper, which staff completed before working in the kitchen, and all visitors to the kitchen completed a food safety questionnaire, and signed that they had done so.

12.8 The Prison Services Catering Adviser inspected the kitchen four times a year and had produced two independent reports. The first had highlighted a number of practices that needed improving and equipment that needed replacing. The second had acknowledged the improvements made and replacement of the relevant equipment. Food temperature was checked appropriately, as were refrigerator temperatures, which were monitored by the Kitchen Manager. Stocks were rotated regularly. The Visiting Committee had expressed concern about the poor quality of maintenance in the kitchen, and had urged Group 4 to address this issue. Maintenance work, including painting, was being carried out in the main kitchen during our visit.

The Centre shop

12.9 The Centre shop was also sub-contracted to Aramark. It was located in the main amenities block and was open from 9am to midday and 2.30pm to 4.30pm. All products were correctly stored and food products were at ambient temperatures. Single detainees were allowed to keep £50 in their possession and families £80. A free currency exchange system operated. Half of respondents in our survey told us that they had money to spend at the shop. Of those who did not, 47% said that the Centre provided them with enough toiletries and 53% said it did not. Staff told us that sanitary products were freely available in the female accommodation and on the family unit and it was easy for women to obtain them discreetly without any embarrassment. This was good practice. It became apparent, however, that neither staff nor detainees were entirely clear what detainees were entitled to if they arrived without money. Some received items that they were entitled to and others did not. The policy for providing essential items to detainees arriving without money should be clarified and clearly communicated to detainees in a language they understand.

12.10 There were many complaints from detainees about the range of stock and high prices. Most items were sold at cost plus 5%, as per the contract, though cigarettes were sold at the recommended retail price. Shop profits were added to the detainee fund. In groups, detainees told us that they were unable to replace shampoo, soap, lighters and other possessions taken from them in reception. Neither could they buy needle and cotton, nail cutters, shoe polish, nailbrushes or glue. There seemed to be no reason for most of these products being unavailable and detainees could not understand why they were disallowed. If there were security reasons for the prohibitions, there should be clear notices explaining this in languages that detainees could understand.

12.11 The only cosmetic or skin products stocked for the black population at Oakington were cocoa butter lotion and cocoa butter. During the week of our inspection, the product list was increased but did not include any additional products of this nature. There was no excuse for this omission as such products were in good supply in the shops which Aramark also ran in prisons which held a less extensive minority ethnic population.

12.12 Only telephone cards provided by Global Communications and Consulting Ltd (GCC) could be bought from the shop. They were extremely expensive and appeared to give very little service. We bought a GCC telephone card from the shop and confirmed that it ran out very quickly. Because this card could not be used in outside telephones or in any other Centre, any credit on these cards was wasted when detainees were discharged. We were repeatedly asked by detainees why they could not buy the international phone cards which were widely available all over the world and which charged 2p a minute for international calls. This question seemed entirely reasonable and we could see no reason for them being disadvantaged in this way by virtue of their detention (see 13.5). There was no Amenities Committee with detainee representation at which such problems could be discussed with managers.

Summary and Recommendations

12.13 There were excellent dining facilities in the main amenities block and family unit, and the range of food met the diverse needs of the population. One free meal a day was provided for staff and packed lunches were provided to all new arrivals and discharges and to all those involved in interviews. A register was kept of the detainees as they arrived at the dining hall.

Meal times were appropriately spaced and regular tea breaks were provided, though there was some dispute over whether biscuits were provided in the evening to bridge the gap between supper and breakfast the next day. The kitchens complied with food hygiene and health and safety requirements.

12.14 There were many complaints about the product range and prices in the shop. There was a dearth of black cosmetic and skin products and the only telephone cards available were the contractor's own brand which were not compatible with phones outside of the centre. They gave very poor value and amounted to profiteering. Policies concerning what was disallowed and what was provided free of charge were not clear. The lack of any means of consulting with detainees meant that managers and staff at the Centre were unaware of many of the issues causing them concern or anger.

Recommendations

- 1. Staff at Oakington should monitor the provision of biscuits or other evening snacks, to ensure that they reach all those detainees who wish to have them.*
- 2. A needs assessment should urgently be carried out by Aramark of the needs of the detained population at Oakington, paying particular attention to those of minority ethnic detainees.*
- 3. Detainees should be given clear notices in languages that they can understand, explaining the reasons why certain items are not sold in the shop or allowed in possession.*
- 4. The shop should stock products suitable for black detainees and those from other minority ethnic groups.*
- 5. The shop should stock inexpensive national and international telephone cards.*
- 6. The policy for providing essential items to those arriving without money should be clarified and clearly communicated in languages that detainees understand.*
- 7. An informal consultation process should be established whereby centre managers and representatives from Aramark regularly meet with detainee representatives, with interpreters present, to discuss the quality of services, including the shop, catering and general treatment and conditions within the centre.*

Good practice

- 1. A register was kept of detainees arriving to eat so that a pattern of food refusal could be identified.*
- 2. Sanitary products were freely available in the female accommodation and on the family unit and it was easy for women to obtain them discreetly and without embarrassment.*

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 or transfer.

Visits

13.1 The staff working in visits were friendly and helpful. From the questionnaire, of those who had received a visit, 93% said the staff treated them well. The facilities for visits, however, were totally inadequate. The Centre seemed to have given little thought to the necessity of providing such a facility. The visits room was small and held only six tables and eighteen chairs adjacent to the reception area. It was open in the afternoon and evenings, from 2pm to 5pm and 7pm to 9pm, and had to accommodate both domestic and legal visits. There was a bottled drinks machine but no snacks and no hot drinks. Only five detainees could receive visits at any one time with up to three visitors each out of a population of about 250. From our questionnaire only 18% of detainees had received a visit whilst they were at the centre and most of these had received one visit only.

13.2 All visits, domestic and legal, had to be booked 24 hours in advance. Detainees told us that otherwise visitors were turned away, though staff told us that they were accepted if there was room. During the inspection, one detainee was allowed two extra adults who were un-booked because no other visitors had arrived and there was space. The names of adult visitors had to be supplied but not those of children under 14 years of age. Given that detainees at this stage were attempting to enter the country rather than being removed, and their motives for doing so were not yet decided by the authorities, the lack of monitoring of child visitors may amount to a failure of child protection. As a precaution and in order to gather intelligence which may throw light on the activities of certain claimants, children should be booked in by name and age.

13.3 Visitors were supposed to be searched at the gatehouse on arrival, but there was no provision for this at the time of the inspection, and neither was it necessary. Detainees were given a rub down search and 'wanded' with a metal detector after a visit and before returning to their accommodation, and this was a sufficient control, given the low level of security in the establishment. The facilities for the searching of detainees, however, were woefully inadequate. It took place in the same space in reception where incoming detainees were received. At the time of the inspection, only two out of three processing rooms were in operation and during the evening visits period, when new arrivals were being processed, there was intense competition for this space. Detainees had to wait to be searched before returning to their accommodation blocks.

Access to information about countries of origin

13.4 All detainees at Oakington 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, or specialist foreign journals, accessed via the internet.

