



HM Inspectorate of  
Prisons

# An Inspection of Tinsley House Immigration Removal Centre

February 2002



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## 1. Background

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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,<sup>1</sup> which were renamed Removal Centres within the Nationality, Immigration and Asylum Act 2002<sup>2</sup>. Prior to this, any inspection of detention centres took place by invitation of the Secretary of State. Following the introduction of the Detention Centre Rules 2001<sup>3</sup> it was decided to carry out full inspections of all the detention centres in the UK and to aggregate the findings in a subsequent discussion paper. Five Centres were originally inspected in February and March 2002, followed by the inspection of the last remaining two in September and October of the same year. This report is being published alongside the other four reports on the Centres inspected in phase one.

### Methodology

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

When inspecting prisons, this Inspectorate has produced a detailed set of criteria, called *Expectations*<sup>4</sup>. 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 establishments<sup>5</sup> to meet the specific needs and circumstances of immigration detainees. These tests are based upon the World Health Organisation's assessment of what constitutes a 'healthy' environment for those deprived of their liberty.

<sup>1</sup> The Immigration and Asylum Act 1999, Part VIII, section 152, paragraph 5.

<sup>2</sup> Section 66.

<sup>3</sup> SI 2001 No.238

<sup>4</sup> Published as an Annex to the Chief Inspector's Annual Report, 2001

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

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

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

## Acknowledgements

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The inspection of Tinsley House was carried out between the 18<sup>th</sup> and 20<sup>th</sup> of February 2002. The team consisted of:

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

The questionnaire<sup>6</sup> analysis and management of interpreters<sup>7</sup> was carried out by:

Victoria Richardson	Senior Research Officer
Dee Lewis	Research Officer

The team were assisted by:

Christina Pourgourides	Consultant Psychiatrist <sup>8</sup>
Nicola Rogers	Immigration Law Specialist <sup>9</sup>
Tim Snewin	Pharmacy Inspector
James Wallace	Adult Learning Inspector

<sup>6</sup> Translation arranged by Sally Walker Language Services

<sup>7</sup> Provided by Lexicon Linguistics

<sup>8</sup> Sutton South Community Mental Health Team

<sup>9</sup> Garden Court Chambers, Temple

## 2. Fact page

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### **Task of the Establishment**

The task of Tinsley House is to hold those detained by the Immigration Service as overstayers, illegal entrants or failed asylum seekers prior to their removal from the country. Most detainees remain in the Centre for relatively short periods.

### **Location**

Perimeter Rd South, Gatwick Airport, W Sussex.

### **Contractor**

Wackenhut UK Ltd

### **Number held**

97 at the time of the inspection

### **Escort provider**

Wackenhut Escort Services UK

### **Type of accommodation**

The Centre is modern and purpose built to a high specification. The accommodation provides bed spaces for 93 male detainees, 23 female detainees and five families within zoned and separate residential accommodation. Men and women mix for activities and share communal areas. Rooms hold either two, three, four or five detainees, with one single room.

### **Last full inspection**

August 1997.

### 3. A Healthy Establishment summary

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

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

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

#### **Detainees are held in safety**

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

3.3 In applying this test we have been mindful that those detained at Tinsley House were not only held against their wishes, but also often contrary to their expectations. Many were picked up without warning and had not been able to put their affairs in the UK in order. Some were separated from children or close families. All were faced with an enforced life change which they did not want and which represented a severe reversal in their fortunes. In these circumstances detainees were not likely to report feelings of wellbeing, and nor did they. Only about a third claimed to feel safe, despite a conscientious level of custodial care.

3.4 Dynamic security had been adopted as a founding principle of the Centre and relationships between staff and detainees were positive. There was a high level of engagement despite the language barriers and staff were, on the whole, responsive to detainees' needs. Yet there was no system to address immediate welfare matters on first arrival in custody, and the services of the Gatwick Detainee Welfare Group were not facilitated. Those in distress, where identified, were given close attention, and special rooms for the control of disruptive or at risk individuals were used only in extreme circumstances. A consistent level of staffing around the clock and careful attention to health and safety meant that detainees were as safe at night as they were during the day. Arrangements for fire safety were good and well practised, though there was no sprinkler system in the event of a fire. There was little evidence of any significant bullying within the Centre or of racial incidents, and accident reports were few; however, there needed to be

clearer and well understood procedures for dealing with and monitoring bullying and suicide risks. The Centre was aware of the importance of protecting the children in its care and tried to do so conscientiously within the physical constraints of an environment that we did not consider to be suitable for anything other than very short stays of no more than a week. Formal links with the local Area Child Protection Committee were missing.

3.5 Arrangements were in place to provide in-patient psychiatric care in the community for those who were seriously mentally ill, but those who were disturbed but not sectionable and arguably not fit for detention remained in a custodial rather than a therapeutic environment. The provision of a psychology service was helpful in assisting with the assessment of stress disorders but it was inappropriate to provide treatment in a custodial environment and their assessments were not routinely used to inform an alternative disposal.

3.6 Though most detainees remained in Tinsley House for relatively short periods and immediately prior to anticipated removal, the great majority had already been detained elsewhere. During the period of their detention, information about the progress of their cases, which was of over-riding importance to detainees, was very difficult to obtain and not communicated in their own languages. There was no controlled access to the internet which may have allowed detainees to access official country information reports and make their own assessment of the personal risk of return. On-site immigration officers avoided face to face contact and withheld removal directions until the last minute from those they feared would resist being removed. Access to legal representation and advice was not facilitated and detainees were not informed of their legal rights. Legal faxes and letters were allowed but advice lines to specialist organisations were ineffective.

3.7 We conclude that Tinsley House was a safe custodial environment, but one in which it was impossible to deliver appropriate mental health care. There was also no effective system for providing advice and help with detainees' welfare problems outside the Centre. The level of access to legal support and information about the progress of their cases was poor. These factors afforded little protection against the damaging effect of unanticipated and indeterminate detention.

### **Detainees are treated with respect as individuals**

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

3.9 Staff attitudes were positive and they readily engaged with detainees on an individual basis. Compassion and kindness were shown to new arrivals, though more awareness of the needs of children was required, and of welfare problems caused by unexpected detention. The House Rules were provided in several languages and new arrivals were given an informal tour of the establishment, but notices were mainly in English and there was insufficient use of site plans and visual symbols to help those who could not read in any language. The Religious Affairs department made good multi-faith provision, though pastoral input was mainly Christian.

There were no formal systems for racial, ethnic or national monitoring, for promoting race and cultural equality, or for awareness training for staff dealing with a wide range of nationalities, religious and ethnic groups.

3.10 Provision for healthcare was good though the lack of shared records between the different Centres and the community meant that medical histories were often missing, and medication was removed on arrival as a blanket policy. The reluctance to use interpreters or language line meant that detainees had difficulty discussing the detail of their health concerns and revealing health issues that were difficult to discuss but relevant to their asylum claims. The policy for managing food refusal was in need of review, and there was no national forum for health practitioners working with detainees to meet together to develop their practice.

3.11 The building was of good quality and was clean and well maintained. The practice of staff and detainees eating together was normalising and the food attempted to cater for multi-national tastes, though detainees were dissatisfied with the extent to which this was achieved. Detainees without means were provided with the bare minimum for daily living and the distribution of donated toiletries and clothing was not efficient. The shop provided a good service to detainees and visitors, though not after 5 pm. There were very few official complaints although detainees did have grievances, and this suggested that the complaints procedures were not perceived as effective or confidential. The lack of interpreters was a widespread omission. The tannoy was very intrusive and a particularly inappropriate way to communicate with people in stressful circumstances, though the facility for detainees to receive incoming calls was excellent.

3.12 Overall we conclude that detainees at Tinsley House were treated with respect. Relationships between staff and detainees were positive and the standard of healthcare and multi-faith awareness was high. The lack of interpreters and consultation with detainees detracted from this; as did the absence of Centre-wide procedures and training in race, cultural and ethnic issues.

### **Detainees are engaged in constructive activity**

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

3.14 There was an impressive range of activities available to detainees during the 14 hours they had free access to the Centre, including individual and group recreational activities, formal English teaching and arts and crafts lessons. Opportunities were provided for outside activities and detainees were able to get free access to the fresh air. Sports and games staff encouraged detainees to take part in activities and were enthusiastic and professional in their approach. There was more scope for the uptake of activities to be incentivised, and the policy of giving shop vouchers to those who succeeded in team games could be extended to those who took up other activities and made a positive contribution to the life of the Centre. Many detainees also wished to be able to work in the Centre.