Communication with the outside world

13.5 There were no delays to mail and no censorship. All incoming and outgoing mail was processed on the same day. There was little incoming or outgoing mail as detainees stayed at Oakington for such a short time. When asked in the questionnaire whether there were problems with sending or receiving mail, most detainees (78% and 80% respectively) did not know. Incoming mail, including parcels, was opened by an officer in the presence of the detainee, and registered and recorded mail was signed for by gate staff and by the detainee on receipt. It was possible for those without means to have their letters franked and sent without charge. This rarely happened, however, and we wondered whether detainees knew it was possible. Faxes were sent free of charge, usually two or three a day, to solicitors. There was no access to e-mail, which was the cheapest and most efficient way of communicating globally.

13.6 Of far greater concern were the phone cards and the detainees' lack of understanding as to who was eligible for free cards. One £3 card was provided to those without means on arrival, though families received only one for the whole family, and no phone cards were given beyond the first. Every detainee over the age of 14 without means should be entitled to a £5 phone card on arrival and at the beginning of each new week of detention. The phone cards issued claimed to provide 15% discount on BT call box rates for both national and international calls, but this was not verified to the member of staff contacting the telephone company on our behalf. We tested the GCC card and found that it lasted only a short time (see 12.12). No international telephone cards were available at all, and the rates of charge for different types of call were not displayed by the phones. Given the importance of international communication, the Centre should negotiate a more suitable contract with a supplier which allows for the use of international phone cards at much reduced rates.

13.7 The payphones throughout the Centre offered coin or card use. In the family block there were six on the first floor and two downstairs, and in the other residential blocks there were four, except for block 30, which had two. There were a further two phones in the amenities block. All phones should be supplied with privacy hoods to minimise the noise of surrounding activity and the tannoy. From the questionnaire, 96% of detainees reported being able to receive incoming phone calls and 88% being able to make outgoing calls. However, they were not asked whether they had any problems doing so. The card and coin system was limited and expensive. There were white phones available for receiving incoming calls, but these were not sufficient for the number of people in the centre. This was a popular facility because the rate of charge on outgoing calls was so high, and there should be sufficient to cope with the demand.

Release arrangements

13.8 The fast-track system meant that almost all detainees were moved on after a seven to ten day stay. Approximately 40 detainees were regularly released each day. Some were discharged to NASS¹³ accommodation and escorted on the NASS coach. The Refugee Council supported other detainees with accommodation, subsistence and vouchers to cover train fares. The latter were taken on a shuttle bus to Cambridge. Staff told us how difficult it was to leave some of them at Cambridge station looking bewildered, with no idea where to go next and not able to speak any English. We saw other detainees being met at the gate of Oakington by people described as 'sponsors', who took responsibility for them following their discharge. There were concerns at the appearance and motives of some of these sponsors and we believed that the welfare of young people, female adults, children and babies could be in jeopardy. Some detainees were discharged to further or long-term detention and these were discharged through the Detainee Departure Unit (see below).

13.9 Before being discharged, all detainees were provided with a packed lunch or tea, which included culturally appropriate sandwiches and a vegetarian choice. This was good practice, as it was clear that many detainees had long journeys ahead of them and many did not know where they were going or when they would next be able to eat.

Detainee Departure Unit (DDU)

13.10 Those who were to be transferred to further detention were told on the morning of discharge to collect their possessions in preparation for release, and were taken to reception where an immigration officer, accompanied by an interpreter if necessary, informed them of this. They were then moved to the DDU pending the arrival of transport to the new Centre. We spoke to detainees in the DDU awaiting further detention. Without exception, they were shocked and angry. Many of them said they were desperate to telephone family, friends and legal representatives to tell them what was happening and seek advice. Although we were told that detainees could use the telephone in the DDU, in practice none of those we spoke to had been able to do so, but had been told instead that they would be able to use the phone on arrival at the next centre. This was usually Harmondsworth where there were no phones in reception and where they required a different phone card. At this Centre, from the survey carried out there, 20% said they were not able to make a phone call within 24 hours of arrival.

13.11 This unit had an agreed capacity of twelve and was also used for those being held under Detention Centre Rule 40 (on discipline grounds). The waiting area was dark, bleak and poorly ventilated. It had uncomfortable seats and a few out-of-date newspapers in two foreign languages. There was an outside exercise yard surrounded by razor wire, containing two wooden picnic tables. The DDU was barely appropriate for its purpose and if the DDU was to be used to provide safe accommodation for those at risk to themselves or others it should be refurbished to make it suitable. It was understandable that centre managers chose to use a separate facility from the main discharge area for those being transferred to further detention, particularly as abscond and self-harm risks rose significantly at this point. However, detainees should be informed of the decision at least 24 hours before departure in order to prepare themselves, their families and friends for their further detention, and to contact legal representatives for advice about bail and appeal.

¹³ National Asylum Support Service

Summary and Recommendations

13.12 Visits staff were friendly, but the visits room was not large enough for its purpose. Legal and domestic visits had to be booked 24 hours in advance, though the names of children under 14 years were not recorded. Visitors were not searched, though detainees were after the visit had ended. The area for searching was shared with new arrivals and was busy. There were few problems with mail, and faxes could be sent free of charge. It was unclear whether detainees knew they could send mail free of charge if they were without means. Detainees were able to receive incoming calls and make outgoing calls from coin or card operated phones. The phone company claimed that they provided a rate 15% cheaper than public phone rates, but this was not verified. A system was needed that allowed detainees to use cheap international phone cards. Detainees had no access to e-mail or the internet. The appropriateness of some of those taking the role of 'sponsors' was questionable and the fate of those released to their care was of concern. The lack of prior warning to those being transferred to further detention was distressing and prevented them from communicating with their families and legal advisers at a crucial time. The DDU was barely adequate as a holding area.

Recommendations

- 1. The visits facility should be much larger so that visitors do not have to book 24 hours in advance.*
- 2. A snacks machine and hot drink dispenser should be provided in the visits room.*
- 3. The names of visitors to detainee children should be recorded, as should the names of child visitors to detainees.*
- 4. Detainees should be searched promptly after visits and allowed to return to their accommodation blocks.*
- 5. Every detainee over the age of 14 without means should be entitled to a £5 phone card on arrival and at the beginning of each new week of detention.*
- 6. Detainees should be informed that are able to send free letters if they are without means.*
- 7. Detainees should be allowed access to e-mail facilities.*
- 8. More phones to receive incoming calls should be provided.*
- 9. All phones should be fitted with privacy hoods.*
- 10. The Centre should negotiate a contract with a phone supplier which allows for the use of international phone cards at much reduced rates.*
- 11. Detainees should be able to obtain objective information about the political situation in their home countries through access to country reports, controlled access to the internet and specialist foreign journals.*

- 12. Detainees to be taken into further detention should be given at least 24 hours notice and be allowed to telephone family, friends and legal representatives.*
- 13. Books and newspapers in foreign languages should be available for detainees held in the DDU.*
- 14. The facilities and ventilation in the DDU should be improved.*