3.15 We conclude that Tinsley House afforded a high level of constructive activity, but that the lack of opportunity to undertake paid work for those who wished to was an omission.

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

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

3.17 Arrangements for detainees to maintain contact with the outside world by phone, fax and letter were very good, except for access to e-mail, the internet and to free advice lines. The access to legal visits over a 12 hour period and domestic visits over seven hours was excellent, though there was an urgent need for the welfare services of the Gatwick Detainees Welfare Group to be better advertised, and for volunteer visitors to be put in touch with detainees at an earlier stage.

3.18 There was, however, no acceptance of any obligation on the part of the Immigration Service to prepare detainees either for transfer to another place of detention, temporary admission to the country or their removal from the UK. Detainees were given insufficient warning of their next move and were unable to prepare themselves or inform their families, friends or legal representatives about what was happening to them. Those granted admission to the UK on benefits were given no help to orientate themselves to life in the UK or to understand the system that would support them. Those being removed were lucky to have more than three days notice, and some did not have that. There was no assistance to ensure that their affairs in the UK were closed and they knew what to do on arrival at their next destination.

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

### **Conclusion**

3.20 The application of these four tests indicate that Tinsley House was essentially a place of safety where detainees experienced a good standard of custodial care. They were treated with respect and provided with adequate health care and opportunities to practise their religion, engage in constructive activities and to retain contact with the outside world. However, their security was undermined by the fact that they were not easily able to find out about the progress of their cases, receive help with external welfare needs or access specialist legal advice or representation. They were not prepared for their release, transfer or removal and there was a form of institutional blindness to the practical difficulties caused by detention and to the fate of many after release.

## 4. What detainees told us

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**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. Forty-three detainees filled in questionnaires<sup>10</sup> and we spoke to Albanian, Croatian, Nigerian, Sri Lankan 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 Three quarters (77%) of the sample were male and one quarter (23%) female. The most common nationality was Sri Lankan (12%). Ten percent of the detainees said that they were Albanian and 10% Kosovan. One fifth spoke Albanian, one fifth Russian and 16% spoke English as their first language. Nearly two thirds (63%) understood spoken English and under half (44%) understood written English.

4.2 Although two thirds of the questionnaire sample had been in detention elsewhere before arriving at Tinsley, for over half this had been for a period of less than a week, so the sample was relatively new to detention. From their own account many had been living for several years in this country and had been picked up from within the UK, as overstayers, illegal immigrants or their asylum claims having been rejected. They had also not been long in Tinsley House, with 37% having been there for less than a week and only 4% having been there for two months or longer.

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

• Student	19%	(n=6)
• Businessman	9%	(n=3)
• Care assistant	6%	(n=2)
• Hairdresser	6%	(n=2)
• Cashier	6%	(n=2)
• Decorator	3%	(n=1)
• Kitchen assistant	3%	(n=1)
• Printer	3%	(n=1)
• Engineer	3%	(n=1)
• PE teacher	3%	(n=1)
• Tailor	3%	(n=1)
• Accountant	3%	(n=1)
• Machinery Operator	3%	(n=1)
• Farmer	3%	(n=1)
• Car mechanic	3%	(n=1)
• Geologist machinery	3%	(n=1)
• Many jobs	3%	(n=1)

<sup>10</sup> The full analysis is included in Appendix 1.

- Unemployed 13% (n=4)
- Information not translated 3% (n=1)

4.4 Those who had children (28%) had them with them in detention in only 10% of cases. In 50% of cases they remained in the UK, mostly looked after by the second parent or family member. Many recounted the emotional trauma they experienced being separated from their children or the shock when they were detained with no advance notice, having attended an immigration centre or police station to 'sign on' in the normal way. They complained that they had no time to pack a case or put their affairs in order. Some of those with belongings claimed that these had gone missing between the police station and the removal centre. Some recounted rough treatment at the hands of the police. All those who had been resident in the UK, some for several years, were registered with a GP and many had their own businesses and established lives.

4.5 None of those spoken to had had any contact with the immigration officers on site and only half claimed to understand why they were there. Several had asked to see an immigration officer, but few had seen one. They said that the only time you saw an immigration officer was when you were 'on your way', and then they were seen at the last minute so they had no time to tell their solicitors they were leaving. None appeared to know about legal advice bodies such as the Refugee Legal Centre or the Immigration Advisory Service, and very few, if any, seemed to know that they should receive written reviews of their cases weekly for the first month and monthly thereafter.

4.6 Most (79%) claimed to have a solicitor. Of the eight who did not, two said they knew how to get legal advice and 6 said they did not. In groups, many complained of unscrupulous solicitors. There were complaints that some charged £1,400 to apply for work permits on their behalf. Others were charged up to £3,000 per bail application. When those being charged were asked whether they had signed legal aid forms, most said that they had, leading to the possibility that some unscrupulous solicitors were charging as well as collecting legal aid for their services.

4.7 Of the 28 detainees (78%) who claimed they had problems caused by their detention these were identified as:

- *Not knowing what was happening to them (13)*
- *Needing to let someone know where they were (7)*
- *No-one was looking after their families (7)*
- *Having property outside they could not access (6)*
- *No-one was looking after pets (1)*

Comments made were

- *"I'm suffering depression and psychological pressure"*,
- *"My wife is living here. She has no help"*,
- *"my kids are outside without a father to care for them"*
- *"Me, I have a job I want to go back home"*
- *"I am ill and I need to see a doctor to explain about my sickness, one who can speak my language"*

4.8 Detainees we met in groups had few complaints of the staff or the standard of custodial care. They said that the constant noise of the tannoy was difficult to bear and they did not have enough money for phones. There were too few computers and no access to the internet or e-

mail, but they were too depressed and distracted to complain. They had few complaints of the food. Tea, coffee and biscuits were served between meals at 10:00 am, 3:00 pm and 8:00 pm, which was appreciated, as was being allowed fresh fruit from the refectory. Questionnaire results indicated that the majority (76%) had enough to eat. Equal proportions (50%) said that the food was well cooked and not well cooked; 37% that it met their religious needs, 24% that it met their dietary needs and 28% that it met cultural needs, though more claimed that the food did not meet their range of needs. However despite the dissatisfaction expressed via the questionnaire, in groups detainees stressed that the quality of food mattered not at all when they were faced with the prospect of being removed from the country.

4.9 Questionnaire results indicated that over half (59%) claimed they could see a minister of their own religion (30% said they couldn't, 11% that they didn't know and 8% that they didn't want to). Three quarters (78%) said they had no money and of these a third (32%) said that they were provided with enough toiletries by the Centre. Most (95%) detainees wore their own clothes though under half (41%) said they did not have enough changes of clothes.

4.10 Almost three quarters (73%) claimed to understand the role of the Visiting Committee after a few days in the Centre, though over half (58%) also claimed they did not know who they were if they wanted to make a complaint. Of the 14 who had applied to see them, two found it easy, seven neither and five difficult. Of the four who had made a complaint (not necessarily to the Visiting Committee), three said they were not happy with the way in which the complaint was dealt and one did not comment. Those who did said:

- *"you get shipped out when you complain"*
- *"they don't care"*
- *"Nobody cares. Even if they did they will be upset by us and wouldn't like us"*

4.11 In terms of the service from health care, most of the questionnaire respondents (90%) had experience of this, probably because all were expected to attend a health screening in the first 24 hours. Two thirds (67%) of the sample said their experience was neither good nor bad, with 11% rating it as good and 22% as bad. Some of these negative views may be associated with the policy to take away from them on arrival any medication held in possession. This was reported by over a quarter of those taking medication. All were able to take replacement medication, but they claimed they had difficulty getting the medication on time. Interpreters were rarely present at health care examinations and detainees did not always understand the doctor or nurse or feel that they were understood. Two thirds claimed they had health problems associated with mistreatment in their home countries. Over three quarters (79%) had not told this to the doctor and the reasons given were because it was difficult to talk about, there were no interpreters and the doctor would not understand.

4.12 Questions about detainees' personal safety have to be interpreted in the context of their circumstances. All were facing removal, some to countries where they had experienced hardship, suffering and even trauma, and others back to countries where they had few ties, having severed these to build a future in a new land. We did not ask detainees directly how long they had been resident in the UK, but the overwhelming impression from meeting them was that many had been in the UK for a considerable period, several claiming to have lived and worked here for up to 12 years.