Good practice

- 1. Detainees were not strip searched after visits without there being reasonable suspicion.*
- 2. Before being discharged from Oakington, all detainees were provided with a packed lunch or tea, which included culturally appropriate sandwiches and a vegetarian choice.*

14. Recommendations and Good Practice

Recommendations

Chapter 5. Reception

1. *The Centre should confirm that those detainees picked up in country have been able to inform family or friends of their whereabouts and that their immediate welfare concerns are addressed.*
2. *There should be a more robust arrangement in reception for identifying those detainees who had passed through Oakington before.*
3. *Detainees should spend less time waiting in reception to be dealt with and then waiting to be located in their accommodation.*
4. *Detainees travelling with children should be prioritised for admission.*
5. *Baby changing facilities should be available in male and female lavatories.*
6. *Toys, books, drawing paper and crayons should be available for children to play with during the time spent in Reception.*
7. *The 'Form of Acknowledgement for Children at Oakington Immigration Reception Centre' should be translated into the languages of detainees.*
8. *The admission process should be more child focused to ensure the medical and social needs of children are identified at an early stage.*
9. *A 'welcome' video showing life at Oakington, produced in many languages, should be available to inform newly arrived detainees about what lay ahead for them.*
10. *The necessity for searching and the reason for medical examinations should be explained in notices in reception and written explanations should be available for detainees in a language they can understand.*
11. *The effectiveness of the current searching procedure should be reviewed.*
12. *'Destitute packs' should be renamed 'reception packs' and include a £5 phone card.*

Chapter 6. Accommodation

- 1. A different method of communication should be found to replace the tannoy.*
- 2. Staff should exercise discretion when deciding whether to separate individuals over the age of 18 from their families. Such cases should be the subject of individual risk assessments ratified by a senior manager.*
- 3. Centre managers should continue to ensure that couples who claimed to be partners were accommodated together.*
- 4. More activities and supervision should be available for juveniles over 12 years.*
- 5. The crèche should remain open longer to look after children whose adult carers were still being interviewed, and safe supervision areas should be provided for children aged over 12 while their parents were being interviewed.*

Chapter 7. Access to legal advice and representation

- 1. Sufficient representatives and advisers should be available to meet the needs of all detainees requiring these services.*
- 2. The OISC should regularly monitor the quality of legal advice and representation offered both by on site and external representatives.*
- 3. Access for competent and properly regulated legal representatives should be made easier, without the need to give 24 hours notice, in order to ensure that they have the opportunity to take instructions from their clients before a substantive asylum interview.*
- 4. Detainees should be provided with free outgoing legal telephone calls and access to e-mail.*
- 5. Detainees' ID cards should not be left on display where they can be seen by visitors to the Centre, so called 'legal advisers' or other detainees.*
- 6. There should be formal minuted meetings between the IAS, RLC and IS, and a formal Protocol for handling complaints, requesting transfer of complex cases and exchanging information, in order to maintain the professional distance required for their different roles in the Centre.*
- 7. Consideration should be given to transferring the funding of immigration and asylum legal advice and representation provided by RLC and IAS to the Legal Services Commission.*
- 8. Detainees should be fully informed of their rights to legal aid, appeal and bail.*
- 9. Detainees should be informed in good time about any decision to further detain them so they can be advised on their rights to bail, appeal and ongoing legal aid.*

Chapter 8. Casework

- 1. Detainees should in all cases be told the specific reasons for their detention in a language they understand.*
- 2. Detainees must be given every assistance in obtaining reports or other documentation which bear on their asylum claims.*
- 3. Detainees should be released from the fast track process if it becomes evident that the claim is too complex to be dealt with fully in the time allowed, or that they are not fit to detain.*
- 4. There should be a clear Protocol governing the disclosure of information of previous mistreatment and fitness for detention to the relevant authorities and what action should follow.*
- 5. Family members should have their applications progressed simultaneously so that they are released at the same time and to the same place.*
- 6. The burden of proof in age dispute cases should be on the authorities rather than the detainee and subject to medical reports.*
- 7. Detainees and their representatives should be given at least 24 hours notice of whether they are to be released or detained further and the reasons for any continued detention.*
- 8. Those subject to further detention should be informed of their bail and appeal rights.*

Chapter 9. Duty of Care

- 1. Sprinklers should be installed in the accommodation blocks.*
- 2. There should be a written fire evacuation procedure for the crèche and fire doors should be clearly marked.*
- 3. Further thought needed to be given to the Health and Safety risks to detainees, and their management.*
- 4. Representatives from the non-governmental organisations should sit on the Suicide Management Committee.*
- 5. If a safe room is needed and the Detainee Departure Unit is to be used in this way, it should be refurbished to be suitable for this purpose.*
- 6. Escorting staff should be trained in suicide awareness and be able to open F2052 SH forms as necessary.*
- 7. Ongoing training should be available for those staff in regular contact with children.*

8. *Ministers and visitors from other faiths should be recruited to conduct religious worship and to visit detainees.*
9. *There should be a race and diversity committee to support the Race Relations Liaison Officer and oversee race relations in the centre.*
10. *Events celebrating cultural diversity such as national theme days should be introduced.*
11. *The Board of Visitors secretariat should ensure that there is effective recruitment and training for Visiting Committee members.*
12. *There should be notices in reception, and in the accommodation units, describing the role of the Visiting Committee. These notices should make a clear distinction between other forms of visitors' organisations and should be in languages that detainees can understand.*
13. *Detainees should have access to an independent Ombudsman once the avenues of complaint open to them are exhausted.*

Chaper 10. Healthcare

1. *Detainees should be told that they can request examination by a doctor of the same sex.*
2. *Administrative help was needed to help the nurses deal with the volume of arrivals and discharges.*
3. *A full complement of nurses should be in post.*
4. *The pharmacist should visit to monitor and review the pharmacy service to ensure compliance with both the law and best practice.*
5. *There should be a Drugs and Therapeutics Committee chaired by the visiting pharmacist to oversee:*
 - *the storage and administration of drugs*
 - *stock rotation*
 - *out of hours dispensing*
6. *The facilities for health care examinations should provide greater privacy.*
7. *Medical staff should receive training in identifying and treating health problems associated with mistreatment.*
8. *All new arrivals, both adults and children, should receive a physical and mental health screening which includes:*
 - *checks for signs of physical mistreatment in the country of origin*
 - *counselling and testing for infectious diseases*

- *screening for serious mental health problems.*
9. *Consent forms should be signed for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
 10. *There should be a Protocol governing the disclosure of information of mistreatment and fitness for detention to the relevant authorities and what action should follow.*
 11. *There should be avenues of onward referral for further primary and secondary health care for those suffering from mental or physical health problems identified at the Centre.*

Chapter 11. Regime Activities

1. *Funding should be provided for organised activities for juveniles, which could include learning opportunities.*
2. *Classroom facilities should be improved to provide writing surfaces, more space and ventilation.*
3. *Classes should be provided in computer literacy and information technology.*
4. *Fitness activities for women such as dance, aerobics, tennis and badminton should be tried and more widely advertised, as should art and craft workshops and computer games for young people.*
5. *The gym facilities should be improved and relocated.*
6. *Activities should be time-tabled and widely advertised.*
7. *More PE staff should be provided so that gym and outdoor activities can be provided regularly.*
8. *The number and range of foreign language books should be increased to correspond with the nationalities held in the Centre.*
9. *Dictionaries should be available in all the main languages of detainees and replaced promptly.*
10. *The system for recording which books have been loaned should be improved so that books are not lost.*
11. *The puzzles and board games should be replaced and properly controlled so they remain in good condition.*
12. *Computers should be provided for controlled access to the Internet.*

Chapter 12. Regime Services

- 1. Staff at Oakington should monitor the provision of biscuits or other evening snacks, to ensure that they reach all those detainees who wish to have them.*
- 2. A needs assessment should urgently be carried out by Aramark of the needs of the detained population at Oakington, paying particular attention to those of minority ethnic detainees.*
- 3. Detainees should be given clear notices in languages that they can understand, explaining the reasons why certain items are not sold in the shop or allowed in possession.*
- 4. The shop should stock products suitable for black detainees and those from other minority ethnic groups.*
- 5. The shop should stock inexpensive national and international telephone cards.*
- 6. The policy for providing essential items to those arriving without money should be clarified and clearly communicated in languages that detainees understand.*
- 7. An informal consultation process should be established whereby centre managers and representatives from Aramark regularly meet with detainee representatives, with interpreters present, to discuss the quality of services, including the shop, catering and general treatment and conditions within the centre.*

Chapter 13. Resettlement

- 1. The visits facility should be much larger so that visitors do not have to book 24 hours in advance.*
- 2. A snacks machine and hot drink dispenser should be provided in the visits room.*
- 3. The names of visitors to detainee children should be recorded, as should the names of child visitors to detainees.*
- 4. Detainees should be searched promptly after visits and allowed to return to their accommodation blocks.*
- 5. Every detainee over the age of 14 without means should be entitled to a £5 phone card on arrival and at the beginning of each new week of detention.*
- 6. Detainees should be informed that are able to send free letters if they are without means.*
- 7. Detainees should be allowed access to e-mail facilities.*
- 8. More phones to receive incoming calls should be provided.*
- 9. All phones should be fitted with privacy hoods.*

10. *The Centre should negotiate a contract with a phone supplier which allows for the use of international phone cards at much reduced rates.*
11. *Detainees should be able to obtain objective information about the political situation in their home countries through access to country reports, controlled access to the internet and specialist foreign journals.*
12. *Detainees to be taken into further detention should be given at least 24 hours notice and be able to telephone family, friends and legal representatives.*
13. *Books and newspapers in foreign languages should be available for detainees held in the DDU.*
14. *The facilities and ventilation in the DDU should be improved.*

Good Practice

Chapter 6. Accommodation

1. *On their first morning a member of the custody staff on the unit showed new arrivals around the Centre and explained the facilities and services available to them.*
2. *Staff made appropriate referrals to Social Services under the child protection procedures where they had reason to doubt family membership.*
3. *There was an isolation area for managing those with infectious diseases.*

Chapter 7. Access to legal advice and representation

1. *Detainees were able to access regulated and independent legal advice and representation on site.*

Chapter 8. Casework

1. *Detainees were able to have face to face interviews with immigration officers, who had knowledge of their cases, and with interpreters present.*

Chapter 10. Healthcare

1. *Detainees were allowed to keep medication in possession.*
2. *Interpretation facilities were the best seen in the detention estate.*

Chapter 11. Regime Activities

1. *ESOL courses were provided for adults and the standard of teaching was high.*
2. *Detainees had free access to the amenities block at any time.*
3. *The library was open from 9am to 10 pm, except for meal times, every day of the week.*

Chapter 12. Regime Services

1. *A register was kept of detainees arriving to eat so that a pattern of food refusal could be identified.*
2. *Sanitary products were freely available in the female accommodation and on the family unit and it was easy for women to obtain them discreetly and without embarrassment.*

Chapter 13. Resettlement

1. *Detainees were not strip searched after visits without there being reasonable suspicion.*
2. *Before being discharged from Oakington, all detainees were provided with a packed lunch or tea, which included culturally appropriate sandwiches and a vegetarian choice.*

Appendix 1

Summary of detainee questionnaires

On the first day of the inspection the population at Oakington Reception Centre was 259. Seventy-six of the detainees made up 27 families. The detainees were offered a questionnaire in their own language. One questionnaire was offered per family. Approximately 200 questionnaires were therefore handed out to the detainees. Six interpreters who spoke, Albanian, Russian, Turkish, Hindi and Bengali, Polish, and Mandarin - representing the most common languages - were present to explain what we were trying to do. Some detainees declined a questionnaire, numbers were not recorded. In total 112 completed questionnaires were returned. In addition, ten were returned blank, two had only completed a few questions and were not included in the analysis. For eight percent of the detainees we did not have a questionnaire in their first language, however since the majority of these could understand another language, this was not a problem. Fifty-five percent of the single detainees and family units were sampled or 44% of the entire population.

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

- **What is your age?** (n=109)

Under 18 years	6% (n=6)
18-21 years	25% (n=27)
22-29 years	32% (n=35)
30-39 years	28% (n=30)
40-49 years	7% (n=8)
50-59 years	3% (n=3)

- **Are you male or female?** (n=102)

Male	69% (n=70)
Female	31% (n=32)

- **How long have you been in detention here?** (n=94*)

One to three days	28% (n=26)
Four to seven days	56% (n=53)
One week up to two weeks	13% (n=12)

*In addition three detainees said, 'days'.

- **Were you in detention somewhere else before coming here?** (n=107)

Yes	19% (n=20)
No	81% (n=87)

- **If you were in detention somewhere else, for how long?** (n=16*)

One to three days	44% (n=7)
Four to seven days	19% (n=3)
One week up to two weeks	-
Two weeks up to four weeks	13% (n=2)
One month up to two months	13% (n=2)
Two months plus	6% (n=1)

*In addition one detainee commented, 'weeks'.

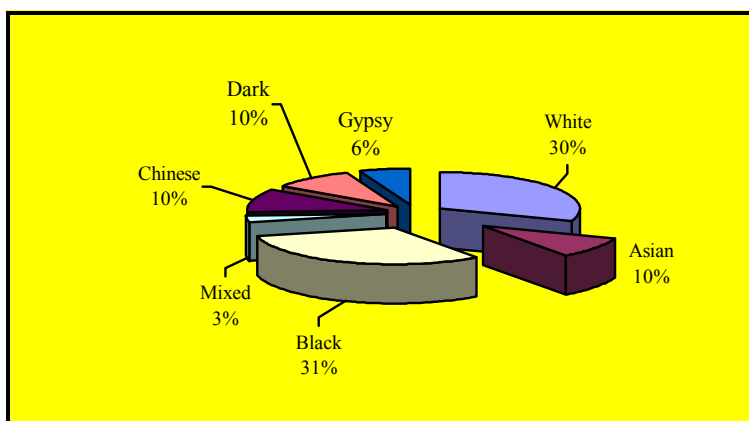
In total four detainees had been in detention, either in Oakington or somewhere else for one month or longer.