4.13 In this context detainees were unlikely to report feeling safe, which is a measure of psychological wellbeing. Despite this, 38% of detainees claimed they did feel safe in Tinsley House, 31% claimed they didn't and a further 31% claimed they didn't know how they felt. Very

small numbers claimed to have been directly insulted or assaulted by either detainees or staff, and no detainees reported being bullied or sexually harassed. A third of respondents said that staff approached them to ask them how they were, which when considering the short length of time most had been in the Centre and the language barriers, suggested that there was a culture of care within the Centre.

4.14 None were working, though the majority (77%) expressed a desire to do so. Only about a quarter (26%) attended education, and 83% of those who did found it helpful. Two thirds (68%) said there were books in their own language in the library, but overall, over a third (39%) said they had enough to do in the Centre.

4.15 With regard to communication with the outside world, all those who responded reported being able to receive incoming calls and the majority to make outgoing calls (75%). They had few problems in sending or receiving mail. About half had received a social visit from family or friends and a quarter had had a visit from community groups or volunteer visitors. Over a third (39%) had received a legal visit.

## Summary

4.16 Detainees indicated through groups and via the questionnaire that they were well treated in the Centre. The task of the staff at Tinsley House was a difficult one, holding as they were many people in a state of distress and apprehension being forced into a fundamental life change they did not wish to make. Many did not expect to be apprehended and detained and had not been through the process of mental preparation and closure, or put their affairs in order. Some had been forcibly separated from family and friends and some were faced with losing everything they had built up in the UK over several years. On the other hand a few were happy to be returning to their own countries.

## 5. Reception

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**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 Many detainees, including families with small children, arrived at Tinsley House in a state of shock, having been taken from their homes in the early hours of the morning. Others had been picked up from reporting centres across the UK and held for some time in police cells prior to their transfer. Some arrived on transfer from other places of detention but few knew in advance where they were going and most arrived disorientated and anxious. From the survey a third (33%) could not understand spoken English and those with children who had been educated in the UK tended to rely on them for translation and interpreting.

### The Reception area

5.2 Reception was a very busy area. In the previous twelve months about 6,700 men and 1,600 women had passed through it. Staff appeared to receive little advance notice of who to expect and when they were given information it was sometimes not accurate. On more than one occasion detainees, including children, arrived without their "Movement Papers" known as IS91s. Reception staff then phoned the Detention Estate Population Management Unit (DEPMU) and waited for a faxed IS/91 to arrive before they would accept them. At the very least the escorting staff should inform the Centre whilst en route whom they were bringing, particularly when children were involved. All the vans we saw were equipped with radios or telephones.

5.3 Staff all wore name badges that were clearly visible. Probably because a significant number of new arrivals did not speak or understand English, staff did not introduce themselves, though most were friendly and courteous. The reception area was clean, though small and rather uninviting, particularly for children. There were no child-friendly posters, books, toys or drawing materials to occupy or distract them during the time their parents were being received. Lavatories adjoined the Reception area for both men and women and were easily accessible, though there were no baby changing facilities in either.

## The reception process

5.4 The facilities could not cope with more than six people at any time and new arrivals were kept in the escorting vans if the holding area was full. There was one holding room and one adjoining processing room and an open door between the two provided supervision. Detainees were told on arrival that they were likely to be staying for between seven and ten days and they were asked to take enough of their belongings for this time and the rest would be stored. Items such as suitcases were signed for as they were, rather than with the contents itemised. From the survey, a small proportion (7%) said they arrived with nothing, but two thirds (63%) said that personal property was stored for them when they arrived.

5.5 Whilst parents were being dealt with, children were left in the holding room unattended, though there were no other detainees present and the door was open to the area where their parents were. However, parents were often distressed and distracted, and the business of sorting through luggage to identify what was needed in the Centre and what should be held in storage was difficult to complete under pressure. We felt that either there should be care workers in Reception to accompany the families at this time, or they should be taken directly into the family accommodation to complete the reception process.

5.6 There was some confusion regarding what happened to medication. We subsequently discovered that the policy was for all medication other than inhalers and creams to be removed, and for any prescribed medication to be dispensed within the Centre by health care staff on prescription by the doctor. There was no health check in reception, but this happened within the Centre during the first 24 hours. From our survey just over a quarter (29%) of the sample said they had prescribed medication taken from them on arrival, most (77%) had discussed this with a doctor and all were able to continue to take their medication or similar.

5.7 We were also told that all legal papers were left with detainees, but identification documents such as passports were not allowed in possession and were kept in stored property for release. From our survey, 9% of the sample said they had no documents with them. Of those who did, 31% said they had been taken from them when they arrived, 67% said they had not, while 2% said they did not know. Legal documents should not be removed.

## Provision of information

5.8 There were notices informing detainees that they were at Tinsley House, which was described as an Immigration Detention Centre, giving the address and telephone number. This allowed detainees to give the number to friends, families and others who could then ring them back, but many did not appear to understand what a Detention Centre was. This notice was in twelve languages.

5.9 The Tinsley House Rules were translated into 20 languages and were available to detainees in boxes in Reception so that they could help themselves and read them while waiting to be dealt with. This was good practice. However the names of the languages were written in English, and we saw examples of people not knowing which box to go to. For some the written booklet was helpful, but for many their language or dialect was not available and some were unable to read. The House Rules contained background information about the Centre and covered general rules and more precise information about telephones, visiting, healthcare, meals, the shop, laundry, religious services, the library and other subjects.

5.10 In reality, on first arrival, many detainees were unable to assimilate much information. In the survey, when asked “was it clearly explained to you what would happen here on your first night or day?” two fifths said it was not. Almost all relied on other detainees in the Centre and speaking the same language to explain procedures to them, and from the survey, after a few days had passed, most (87%) said that they had come to understand the rules and routines of the Centre.

### Essential supplies

5.11 Although there were no phones in Reception, detainees were dealt with very quickly and were able to make contact with family or friends as soon as they were located in their accommodation where incoming and outgoing phones were available. If the shop was open they were able to buy a phone card straight away and if not, they could buy a card in Reception. Anyone arriving with less than £25 was given a £5 phone card, clothes, toiletries, stationery and if it was felt to be necessary, cigarettes. All detainees were also given a towel, toothbrush, toothpaste and soap and a razor for the men. This was good practice.

### Welfare needs

5.12 Those who had been living in the UK and found themselves unexpectedly in detention were very concerned that they had not closed their affairs in the UK. From the survey 78% of detainees told us that they had problems that they needed to sort out because of their detention. The following problems were ticked (proportions in brackets):

- *I don't know what is happening to me* (46%)
- *No-one is looking after my family* (21%)
- *I need to let someone know I am here* (25%)
- *I have property outside* (25%)
- *No-one is looking after my pets* (4%)

The following comments were made:

- *“My wife is living here. She has no help” and*
- *“My kids are outside without a father to care for them.”*

5.13 Many detainees came from a culture where the father or husband had dealt with all matters for the family since arriving in the UK. Staff were unable to help with either concerns about property in the UK or dependants, but told detainees to raise these matters with immigration officers or legal advisers. We subsequently discovered that neither of these groups were able to help with these problems and that there was no system for responding to detainees’ legitimate concerns about their lives outside that had been ended without warning.

### The Gatwick Detainees Welfare Group

5.14 Tinsley House was fortunate to have the services of a dedicated voluntary organisation to deal with welfare matters for detainees held at the Centre and to provide a network of volunteer

visitors who between them spoke 21 languages. We consulted with the Gatwick Detainees Welfare Group (GDWG) both before and during the inspection. Whilst they did not give legal advice they would follow up matters with solicitors for detainees who felt they were getting a poor service and they tried to find them good legal representatives. They provided clothes and toiletries if needed, and prior to the Centre taking over responsibility for providing phone cards they had spent £5,000 a year providing these.