- **What is your nationality?** (n=112)

If nationality was missed by the detainee, the language of the questionnaire was noted in brackets.

Albanian	4% (n=5)
Czech	1% (n=1)
Bangladeshi (Filled in a Bengali questionnaire)	1% (n=1)
Cameroonian	4% (n=4)
Chinese (Eight filled in a Chinese questionnaire)	11% (n=12)
Zairian	1% (n=1)
Ivory Coast	1% (n=1)
Kosovon	1% (n=1)
Kurdish (1 filled in a Kurdish questionnaire)	13% (n=15)
Lithuanian	4% (n=4)
Nigerian	5% (n=6)
Polish	7% (n=8)
Roma	7% (n=8)
Romanian	3% (n=3)
Russian	2% (n=2)
Sierra Leone	2% (n=2)
Turkish (Three filled in a Turkish questionnaire)	8% (n=9)
Ugandan (One said his main language was Lugandan)	9% (n=10)
Ukranian	4% (n=5)
Zimbabwean	4% (n=5)
Missing information (1 filled in a French questionnaire, 4 filled in a Punjabi questionnaire, 3 filled in an English questionnaire (one said his main language was Swahilli and 1 filled in an Urdu questionnaire)	8% (n=9)

- **Ethnicity (n=105)**



- **What is the main language that you speak? (n=112)**

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

Albanian (Filled in an Albanian questionnaire)	5% (n=6)
Bengali (Filled in the Bengali questionnaire)	1% (n=1)
Chinese (Mandarin and Cantonese) (4 filled in Chinese questionnaires)	11% (n=12)
Czech	1% (n=1)
English (also mentioned Lugandan)	10% (n=11)
French	5% (n=6)
Gypsy	1% (n=1)
Igbo (but mentioned English)	1% (n=1)
Kurdish (two also mentioned Turkish, and one filled in a Kurdish questionnaire)	8% (n=9)
Kurmanji (filled in two Kurdish questionnaires)	2% (n=2)
Latvian	2% (n=2)
Lithuanian (One mentioned Russian)	2% (n=2)
Lugandan (One mentioned English)	5% (n=6)
Noebele	1% (n=1)
Punjabi	4% (n=4)
Polish (two also mentioned Gypsy)	8% (n=9)
Romany (Three also mentioned they spoke Russian and one Lithuanian)	4% (n=5)
Romanian (One also mentioned Gypsy)	2% (n=2)
Russian (One mentioned Romany, one Lithuanian)	7% (n=8)
Shona	2% (n=2)
Swahili	1% (n=1)

Turkish (two also mentioned Kurdish, one Kurmanci and Zazoki, one English, Russian, Kurmanci and Zazoki. Two did not mention their main language but filled in Turkish questionnaires)	12% (n=13)
Ukrainian	1% (n=2)
Urdu (one filled in Urdu questionnaire)	1% (n=1)
Yoruba	4% (n=4)

- **Do you understand spoken English? (n=109)**

Yes	45% (n=49)*
No	55% (n=60)

*One said he understood spoken English 'a little'

- **Do you understand written English? (n=112)**

Yes	36% (n=40)
No	62% (n=69)
Yes and no/little	3% (n=3)

- **Do you have any children under the age of 18? (n=97)**

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

- **If yes, where are they? (n=36)**

In Britain	8% (n=3)
In your home country	72% (n=26)
In detention with you	11% (n=4)
In Britain and in detention with you	8% (n=3)

- **If in Britain or in your home country, who is looking after them? (n=25)**

Children's mother/father	40% (n=10)
A family member	24% (n=6)
Friends	4% (n=1)
Authorities	4% (n=1)
With the mother and with family	4% (n=1)
Don't know	24% (n=6)

<i>Your first few days here</i>
--

- **Were you told why you were being detained in a language that you could understand? (n=101)**

Yes	76% (n=77)
No	24% (n=24)

- **Were you given written reasons why you were being detained in a language that you could understand?** (n=99)

Yes	70% (n=69)
No	30% (n=30)

- **When you were searched in reception was this carried out in a sensitive and understanding way?** (n=99)

Yes	85% (n=82)
No	2% (n=2)
Don't know	13% (n=13)
Was not searched*	2% (n=2)

*Those who 'were not searched' were excluded when calculating percentages for yes and no.

- **If no, why do you think this?** (n=2)

One of the comments made was not about the searching procedure and one detainee did not comment.

- **Were your legal documents (about your case) taken from you when you arrived here?** (n=94)

Yes	44% (n=41)
No	43% (n=40)
Don't remember	14% (n=13)

- **Was any of your personal property (do not include your money, keys or mobile phone) taken from you when you arrived here?** (n=106)

Yes	54% (n=54)
No	45% (n=45)
Don't remember	1% (n=1)
Did not have any property*	6% (n=6)

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

- **If your property was taken, did you sign to agree the list of property that is being stored for you?** (n=50)

Yes	86% (n=43)
No	4% (n=2)
Don't know	10% (n=5)

- **Can you get access to your property if needed?** (n=46)

Yes	43% (n=20)
No	20% (n=9)
Don't know	37% (n=17)

- **When you first arrived, were you taking any medication that had been prescribed by a Doctor? (n=98)**

Yes	26% (n=25)
No	74% (n=73)

- **If yes, was the medication taken away from you on arrival? (n=21)**

Yes	52% (n=11)
No	48% (n=10)

- **If you were taking medication, did you discuss this with a doctor on reception? (n=20)**

Yes	95% (n=19)
No	5% (n=1)

- **If yes, were you still able to take the medication or similar medication? (n=19)**

Yes	95% (n=18)
No	5% (n=1)

- **If yes, have you had any problems receiving the medication? (n=18)**

Yes	11% (n=2)
No	89% (n=16)

- **Did a doctor give you a medical examination within 24 hours of you arriving at the Centre? (n=105)**

Yes	52% (n=55)
No	48% (n=50)

- **Did you understand what the doctor said? (n=50)**

Yes	90% (n=45)
No	10% (n=5)

- **Did the doctor understand what you said? (n=50)**

Yes	80% (n=40)
No	8% (n=4)
Don't know	12% (n=6)

- **If you had a medical examination, was an interpreter present? (n=47)**

Yes	62% (n=29)
No	38% (n=18)

- **If yes, was the interpreter a professional person or a detainee? (n=28)**

Professional	96% (n=26)
Detainee	4% (n=1)

In addition one detainee answered 'don't know'.

- **Were you allowed to make a telephone call within the first 24 hours of you arriving at the Centre? (n=108)**

Yes	84% (n=91)
No	10% (n=11)
Don't remember	6% (n=6)

- **Was it clearly explained to you what would happen here on your first night or first day? (n=107)**

Yes	55% (n=59)
No	36% (n=39)
Don't remember	8% (n=9)

- **Did you feel safe on your first night here? (n=108)**

Yes	64% (n=69)
No	27% (n=29)
Don't remember	9% (n=10)

Those who felt safe mentioned that this was because: (n=31)

- Feel safe and secure here and well guarded **39%** (n=12)
- We are treated well **19%** (n=6)
- Officers are kind and polite **19%** (n=6)

Other comments included:

Because I am not in Turkey

To be able to move around

Because everyone lives here peacefully

I had a colleague with me

I felt safe after a word from my solicitor

Because people have taken the time to explain to me

I felt safe because there are many women

Of those who did not feel safe, the most commonly mentioned factors were: (n=26)
(Some mentioned more than one factor – five questionnaires were not translated)

- Felt like I was a criminal/in prison **27%** (n=7)

- I didn't understand why I was here **19%** (n=5)
- I didn't know what to expect **8%** (n=2)
- I was in a foreign country **8%** (n=2)
- I didn't know if there were any Turkish people here **8%** (n=2)
- I have never been in detention/prison before **8%** (n=2)

Other comments were:

Because there was no Polish interpreter and I did not know why they brought me here

Because I have not slept all night

It was a new environment prison like

I thought I would be tortured

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

	Yes	No
The rules and routines (n=97)	91% (n=88)	9% (n=9)
The role of the Visiting Committee (n=84)	80% (n=67)	20% (n=17)
How to make a complaint (n=86)	68% (n=58)	32% (n=28)
How to get legal advice (n=84)	85% (n=71)	15% (n=13)
How to get a solicitor (n=84)	91% (n=78)	9% (n=8)

- **Do you have any problems, caused by your detention that need to be sorted out?**
(n=90)

Yes	24% (n=22)
No	76% (n=68)

- **If yes, what?** (n=21)

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

I have property outside	33% (n=7)
I need to let someone know I am here	24% (n=5)
No one is looking after my family	19% (n=4)
No one is looking after my pets	5% (n=1)
I don't know what is happening to me	43% (n=9)

- **Anything else?**

Comments included:

For a few days I did not know about my husbands and children's whereabouts

My son was in school in London for past 3-5 months. What will happen next I don't know

I did not come for a joke, but to feed my family and me

Pains from the injuries sustained before coming here

Life within this centre

- **Are you able to see a religious leader or minister of your own religion?** (n=102)

Yes	53% (n=50)
No	20% (n=19)
Don't know	27% (n=25)
Don't want to see one*	8% (n=8)

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

- **Do you have money to spend at the shop?** (n=104)

Yes	50% (n=52)
No	50% (n=52)

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

Yes	47% (n=22)
No	53% (n=25)

- **If you have money can you get what you need from the shop?** (n=104)

Yes	86% (n=69)
No	14% (n=11)
Don't have any money*	12% (n=24)

*Those who said they did not have any money were excluded when calculating the percentages for yes and no.

- **If no, why not?**

Comments included: (n=9)

Because there's nothing to buy

I don't have my own money, and I wasn't given any money here (two other detainees made a similar comment)

I have little left. I am keeping to spend on my son if he asks to get chocolate from the machine

Shopping items are highly limited, e.g. shaving blades, glycerine, medication soap

I can't exchange money

Nothing you can get from the shop without money

Cards for calling are too expensive, its like exploiting detainees

- **Do you get enough to eat at meal times?** (n=107)

Yes	86% (n=92)
No	14% (n=15)

- **Is the food well cooked?** (n=104)

Yes	91% (n=95)
No	9% (n=9)

- **Is the food appropriate for your religious needs?** (n=105)

Yes	80% (n=84)
No	8% (n=8)
Don't know	12% (n=13)

- **Is the food appropriate for your dietary needs?** (n=104)

Yes	67% (n=70)
No	16% (n=17)
Don't know	16% (n=17)

- **Is the food appropriate for your cultural needs?** (n=102)

Yes	70% (n=71)
No	17% (n=17)
Don't know	13% (n=14)

- **Can you wear your own clothes?** (n=105)

Yes	94% (n=99)
No	6% (n=6)

Of the six respondents who mentioned that they did not wear their own clothes, three felt the Centre did provide them with suitable clothing. The other three respondents reported that they were not provided with suitable clothing from the Centre.

- **If you can wear your own clothes, do you have enough changes of clothes?** (n=79)

Yes	57% (n=45)
No	43% (n=34)

- **Do you have any health problems that have been caused by mistreatment in your home country?** (n=83)

Yes	64% (n=53)
No	36% (n=30)

- **If yes, have you spoken about these problems with a doctor or nurse in this Centre?** (n=49)

Yes	63% (n=31)
No	37% (n=18)

- **If no, why not?** (n=14)

(Detainees were asked to tick as many as applied and so percentages will not add up to 100)

Difficult to talk about it	42% (n=6)
Doctor/nurse wouldn't understand	-
Doctors/nurses don't ask	29% (n=4)
No interpreter	7% (n=1)
I want to forget about it	36% (n=5)

- **Any other reason?**

Comments included:

The meeting should be one to one

I have a stomach problem and I had medication called Tolcid with me. Why it was taken away from me? I didn't say anything because I didn't want to cause any problem.

- **What do you think about the health care in this centre?** (n=104)

Good	68% (n=54)
Neither	32% (n=25)
Bad	-
Don't know have not been*	24% (n=25)

*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=102)

Yes	54% (n=55)
No	27% (n=27)
Don't know	19% (n=20)

- **If yes who?** (n=50)

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

A member of staff	26% (n=13)
A psychologist	4% (n=2)
Another detainee	64% (n=32)
Someone from Health care	6% (n=3)
Religious minister	10% (n=5)

- **Anybody else? Who?**

Comments included:

Husband/Wife

Sister

No-one

Jesus

Niece

- **Have staff ever separated you from other detainees? (n=100)**

Yes	1% (n=1)
No	95% (n=95)
Don't know	4% (n=4)

- **If yes, why? (n=1)**

One respondent mentioned that he was *caught on the street*. He said he was in isolation for a day with nothing to do and felt that staff treated him 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=96)**

Easy	73% (n=43)
Neither	24% (n=14)
Difficult	3% (n=2)
Don't know who they are*	39% (n=37)
Don't want to see them	-

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

- **Have you made a complaint about the Centre whilst you have been here? (n=95)**

Yes	4% (n=3)
No	96% (n=80)
Don't know how to*	13% (n=12)

*Those who said 'don't know how to make a complaint' were excluded when calculating the overall percentages for yes and no.

- **If yes, were you happy with the way in which it was dealt? (n=2)**

Both respondents who commented with regard to this question were happy with the way in which the complaints had been dealt.

- **Do you have a member of staff who is responsible for you, sometimes they are called personal officers?** (n=91)

Yes	20% (n=18)
No	49% (n=45)
Don't know	31% (n=28)

- **Do you have a solicitor or legal representative?** (n=93)

Yes	87% (n=81)
No	12% (n=11)
Don't need one	1% (n=1)

- **If no are you able to get any legal advice?** (n=7)

Yes	57% (n=4)
No	29% (n=2)
Don't know	14% (n=1)

Four detainees had been either in Oakington or in detention somewhere else for a month or more. Only these four were eligible to answer the following questions. However two did not answer the questions on monthly reviews.