5.15 GDWG had assisted 560 detainees during the previous year which represents about 7% of the population passing through, and had visited 260 (46%) of those who made contact with them. The following type of assistance was provided:

**TABLE 4.1 THE NUMBERS OF DETAINEES ASSISTED BY THE GATWICK DETAINEES WELFARE GROUP IN 2001 AND THE TYPE OF ASSISTANCE PROVIDED**

Type of Assistance	Number assisted
Toiletries	173
Clothing	128
Legal liaison	122
Help with finding a solicitor	92
International phonocard	86
Referral or liaison with other agencies	73
Referral to psychology team	17
Liaison with family members	17
Medical liaison	10

5.16 GDWG pointed out that with the population now turning over faster it was important for them to be able to respond promptly to detainees' needs and they were concerned that their services were not widely enough publicised. They were willing to staff a dedicated phone line or hold a daily surgery and to provide an information pack and notices in detainees' common languages. Such help was urgently needed.

### Searching

5.17 No strip searches were carried out, simply a rub down search and a 'wanding' with a metal detector. These were conducted properly, and our survey confirmed that 75% felt that searching had been carried out in a sensitive and understanding way. However, there should be a procedure whereby a positive indication could result in a strip search if authorised by a senior manager to ensure that other detainees and staff were not put at risk. This would need to be carefully monitored.

### Refreshments

5.18 There were tea and coffee-making facilities in Reception, though all notices about these were in English, and our survey indicated that only half (51%) of detainees could understand

written English. The Kitchen closed at 21.00, but approximately thirty plated meals including salads and meals that could be micro-waved, were provided by the catering staff for those arriving after this time. In these circumstances detainees were taken to the Refectory or Family Unit dining room by Reception or Centre staff and provided with meals and drinks. All food was halal. There were vegetarian choices, a range of minority ethnic meals including Asian and Caribbean, as well as sandwiches. We were told that every member of staff had received basic food handling training.

## Location

5.19 There were no formal risk assessments prior to location and detainees were placed wherever there was room available, but staff were vigilant with newly arrived detainees for the first 24 hours. However, with such a fast turnover of detainees, some leaving within twelve hours, close observation was not possible for everyone. For those who did come to the attention of staff as at risk of suicide or self harm, appropriate observation was in place. Rooms were clean and welcoming. There appeared to be sufficient bedding and detainees told us that they were warm enough. Family rooms were particularly welcoming and were a reassuring haven for families who had experienced difficult and long journeys with young children. That day or the next, staff showed newly arrived detainees around the Centre.

## Summary and Recommendations

5.20 Reception staff had a very difficult job. A third of new arrivals spoke no English and few knew in advance that they were to be taken into detention. It also seemed to be the case that the reception staff themselves often did not know who to expect. The reception area was small and detainees waited in vans until space became available or the appropriate authorisation was received. Children were at no time out of sight of their parents, but there were no care workers in reception or activities for children while they waited. Medication was removed until such time as individuals were seen by health care staff and personal property which was not needed in the Centre was held in storage. There was no system for responding to the legitimate concerns of those who had been unable to put their affairs in order before being brought into detention. There was no phone in Reception but new arrivals could purchase a phone card for use in the Centre and those without means were provided with a free £5 phone card and other essential items. Appropriate refreshments were provided as required. New arrivals were processed through quickly and the staff endeavoured to make the first 24 hours at Tinsley House as comfortable and safe as possible.

### *Recommendations*

- 1. All people brought into detention should arrive with the written authority to detain (IS91),*
- 2. Escorting companies should advise Reception who they are carrying at least 30 minutes ahead of their arrival.*

*3. If Reception is to continue to be used for receiving families, it should be made more child friendly, baby changing facilities provided, and care workers should be on hand to help with the children. Alternatively, and preferably, families could be located directly into their family accommodation and the process completed there.*

*4. Legal documents relating to individual cases should not be removed from detainees.*

*5. Boxes holding translations of the Tinsley House Rules should be clearly marked in the relevant language rather than in English.*

*6. A system should be in place for providing help with the legitimate welfare concerns of detainees on first arrival.*

*7. A positive indication from the rub down or metal detector screening should lead to a properly conducted strip search, authorised by a senior manager.*

#### *Good Practice*

*1. Gatwick Detainees Welfare Group had assisted 560 detainees during the previous year and had visited 260 detainees.*

*2. Anyone arriving with less than £25, or left with this amount in their account became eligible for a £5 phone card, clothes, toiletries, stationery and if necessary, cigarettes.*

## 6. Accommodation and facilities

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

6.1 The accommodation at Tinsley House provided bed spaces for 93 male detainees, 23 female detainees and five families. Men and women were held in separate residential accommodation but mixed for activities. Each room was designated for two, three, four or five detainees and there was no overcrowding. There was only one single room which was used for the occasional 17 year old, and there appeared to be no need for any further single accommodation (unaccompanied minors were not held in detention). Families occupied five bedrooms in a single corridor and had their own dining room. Detainees were allocated to bedrooms with others from the same nationality where possible. They could ask to change bedrooms where space permitted, and this was normally authorised. There were no privacy locks on the bedroom doors and none were needed. Every detainee had a large lockable cupboard to which he/she had the key. All were in good working order, and keys were replaced if lost.

6.2 Normally there were 13 residential staff on duty, with at least four, and sometimes five, of them female. One supervisor and one duty manager were also on duty on each shift. All residential staff worked shift systems of two 12 hour days followed by two 12 hour nights, followed by four days off. These arrangements were very popular and allowed for overtime call-ins where necessary. We were very impressed with the style and effectiveness of staff supervision. The attitude of staff was non officious and pragmatic. A comprehensive close circuit television system recorded any incidents as they occurred.

6.3 The residential accommodation was well decorated, decently furnished, clean and free from graffiti. No pin-ups were allowed in to the Centre and there were none visible in recognition of certain cultural sensitivities towards nudity. There were disabled toilets and showers in all the residential areas. The decoration was in pastel shades and the furniture was clean and comfortable. All the floors in the residential units were carpeted, except for the toilets and showers. The accommodation was in a good state of repair, with the exception of a section of architrave on one of the isolation room doors.

6.4 Centre staff patrolled the residential units day and night, and if a detainee needed a member of staff urgently after midnight they could use the intercom at the gate at the end of the corridor. There were no observation panels in the bedroom doors, but none were needed except in the designated observation rooms where there was good visual access. There was a very calm atmosphere in the Centre assisted by carpeted corridors and good quality furnishings. Curfew arrangements insisted that detainees were in their residential units at 11.45 pm. Given the need to respect the needs of others who wished to sleep, this was good practice.

6.5 Detainees were obliged to vacate their bedrooms for two hours every morning to enable cleaners to make beds, vacuum and clean. There was a very high standard of cleanliness throughout the Centre. The activity and living areas were cleaned after midnight. All interactions between staff and detainees were kept at a low key. Ample toilets and showers were available, all in good working order, but not provided with toilet brushes so that toilets tended to be stained after use. There were showers in the male area and baths in the family and female areas. Detainees could take a shower whenever they wished. Staff discreetly monitored personal hygiene and where necessary suggested to detainees that they should give attention to it.

6.6 The accommodation also included a chapel and prayer room, library and information 'pod', all of which detainees had access to at all times except between 23.45 and 07.30 when a curfew operated. There was excellent provision of activity areas, including 'gameboys' in the family area playroom. There were pool tables and televisions, one of which received an Asian TV channel, and outside discos were held in the summer months in excellent external recreation areas. The tannoy announced activities in the gym, refreshments in the refectory, telephone calls and visits for individual detainees. This was an important facility, but intrusive.

6.7 There was a satisfactory locked property room and only the duty manager carried the key to the valuables safe. We were told that for one hour every day detainees had access to property and money held in store. From the survey, 52% said they could get access to their property, 30% said they could not and 17% did not know. There was no limit to the amount of money that detainees could hold on them in the Centre although they were advised to keep this to a minimum. Our survey indicated that 78% had no private cash with them. Visitors could bring in clothes and money for detainees, and very rarely did property go missing in the Centre. An efficient system of recording property existed and staff attitudes to this were very helpful. Staff did a lot of telephoning to police stations and other Centres to trace lost property on behalf of detainees. Any property held at the Centre was restored to them or carried by the escort staff with detainees when they left the Centre.

### Family accommodation

6.8 The Centre was not designed to accommodate families, but a section of the accommodation originally intended for single women had been converted for family use. The unit was locked from the other accommodation at all times and passage into and out of the unit controlled from the control room. Access was permitted to families or staff. The unit was attractive and comfortable, in good decorative order and with pictures on the walls. It contained five family rooms, a dining room, a children's play-room and a smoking and a non-smoking TV room. The atmosphere was a relaxed and child friendly, though it was rather cramped, ventilation operated through vents, and when full the unit seemed crowded. Children were not allowed to mix freely with adults other than within the family unit and there was no free access to the outside without a staff escort. In contrast, single detainees were able to mix freely and spend time outside during the day, and the provision of child care meant that the parents could enjoy access to the Centre and the outside if they were content to leave their children in the care of the care-workers. There were insufficient activities for juveniles and no formal educational provision (see later). A previously unused piece of land within the perimeter fence was being prepared for the exclusive use of families, but in our view this was inappropriate due

to noise and air pollution and the necessity for children to be escorted through the adult accommodation.

6.9 There were four designated childcare staff in the Centre, suitably vetted and undertaking appropriate further professional development. There had been problems recruiting child care staff, due to the secure setting, pay (this had recently been improved in an attempt to aid retention) and the small number of families in the unit. Sometimes there was little for childcare staff to do and there was little chance of career progression. Childcare staff were employed from 7.30 am to 6.00 pm seven days a week and would remain on the unit longer if needed. This offered parents the opportunity to be away from their children if they needed to attend immigration or legal interviews, though if parents did not want to be separated from their children interviews could take place on the family unit.

6.10 There was evidence of a caring approach to childcare in difficult physical circumstances. Appropriate interaction between staff, adults and children was evident, but in our view the Centre was not suitable for accommodating children for more than a very short period, of no more than a week. We also point below (paragraphs 9.4-9.5 and recommendations) to the need for more active liaison with the Area Child Protection Committee and clearer procedures for child protection.

### Summary and recommendations

6.11 Overall, the quality of accommodation provided for detainees was excellent for its purpose, with the exception of that provided for families which was cramped and did not allow direct access to the outside. The design of the bedrooms and activity areas was very good. As important as the facilities provided was the culture of respect and helpfulness shown in the attitude of staff towards detainees and the easy access that detainees had to staff and facilities in the Centre. Tinsley House was achieving high standards in the day to day care and welfare of detainees.

#### *Recommendations*

- 1. Children should not be accommodated at Tinsley House for other than very short periods.*
- 2. A pager system should be introduced for alerting detainees to incoming phone calls, thereby reducing the disturbing effect of constant tannoy announcements.*

#### *Good Practice*

- 1. A comprehensive closed circuit television system recorded any incidents as they occurred.*
- 2. Curfew arrangements insisted that detainees were in their residential units at 23.45.*
- 3. Detainees could take a shower whenever they wished.*

4. *There was excellent provision of activity areas.*

## 7. Access to legal advice and representation

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

7.1 The fact that Tinsley House accommodated detainees at a late stage in their immigration and asylum cases and just prior to removal, made the issue of access to legal advice and representation crucial. This Centre represented the last chance for detainees to persuade the immigration authorities of the merit of their cases, and the absence of proper legal support at this stage could potentially result in removal from the United Kingdom in circumstances that endangered lives or breached other fundamental rights.

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 From the questionnaire, after a few days in Tinsley House just over half of detainees (54%) knew how to obtain legal advice or get a solicitor (57%), but a fifth (21%) were without any representation at all. Of those without representation, three quarters (75%) were unaware of how to obtain legal advice. Many did not know there was a list of solicitors in the library, and although there were telephones allegedly providing direct lines to the Refugee Legal Centre (RLC) and Immigration Advisory Service (IAS), these were ineffective. When we tested them we found that the IAS telephone was not answered and the RLC telephone did not have a keypad to allow the caller to comply with the automated instructions. In any event both organisations suffered from an overburden of work and were unable to represent all detainees who might have contacted them. Further difficulties for detainees in obtaining representation were caused by lack of knowledge about legal aid, or of funds to instruct a solicitor, lack of money to make telephone calls, the unwillingness of solicitors to take on their cases and the inability of many to communicate in English. A third of Tinsley House detainees were unable to understand spoken English and half were unable to understand written English.

#### Case Study - Frank

Frank had arrived in the United Kingdom as a visitor from a Commonwealth country. He was granted six months leave to enter as visitor with a work restriction. During his stay in the United Kingdom he had approached the British army with a view to joining up. He had been interviewed by the army and had been called for a final test in Scotland. When he was arrested by police he was accused of attempting to obtain work in breach of his conditions of entry and was served with removal directions for the next day. He had no money, which he believed he needed to instruct a legal representative. He had attempted to use the IAS telephone but had had no response, and did not know how to find a representative in the short time available.

7.4 Facilities for detainees receiving legal visits were good. Rooms were sound proof and representatives were allowed to bring laptop computers into the visits room, although they were not allowed to plug them in to the mains. Legal visits could take place over a twelve hour period from 9.00 to 21.00 and were not limited in time. Detainees were produced promptly for them and were able to communicate with their representatives through telephone and fax, although there were no e-mail facilities. From the questionnaire, over a third of detainees had received visits from legal representatives. All claimed they were produced with little delay and 85% that they had enough time to conclude their business. However in only 44% of cases was an interpreter provided and only two thirds (69%) claimed they understood fully what was said.

#### Legal representation

7.5 Some detainees complained that their representatives were not doing enough to progress their cases. Detainees are a particularly vulnerable group, and can be a soft target for exploitation. However, no monitoring of the quality of legal representation took place and the immigration officers on site were largely unaware of who detainees were being represented by. The library contained a list of solicitors who were members of the Immigration Law Practitioners' Association (ILPA), but this organisation does not have a monitoring or accreditation role. There was no information on how to complain about legal representatives, no lists of properly regulated advisers or lawyers, and no information about legal aid, or what a legal representative should be expected to do. There were also no legal text books in the library which might have assisted those who were unrepresented.

#### Bail production

7.6 The responsibility for producing a detainee in court for a bail hearing or appeal was split between DEPMU<sup>11</sup> who made the decision and Wackenhut who mounted the escort. However, for detainees, their only means of finding out if they were going to be present at their court appearances was via immigration officers. The Chief Immigration Officer on site did not consider production at a bail hearing essential, and his staff were not proactive in establishing whether a bail hearing was scheduled. This was a source of frustration for detainees who rightly wanted to attend their bail hearings and were understandably anxious to know whether they would be produced.

<sup>11</sup> Detainee Escorting and Population Management Unit within Immigration Detention Services.

#### Case study – David

On the day we spoke to David, the organisation Bail for Immigration Detainees (BID) was making an application for bail on his behalf. David had faxed the immigration officers through the information desk on two separate occasions in the previous 48 hours in order to request that he be allowed to attend his bail hearing, and to determine what arrangements had been made for this. He had been faxed back that the immigration officers were looking into the possibility. The evening before the hearing, BID telephoned him to inform him that he would not be attending because of the cost involved in transferring him to Milton Keynes. The immigration officers told us that they thought he was not attending because the court had not required his attendance. He was extremely upset about both the failure of the immigration officers to see him in person and explain to him what was happening and also about his inability to attend his bail hearing. He felt that this might prejudice his chances of getting bail and in any event he felt that as it was his case, he should be present. He was in fact bailed by the Adjudicator on that date.

### Summary and recommendations

7.7 A significant proportion of detainees had no legal representation, and the majority of those without representation did not know how to obtain it. There was no information about what a competent legal adviser should do, or how to complain about an incompetent one, no on site legal advice and no effective means to access this. There was no proactive monitoring of the competence of legal advisers. For those with legal representatives however, facilities for them to visit and the length of time allowed for legal visits were both very good. Detainees were not told of their rights to bail, legal aid or appeal. Immigration officers on site did not consider it their role to determine whether a detainee was to be produced for a bail or appeal hearing and to communicate this to individual detainees.

#### *Recommendations*

- 1. Arrangements should be made to ensure that detainees have access to advice and representation from qualified independent legal representatives.*
- 2. Detainees should be told, in a language that they understand, of their rights to bail, appeals and legal aid within 24 hours of arrival at the Centre.*
- 3. The Office of the Immigration Services Commissioner should devise a way of regularly checking the competence of those providing legal advice to detainees, who are in an exceptionally vulnerable situation.*
- 4. Detainees should have information in their own languages about the service they should expect to receive from legal representatives, how to complain if they do not receive it, and how to check whether a representative is properly regulated by OISC or a professional body.*
- 5. Detainees should be able to contact their legal representatives by e-mail as well as phone or fax.*
- 6. Detainees should have access to up to date information on immigration law, including legal text books.*
- 7. Detainees should be able to attend their bail and appeal hearings.*

## 8. Casework

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

8.1 Although the decision to detain and/or to remove is made by the port or Immigration Casework Directorate in Croydon, we expected immigration officers on site, supervised by a Chief Immigration Officer, to have detailed information about individual cases. Specifically we expected that detainees would understand the reasons for their detention, experience efficient progressing of their cases, be fully aware of this progress and have access to well informed immigration officers. As Tinsley House operated as a removal centre, we also expected that detention would immediately precede removal and be relatively short lived.