- **Have you had any monthly reviews of your case?** (n=2)

One said that s/he had not had a monthly review whilst the other did not know. Since none of the eligible detainees had had a monthly review the remaining questions in this section were not examined.

Personal safety

- **Has any detainee said anything insulting to you since you have been here?** (n=97)

One detainee felt that s/he had had insulting remarks made to him/her by another detainee being at Oakington but did not comment on what had happened.

- **Has any member of staff said anything insulting to you since you have been here?** (n=103)

		Frequency		
	'Yes' # (%)	Once	Occasionally	Regularly
Total (103)	5 (5%)	2 (50%)	2 (50%)	-

Five of the detainees claimed that a member of staff had said something insulting to them since they had been at Oakington. This had occurred once or occasionally.

Comments included:

*I asked an officer to change the TV channel and he/she said f**k off*

*It was 10 o'clock in the evening, he had come to call me, as I was getting ready to follow he swore at me 'f**word you'*

He shouted at me

- **Have you been hit, kicked or assaulted since you have been here by other detainees?** (n=102)

One detainee mentioned that s/he had been hit, kicked or assaulted by another detainee since being at Oakington. The detainee did not mention how regularly it was occurring or what had happened.

- **Have you been hit, kicked or assaulted since you have been here by any member of staff?** (n=102)

None of the detainees sampled mentioned that they had experienced any assault from a member of staff at Oakington.

- **Have you experienced unwanted sexual attention here in the Centre?** (n=92)

One detainee felt that s/he had experienced unwanted sexual attention whilst being at Oakington.

- **Have you ever been made to hand something over, e.g food bought from the shop, by other detainees since you have been here?** (n=97)

One detainee mentioned that s/he had been made to hand something over by another detainee but did not comment on how regularly this happened or what occurred.

- **Have you been verbally or physically abused because of your nationality by other detainees, since you have been here?** (n=98)

None of the detainees who completed this question mentioned being verbally or physically abused because of their nationality by other detainees since being at Oakington.

- **Have you been verbally or physically abused because of your nationality by a member of staff, since you have been here?** (n=99)

Of the detainees sampled none mentioned being verbally or physically abused because of their nationality by a member of staff at Oakington.

- **Have you been verbally or physically abused because of your cultural or ethnic background by other detainees, since you have been here?** (n=99)

One detainee mentioned that s/he had been verbally or physically abused by a detainee at Oakington due to his or her cultural or ethnic background. The respondent mentioned that it had happened occasionally but did not comment on the nature of the victimisation.

- **Have you been verbally or physically abused because of your cultural or ethnic background by a member of staff, since you have been here?** (n=99)

None of the detainees mentioned that they had been verbally or physically abused due to their ethnic or cultural background since being at Oakington

- **Do you feel safe here?** (n=95)

Yes	73% (n=69)
No	12% (n=11)
Don't know	16% (n=15)

- **If no, do you feel unsafe:** (n=6)

Sometimes	67% (n=4)
Most of the time	33% (n=2)

- **Since you have been here have staff come up to you to ask how you are?** (n=93)

Yes	72% (n=67)
No	28% (n=26)

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

There were no call bells in the rooms at Oakington.

What do you do here

- **What work or study were you doing in your home country or in Britain before you came into detention?** (n=66 - in addition eight comments were not translated)

Comments included:

Here I have learnt the value of a human being

Work/study listed:

• Student	17% (n=11)
• Housewife	6% (n=4)
• Teacher	6% (n=4)
• Lorry driver/driver	5% (n=3)
• shop worker/in sales	5% (n=3)
• Computing	5% (n=3)
• Worked in the area of health	5% (n=3)
• Motor mechanic	3% (n=2)
• Market trader	3% (n=2)
• Builder	3% (n=2)
• Textiles	3% (n=2)
• Manager	3% (n=2)
• Business man	5% (n=2)
• Caterer	5% (n=2)

Occupations mentioned by one detainee:

- Farmer

- | | |
|--|-----------------|
| <ul style="list-style-type: none"> • Fortune telling • Accountant • Carpenter • Casual work • Pensioner | |
| <ul style="list-style-type: none"> • Unemployed | 8% (n=5) |

- **Are you doing any education here in the Centre?** (n=95)

Yes	38% (n=36)
No	62% (n=59)

- **If no, have you applied to get on education?** (n=40)

Yes	3% (n=1)
No	97% (n=39)

- **If you are doing education, what do you do?** (n=34)

<p>Of the 34 detainees who completed this question, 27 respondents reported that they were trying to learn English. One detainee was interested in learning from different cultures, two said they went to education to learn 'everything', one was trying to gain experience, one was painting and one said business. The final comment had not been translated.</p>

- **Is it helpful?** (n=33)

Yes	79% (n=26)
No	3% (n=1)
Don't know	18% (n=6)

- **Are there books in your language in the library?** (n=96)

Yes	48% (n=46)
No	34% (n=33)
Don't know	18% (n=17)

- **Do you have a job in this Centre?** (n=95)

Yes	2% (n=2)
No	98% (n=93)

- **If no, would you like to have one?** (n=60)

Yes	58% (n=35)
No	42% (n=25)

- **Is there enough to do to fill your time here?** (n=86)

Yes	64% (n=55)
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No 36% (n=31)

- If no, what else would you like to do? (n=19)

Detainees suggested:

- Work 21% (n=4)
- Listen/play musical instruments 21% (n=4)
- More education 16% (n=3)
- Voluntary work 11% (n=2)
- Anything 11% (n=2)

Other suggestions were to have more books in detainees' languages, more recreational activities and job training.

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

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

Communication

- Are you able to receive incoming calls? (n=90)

Yes 96% (n=70)
No 4% (n=3)
Don't know have not been contacted* 19% (n=17)

*Those who had not been contacted were excluded when calculating percentages for yes and no.

- Are you able to make outgoing calls when you need? (n=89)

Yes 88% (n=69)
No 12% (n=9)
Don't know have not tried* 12% (n=11)

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

- Are there any problems with sending letters? (n=91)

Yes 5% (n=1)
No 95% (n=19)
Don't know have not tried* 78% (n=71)

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

- Are there any problems with receiving letters? (n=89)

Yes 6% (n=1)

No	94% (n=17)
Don't know have not tried*	80% (n=71)

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

The one detainee who reported that there were problems receiving letters did not comment on why. The respondent was the same detainee who mentioned they s/he had trouble sending letters and was from China.

- **Have you had a visit since you have been in here from your family or friends?** (n=94)

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

- **If you have had a visit, how many visits do you get in a week?** (n=14)

Less than one a week	7% (n=1)
One	57% (n=8)
Two	7% (n=1)
Three	-
More than three	-
Don't know	29% (n=4)

- **Do you arrive on time for your visit?** (n=13)

All the detainees who had had a visit and who responded to this question arrived on time for their visit.