### Reasons for detention

8.2 Both the Centre and on site immigration staff had copies of the authority to detain forms (IS91s). However the bases for detention on this form were very general and provided no detail about the individual case and very little effort was made to obtain further information. Detainees should be given copies of the form IS91R. However, from the questionnaire, more than half of detainees (56%) claimed they were not given written reasons that they could understand, and many of the detainees we spoke to said that they were very confused about why they had been detained. Detainees should also receive weekly reviews of their detention (IS151F) in the first month and monthly reviews thereafter, informing them of progress in their case. We asked detainees in the questionnaire whether they had received any reviews and less than a third (31%) indicated that they had. Of these, three quarters said that these reviews were on time and in writing, though only half claimed that they communicated anything about the progress of their cases, or that they were fully explained to them. These forms contained scant information and were passed to detainees without the use of an interpreter and without face to face contact to explain their contents.

8.3 The Chief Immigration Officer claimed he would review cases and notify the Management of Detained Cases Unit (MODCU) if he considered that the criteria for detention were no longer met, though this would happen infrequently. However, there was no record on any of the files we saw that on site immigration officers had conducted any such reviews.

#### Case study –Nelly

Nelly is a Kenyan national who had claimed asylum. She had been living in the UK since 1995. She had been detained prior to removal but the removal had failed following the intervention of lawyers. When we spoke to Nelly she was very upset and downcast. She did not understand why she was being detained when she had lived in the UK for so long. We later learnt that Nelly was released 3 months after we saw her.

## Efficiency of casework

8.4 Since Tinsley House was now theoretically being used for short term detention, immigration officers no longer conducted induction interviews, and the number of detainee requests for interviews had risen substantially. Detainees were required to make this request by fax from the 'information pod' in the Centre, severely disadvantaging those who were unable to write in English. Immigration staff often faxed their reply back to the information pod without seeing detainees in person, thereby avoiding face to face contact. Interpreters were rarely, if ever, employed. A number of detainees were unable to establish whether they would be attending a hearing or how they could make an application for transfer to another removal centre.

8.5 There seemed to be no sense of urgency in the progressing of casework. The immigration officers on site took no part in the decision making, and they had little information on file, though some detainees told us that immigration officers had pressurised them into agreeing to return to their countries of origin. The files we inspected contained only the authority to detain and notes of any interviews conducted in the Centre. There was no information about immigration status, or copies of applications for leave to enter or remain, or of appeals or bail applications, and immigration officers had difficulty obtaining such information, particularly from the ports. This lack of information was compounded by a general unwillingness on the part of immigration officers to see detainees in person, and a preference for communicating via fax.

8.6 Representatives were not routinely invited to attend interviews with immigration officers except where they involved a substantive asylum interview and interpreters were rarely used. Thus detainees were presented with removal directions and other decisions without the presence of either a representative or an interpreter.

8.7 It was also a matter of concern that, if it was suspected that individual detainees would resist removal, their removal directions were not issued until the last moment by on-site immigration officers, in order to avoid the detainee causing trouble in the interim. Whilst safety at the Centre was clearly of importance, the delay in communicating this decision was unacceptable in that it interfered with the detainees ability to consult legal representatives or prepare properly for their removal.

### Case study – the Demiz family

The Demiz family are Albanian nationals who had been in the UK since 1998 as asylum seekers. Mr Demiz's asylum application had been refused but he had been granted bail by an Adjudicator and told to report to a police station every Wednesday. After consideration of his representations, the Home Office set directions for his removal. The Demiz family were visited at home early in the morning by immigration officers and given an hour to pack up their home and leave. They had received no prior warning. Removal directions for the next day were served on them with no interpreter present. Neither was there any explanation available when they arrived at Tinsley House. With three young children (ages 4,6 and 10) Mr and Mrs Demiz were clearly distressed at the way in which they were being removed and the lack of information provided after four years in the UK.

## Summary and recommendations

8.8 Contrary to our expectations, detainees were given only broad generalised reasons for their detention in written English which they did not always understand. Monthly reviews were similarly uninformative if they occurred and were communicated to detainees at all, and were

communicated only in English. Immigration officers did not generally use interpreters or have access to full casework information. The administration of casework did not appear to be efficient and there was no expectation that the immigration staff on site would have any involvement in it. Neither was there any evidence that they undertook any review of cases to see whether the criteria for detention were no longer met. The role of immigration staff on site was limited to one of liaison. Detainees found it very difficult to obtain information about their cases. We considered that the lack of face to face contact with detainees and the withholding of information contributed to the poor management of removals and immigration cases. We also found it unacceptable that in some cases removal directions were withheld from detainees until the last moment.

### *Recommendations*

- 1. It should be a priority to progress the casework of those held in detention.*
- 2. Detainees should be told the specific reasons for their detention in a language they understand.*
- 3. Detainees should receive monthly reviews on time and in a language they understand, explaining fully any progress in their cases and the reason for continued detention.*
- 4. The role of on site immigration officers should be reviewed and clarified and their casework responsibilities clearly defined.*
- 5. On site immigration officers should have access to the Asylum Casework Information Database (ACID).*
- 6. All cases should be regularly reviewed, minuted and signed by on site Immigration officers, with a further monthly review by the Chief Immigration Officer.*
- 7. Interpreters or 'language line' should always be used for interviews where detainees are being informed of important decisions or of their rights.*
- 8. Immigration staff should work with other Centre staff to ensure that detainees are prepared for their removal and given adequate time and facilities to consult their legal representatives.*
- 9. Any information or decisions regarding the individual's detention, movements, immigration status, or removal should be communicated to the detainee and his or her representative without delay.*

## 9. Duty of Care

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

### Good order

9.1 The Centre contract enabled managers to refuse to take detainees deemed to be unsuitable for the regime and transfer out those who threatened good order. There was widespread CCTV camera coverage and 12 custody officers on duty both day and night, providing a constant level of supervision and emergency response capability. The high turnover in the population meant that exclusive groupings and exploitative behaviour did not become established, and staff used de-escalation techniques to manage conflict. There was a very low recorded rate of incidents of any type. All custodial staff were trained in Control and Restraint (C&R) and had refresher training annually. Only 16 incidents had been recorded in 12 months, mostly in the context of removals, and adequate explanations for its use were recorded and signed by Visiting Committee members. Occasional fights between detainees were recorded, but no member of staff had been assaulted during the life of the Centre. Because incidents were so few, there was an argument for more frequent short C&R refresher training.

### Sanctions

9.2 The only sanctions available to managers were detention in a special room for a brief period or removal to another establishment. Room 12 provided single separation for anyone using violence (though on two occasions in the last year it had been used to prevent self-harm), and room 13 provided two beds for those deemed to be at high risk of suicide. The latter had no integral sanitation so when it was in use a member of staff was posted outside the door, which was left open to enable access to the toilet and shower. There was no formal disciplinary process, so isolation in the interest of good order was a management decision, and only short explanations for the use of these rooms were on file.

### Fire, Health and Safety

9.3 There was a full set of Health & Safety risk assessments. Fire safety audits were also satisfactorily completed and there was evidence of recent evacuation practice. The Fire Safety Officer was an ex fire fighter. Response time for a local appliance from Gatwick airport was just four minutes. All the building materials were fire retardant and strips were fitted around the

doors which expanded in the event of a fire to seal them and prevent its spread. Smoke and fire alarms were fitted and all doors were released if they were activated. There were no sprinklers however, and these should be installed. A generator operated in the event of a power failure and there were contingency plans for a back up control room if there was a fire in the main control room.