- **How do you feel you and your family/friends are treated by visits staff?** (n=14)

Well	93% (n=13)
Neither well nor badly	7% (n=1)
Badly	-

- **Have you had a visit since you have been here from Community groups or volunteer visitors?** (n=82)

Yes	24% (n=20)
No	76% (n=62)

- **Have you had a visit from your solicitor/legal representative?** (n=88)

Yes	75% (n=64)
No	24% (n=20)
Do not have a legal representative*	3% (n=3)

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

- **If yes, do you arrive on time for your visit?** (n=54)

Yes	91% (n=49)
No	4% (n=2)
Sometimes	5% (n=3)

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

All the detainees who had had a legal visit and who responded to this question said that an interpreter was provided.

- **Was the visit long enough for you to explain your case?** (n=51)

Yes	86% (n=44)
No	6% (n=3)
Don't know	8% (n=4)

- **Did you understand fully what was said?** (n=54)

Yes	94% (n=51)
No	6% (n=3)

- **How easy or difficult is it to see an Immigration officer when you want?** (n=91)

Easy	63% (n=33)
Not easy or difficult	31% (n=16)
Difficult	6% (n=3)
Don't know*	43% (n=39)

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

Overall impressions

- **Are there any other comments about the Centre that you would like to tell us?** (n=48)

Comments included:	
• Officers are very polite and kind	17% (n=8)
<i>The officers treat us very well, nothing else to say</i>	
<i>First class service. Good attitude</i>	
<i>I have been here for seven days, staff here are very good they are treating us well I would like to thank them for it.</i>	
• My situation is more important than conditions in the centre	10% (n=5)

After my release from here there is one important thing that I will never forget is: 'Not knowing and worrying what is happening in an hour's time'. Whenever my name is announced I hold my son's hand tightly. I am sorry but it is very difficult to live under psychological pressure. Concerning enough food, I am sorry but no. Even fruits are given by limit.

There is too much anxiety, people don't sleep, there is worry always, the immigration people torment our hearts. I will live to remember my stay, if only they knew how painful it is to stay in anxiety, I have started to have nightmares here at the Centre. It's hard to see your brother or sister breaking down

I am 17 years old (D of B 20/2/85 is not correct). They say that I am 18 and I have been questioned twice, each time 70 questions. Other people that I know are in their thirties they have been asked only 20 questions. Is it fair that someone who is a minor is questioned for three hours. Is it fair that they ask you the same thing 100 times for when you have come to seek refuge? I think it is not fair that your solicitor asks you 70-80 questions in three hours. When it comes down to the immigration interview he or she (the solicitor) just stays there and does nothing. Is it fair that something like that happens to someone who has come to claim asylum as a political refugee?

There is nothing much about the Centre. I feel the answers you give turn out too bad when only the answers you provide at the interview are the ones that will raise yet more questions. After the so called appeal let's hope its going to be better because what if you have not been heard, they deport you, after one week your persecutors catch you and then obviously you are a dead person

- No we are happy 8% (n=4)
- More cultural activities/books needed 8% (n=4)

There are no Turkish/Kurdish books in the library, or Turkish programmes on satellite or cultural activities.

- Making phone calls is expensive 4% (n=2)

It is not bad here, only it's very expensive to make phone calls from here. Otherwise life is OK here

- Would like to be able to use mobile phones 4% (n=2)

I wish mobile phones to be allowed and wish to listen to the Kurdish and Turkish music.

- You do not get enough food 4% (n=2)

I need a bit more food, the rest of are good

- Thank you for the interest 4% (n=2)

I would like to thank you all very much and to your organisation and we thank you and your country for welcoming all the asylum seekers. I was lost in nature I do thank you for understanding only that the questions were difficult to answer.

Other comments made by detainees were:

I believe it would be a good idea if there was job training going on and run by English speakers, then we could also put our English into practice.

People need to be prepared before they are brought here. Also conditions need to be improved.

Anyway the centre is okay but I'm always fearing that I'm in jail because if I remember what I went through in my country I just don't want to stay here. I always think my life is in danger again after being mistreated in my country I don't want to be reminded about what happened to me.

Its imperative that detainees should be taught on how to use the services - domestic- like operating washing/drying machines, making phone calls, using sinks, etc, on first day of arrival, since some have never been exposed to prior to coming here.

Provide us with a pastor for the born again Christians, they should provide us with sandals to go to the bathroom, they should serve us at least two types of food at meal times, serve enough food

In a concluding note it would be better to improve on the bedding materials such as blankets because this is a cold country which alternates seasons but the cold environment never goes away. Also put an eye on the canteen because a prisoner can't use four phone cards in order to clear up some thing it's just like exploitation of detainees

An Imam should be appointed for Friday prayers

In addition ten detainees had no comment to make at this time as they felt they had not been at the centre for long enough. Two comments had not been translated.

Appendix 2

Detainee population profile

Population breakdown by:

Age	No	%
< 5 Years	15	5.9
5 - 10 Years	8	3.2
10 - 15 Years	7	2.8
15 - 17 Years	3	1.2
18 - 20 Years	26	10.3
21 - 24 Years	43	17.0
25 - 29 Years	53	20.9
30 - 34 Years	30	11.9
35 - 39 Years	36	14.2
40 - 44 Years	17	6.7
45 - 49 Years	5	2.0
>50 Years	10	4.0
(please state maximum age)		
Total	253	100.0

Ethnic Group	Total	%
Asian - Indian	16	6.3
Pakistani	8	3.2
Bangladeshi	5	2.0
Other		0.0
Black - African	60	23.7
Caribbean		0.0
Other		0.0
Mixed - White & Black		0.0
Caribbean		0.0
White & Black		0.0
African		0.0
White & Asian		0.0
Chinese	19	7.5
White		0.0
Dark European	145	57.3
South American		0.0
Total	253	100.0

Religion	No's	%
Agnostic	1	0.4
Baptist	1	0.4
Buddhist	6	2.4
Catholic	73	28.9
Christian	57	22.5
Fanlungou	3	1.2
Hindu	1	0.4
Methodist	1	0.4
Muslim	62	24.5
None	5	2.0
Not Known	24	9.5
Orthodox	7	2.8
Sikh	12	4.7
Total	253	100.0

Nationality	No of Men	No of Women	No of Children	Total	%
Albania	10	5	7	22	8.7
Bangladesh	5			5	2.0
Cameroon	3	3		6	2.4
China (Peoples Republic)	16	3		19	7.5
Congo	3			3	1.2
Cote D'Ivoire	1	1		2	0.8
Czechoslovakia	1	3	4	8	3.2
India	16			16	6.3
Iraq	1			1	0.4
Kenya	2	1		3	1.2
Latvia	3	5	5	13	5.1
Lithuania	4	4	3	11	4.3
Macedonia	2			2	0.8
Malaysia	1			1	0.4
Moldova	2			2	0.8
Nigeria	12	1	1	14	5.5
Pakistan	8			8	3.2
Poland	7	8	6	21	8.3
Romania	3	3	1	7	2.8
Russia	1			1	0.4
Serbia	1			1	0.4
Sierra Leone	2			2	0.8
Slovakia	3	2		5	2.0
Turkey	26	8	3	37	14.6

Uganda	5	4		9	3.6
Ukraine	5	2		7	2.8
Yugoslavia (Kosovo)	6			6	2.4
Zimbabwe	15	4	2	21	8.3
Total	164	57	32	253	100.0