### **Child Protection procedures**

9.4 The Centre expected the responsibility for childcare to remain with their parents, identified by the immigration service prior to arrival. Practice guidance from the West Sussex *Inter Agency Child Protection Policy and Procedures* was followed, but the Centre should have its own written policy and direct input from the Area Child Protection Committee. There was no code of practice for staff working with children, or anyone identified as holding the lead responsibility for child protection. Despite there being no written procedures for action to be taken if there were child protection concerns, there was written evidence of Social Services having been called in to protect a child deemed to be at risk of harm by virtue of the mental health of the mother. Given the recent court decision that children in all custodial environments are protected by the Children Act, these duties and procedures need to be re-examined and strengthened.

9.5 All staff were vetted in terms of criminal record, personal references and employment history over the previous ten years and received child protection training as part of their induction. This was appropriate as any member of staff could potentially be left alone with children (with the exception of cleaning staff who were supervised). Whilst staff were encouraged to 'whistle blow' if they suspected a colleague of not acting properly towards children, there was no evidence of a formal policy or of ongoing child protection training.

### **Suicide and self harm procedures**

9.6 There had been no deaths in custody during the five years of the Centre's life, despite the desperate state of many of the people it accommodated. The Prison Service F2052SH procedures had been adopted, though there was no Suicide Prevention Management Committee and neither the escort contractor nor immigration staff had been trained to open forms. Regular meetings of those involved in preventing suicide and monitoring incidents of self-harm should take place, and a senior manager should be designated as Suicide and Self-harm Co-ordinator. This person would provide regular reports either to a specific suicide prevention committee, or perhaps more usefully to an overall vulnerability committee that could deal with suicide, self-harm, bullying and child protection.

9.7 A nurse carried out self harm screening on arrival and those thought to be at risk were checked by control room staff at regular 15 or 30 minute intervals. The regularity of such checks allowed a determined person to time their suicide attempt to avoid detection, and checks should be made at irregular intervals to maximise their effectiveness. There was a 'safe room' for the highest risk, which was free of ligature points and provided observation points for each of the two beds it contained. There was a protocol for its use and records confirmed that it was not used frequently. Managers preferred to manage vulnerable detainees by means of

close supervision and support in the normal accommodation. Ligation scissors were available inside emergency boxes in the main corridors to which all staff had keys.

### Anti-bullying

9.8 There was no formal anti-bullying policy and Centre managers were confident that intimidatory and exploitative behaviour was rare and dealt with appropriately by the staff. The survey confirmed that levels of victimisation in the Centre were low, with the exception of insulting remarks from detainees and staff which were reported to have been experienced by 19% and 18% of the sample respectively, with a greater frequency from staff than from detainees. Physical abuse was reported by only one of the sample in connection with another detainee and two in connection with staff, but no respondents reported being made to hand over property or receiving unwanted sexual attention, and only small numbers reported abuse on the basis of their nationality or ethnicity. These proportions were low compared to other Centres and the overall level of 38% claiming they felt safe in the Centre was the highest level of reported safety of all the Centres inspected except Oakington, where the position of detainees was different.

9.9 The Centre was small and the length of stay relatively short, which militated against the establishment of cliques and intimidatory practices. However, this area of dynamic security was crucial to the stability of the Centre and the wellbeing of detainees, and should be monitored by means of exit interviews or some other means of detainee consultation, in order for managers to be confident that all remained well. We also consider that there should be continuous monitoring of bullying, as part of the implementation of a formal, and transparent vulnerability policy, and we suggest that this should be overseen by a vulnerability committee.

### Religious Affairs

9.10 Provision for religious worship was a strong and well managed aspect of the culture of Tinsley House. Two Pentecostal Ministers and a Roman Catholic Sister provided a high level of pastoral support to detainees and were the main source of referrals (58%) to the Gatwick Detainees Welfare Group. Although a wide range of visitors from other faiths were brought into the Centre to befriend detainees the full time staff were exclusively Christian and greater pastoral input should be sought from ministers of other faiths. The Manager of Religious Affairs also provided cultural awareness training and pastoral support to custodial staff. Through their multi-faith contacts in the community, this department was also the main source of foreign language speakers acting as interpreters within the Centre.

9.11 A weekly diary of the main religious festivals was issued to Centre staff and provision was made for all major faiths to worship in the Centre, though Christian services took place far more frequently than those of other faiths. The Christian chapel hosted four Pentecostal services a week, four ecumenical services, four Church of England, one Roman Catholic Mass, one Chinese Christian service and one Eastern Orthodox. It also remained open throughout the day for individual prayers and Christian meetings. Muslims had their own prayer room, similarly open throughout the day, two teachings from the Koran each week delivered by the Imam, and one prayer session delivered by an assistant Imam. One Sikh service and one Hindu service were also provided. From the survey, excluding those who did not wish to or who did not

answer, 59% of the sample said they could practise their faith in the Centre and 20% said they could speak to a religious minister if they felt upset. This compared favourably with the proportions for the other Centres where about 50% of detainees said they could practise their religion and only about 6% said they could talk to a religious minister if they were upset. This reflects the high profile which Religious Affairs staff had assumed in the Centre.

### **Race Relations**

9.12 At the time of the inspection, our survey showed that the population of the Centre was 39% white, 23% black, 19% Asian and 5% each Roma and Chinese.

9.13 As with suicide prevention and anti-bullying, there was no race relations committee or consultation with detainees. Neither was there any monitoring of the take up of activities by nationality or ethnic group. The survey confirmed that abuse on the basis of culture or ethnicity was rare and reported only in connection with one member of staff and not at all in relation to other detainees. There were also few complaints of a racial nature. The Manager of Religious Affairs had responsibility for race and minority ethnic concerns and he or one of his staff saw all new arrivals and provided training in cultural awareness for staff. He also ensured the active involvement of outside groups of different faiths and nationalities. Through this means the Religious Affairs department was also the main provider of interpreters for the Centre. However, induction, training, race relations and interpretation should be centre responsibilities separate from religious provision. Outside of religious worship there was little done to celebrate cultural diversity by way of national theme days or other multi-cultural leisure activities.

9.14 We recognise that diversity issues in removal centres are different from, and in many ways more complex, than those in prisons. They therefore need a distinctive approach. We suggest there should be a formal race and diversity policy, overseen by a committee reporting to the Centre manager, which promotes equality and diversity, supervises staff training and monitors complaints and take up of activities by ethnic groups. This committee should also have representation from outside groups, given that the turnover of detainees makes it difficult to achieve continuity in detainee representation.

### **The Visiting Committee (VC)**

9.15 A member of the VC visited once a week and wore a distinctive armband. He or she walked around the Centre freely and talked with detainees. Most of the concerns expressed to them concerned immigration matters rather than their treatment and conditions in the Centre. These were passed on to immigration officers who responded to them in their usual manner (see 5.6). VC members filled in a log of their visit that was signed by the Centre Manager, and this formed the main business of monthly meetings when matters recorded were discussed with the Centre staff. The VC claimed that the Centre Manager was very responsive to their concerns. Any use of force was recorded in the log for them to investigate and initial at their next visit.

9.16 The VC themselves had some concerns about their preparation for their role. They had little training, either initial or ongoing, or contact with other committees or Boards of Visitors in prisons, other than that which they arranged for themselves. They had no secretariat to help

with recruitment or training and at the time of our visit they were two below their complement. The name of a possible replacement had been submitted to Immigration Detention Services, but this had been lost and progress was not being made.

### **Making complaints**

9.17 Complaints could be made directly to Centre staff via a Request and Complaints form. From the survey sample, only four detainees had made a complaint using this system and of these, three said they were not happy with the way it was dealt with and one did not comment. There was no further avenue of complaint for those who were not satisfied with the way in which their complaints had been dealt with. A procedure was also in place for the contract monitor to investigate complaints against staff, but again few complaints had been made via this route. Given the short periods that detainees usually spent at the Centre, and the level of their fear and insecurity, there should be a more proactive approach to dealing with detainees concerns, many of which were communicated to us: both through informal and formal mechanisms with an assurance of confidentiality.

9.18 Requests to see a VC member required an officer to provide details of the request, and the last complaint listed for the VC was recorded in January 1999. The survey indicated that over half the sample (58%) did not know who the VC were, despite their role being explained in the House Rules and most (73%) claiming to understand it. VC members also had adopted the good practice of wearing a distinctive red arm band with the initials VC clearly emblazoned. Yet, of the 14 detainees in the sample who did know who they were, five said it was difficult to get to see them and only two said it was easy. A box should be provided centrally where detainees could post requests to see the VC directly so that they did not have to go through Centre staff.

### **Summary and Recommendations**

9.19 The Centre achieved good order through being able to exclude disruptive detainees, good camera coverage and constant levels of staff supervision around the clock. Health and Safety and Fire safety requirements were fully complied with, though there was no sprinkler system in place. The recorded use of C&R was low and there had been no staff assaults in the life of the Centre. On the relatively few occasions that force had been used this was documented and signed by the Visiting Committee, though the documentation for the use of the special rooms was less informative and unsigned. There was no code of practice for those working with children, no ongoing child protection training and no direct input from the Area Child Protection Committee.

9.20 Good relationships with detainees formed the foundation of the approach to anti-bullying, suicide prevention and race relations and there were no formal committees taking management responsibility in these areas. Survey results confirmed low levels of bullying, intimidation and racial harassment, but responsibility should be formally allocated to designated co-ordinators and committees. There was multi-faith provision for religious worship and pastoral care, though this was predominantly Christian. The Visiting Committee provided a regular presence in the Centre and members were keen to provide effective monitoring, though they felt handicapped by the lack of national support for recruitment and training. Their role was not well understood

by detainees. The level of complaints was low, though there were grievances, and a system was needed for the VC to receive complaints which bypassed Centre staff. A more effective system for the recruitment and training of VCs was also needed.

### *Recommendations*

- 1. The reasons for the use of rooms 12 and 13 should be fully recorded and scrutinised by the Visiting Committee.*
- 2. Because of the relative infrequency of its use, C&R refresher training should take place more frequently than annually.*
- 3. A sprinkler system should be installed.*
- 4. A designated manager should take lead responsibility for child protection.*
- 5. There should be a code of practice for staff working with children and formal links established with the Area Child Protection Committee.*
- 6. Cleaning staff should be vetted and trained in child protection procedures.*
- 7. Both escorting staff and immigration officers should be trained in suicide awareness and be able to open F2052 SH forms as necessary.*
- 8. A designated manager should take the role of suicide prevention co-ordinator and provide monthly monitoring information to a suicide prevention or overall vulnerability committee.*
- 9. Checks made of detainees on suicide watch should be irregular in order to better prevent a determined suicide attempt.*
- 10. There should be an anti-bullying committee to monitor information gleaned from exit interviews or other forms of detainee consultation.*
- 11. There should be a race and diversity committee with detainee representation and/or representation from relevant outside groups.*
- 12. Monitoring of complaints and take-up of activities by race, ethnicity and nationality should be routinely carried out and interpreted by means of 'range settings'.*
- 13. Multi-cultural events should be held in the Centre to celebrate diversity.*
- 14. The Home Office should provide central support for recruitment, training and administration for Visiting Committees.*
- 15. Photos of VC members should be displayed in the Centre and a clearly marked box should be placed in a central location to receive confidential complaints directly from detainees.*

*16. Staff should receive training to help them understand the backgrounds of the people in their care and the impact of detention in a foreign country so that they can provide individual support to detainees.*

*17. Consideration should be given to more effective ways of making and dealing with complaints, given the Centre's transient and multilingual population. This should include regular consultation with detainees, as well as the encouragement of confidential complaints.*

*18. Detainees should have access to an independent Ombudsman once the avenues of complaint open to them are exhausted.*

#### *Good Practice*

- 1. There was a well established philosophy of care and policy of giving individual attention to detainees.*
- 2. VC members had adopted the good practice of wearing a distinctive arm band bearing the initials VC.*

## 10. Healthcare

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

### **The organisation of healthcare**

10.2 A local General Practice was contracted to provide both the medical and nursing services at Tinsley House. The lead GP who attended as medical officer on weekday afternoons was also the medical adviser to Wackenhut. Two F grade nurses were also employed as part of the General Practice primary care team and between them provided continuity of cover to the Centre and continuity of care through weekly clinical meetings. There were no regular meetings with the Immigration Service to discuss specific healthcare matters.

10.3 The healthcare centre consisted of a waiting room and one consulting/treatment room that also contained the telephone and drugs cabinets. This arrangement meant that it was not possible to preserve medical confidentiality as the one consulting room was in regular use by the doctor and the nurse and was the only room available for any visiting consultant. There was also no means of escape from the room if this was necessary. The Centre was open from 9 o'clock in the morning until 9 o'clock at night during which time detainees were mostly seen by appointment, although they could attend on a drop in basis. However there was only one nurse and if she was required elsewhere the health care centre closed, and there were no core times when detainees could be assured of finding a nurse in attendance. Outside the normal opening hours there was provision for care via the on call doctor service. The duty doctor had access to the treatment room and drugs, although the doctor usually carried his own supplies. In the case of minor problems such as headaches and indigestion, paracetamol (calpol for children) and gaviscon tablets were available from the central office. The issue of these drugs was logged, though it was not clear whether this information was transferred to the detainee's electronic record by healthcare staff.

10.4 All healthcare records and letters which accompanied the detainee prior to arriving at Tinsley House were scanned into a computer system which was an extension of the one used

by the Medical Officer in his local practice, and any paper records were then destroyed. However, detainees regularly arrived from other Centres without any medical records, nor were the health records held by GP practices in the community accessible and the Medical Officer had no authority to obtain these. The computerised health records rarely therefore held any medical history, and neither did they have the name of the detainee on every page. We were assured that only healthcare staff could access the computer and that a complete set of the computer records was given to the detainee on discharge. In practice the difficulty of ensuring that this happened, and the difficulty of keeping records complete gave us some cause for concern.

#### Case Study

Kumar is a 26 year old Sri Lankan man. He arrived in the UK in April 2000 and was arrested and then detained in September 2000. He was held for 10 months in Haslar and was then released on bail. Following a refusal of his asylum claim he was rearrested and brought to Tinsley House, arriving there three days prior to the inspection. He had been registered with a GP and was on a regular prescription of a medication which he could not name and which had not been supplied for him in detention. He had been seen by the doctor without an interpreter and had not been able to give a full account of his detention and torture in Sri Lanka where he claimed he had been raped. He was complaining of bleeding haemorrhoids and rectal pain, which he believed were a consequence of this. These symptoms had been missed on examination and none of this information was recorded in his medical notes. Not only was this information missing, but 'torture' and 'history of sexual abuse' were coded 'no' on his medical screening form. He was also displaying post traumatic symptoms which had not been detected. The information was on record in Haslar, as was a copy of an independent psychiatric report, but these had not been transferred to Tinsley House.

### Initial healthcare examination

10.5 Detainees were assessed by the nurse within 24 hours of arrival by means of a health screening form, and if appropriate were seen by the medical officer. All children were seen by a nurse within 12 hours of admission and part of that assessment included checking for signs of abuse. The questionnaire results indicated that 82% of detainees were seen by a doctor in this period. There was no visiting female GP to examine female detainees, though we were informed that this was about to change, and we welcome this. There was also no screening blood borne viral infections which held serious individual and public health implications. Although such tests should not be compulsory, medical staff should be aware of the risks of such diseases and their prevalence in detainees' countries of origin, and such tests and appropriate treatment encouraged in the interests of detainees, staff and the wider public.

### The provision of interpreters

10.6 There was very little written information available in translation explaining the reason for medical examinations, and consultations took place without an interpreter unless this was provided by a fellow detainee. For routine health consultations the Medical Officer reported that he did not use professional interpreters or language line because of the cost. From the questionnaire, 87% claimed to have understood what the doctor said during the initial examination, 73% thought that the doctor understood them and 17% said there was an interpreter present. However, three quarters of the 66% of the questionnaire sample who

claimed to have health problems connected with mistreatment in their home country had not mentioned them to the doctor either because of the lack of interpreters or their belief that the doctor would not understand. The use of family members or other detainees to interpret is not acceptable as it potentially inhibits the individual from being open about health concerns that he or she may wish to keep private. Another consequence is that medical services are only effectively taken up by those who can speak English. English speaking detainees were able to take up counselling services and had more contact in general with medical services than those who could not speak the language.

#### Case Study

Ismet is a 32 year old Kosovan who spoke fluent English. He had served two years of an eight year sentence for rape. He had been released prior to a re-trial but the case was dropped due to lack of evidence, and he was now under Immigration Act detention. He described symptoms of anxiety and anger. He had had contact with the nurse and the doctor and was seeing the psychologist on a regular basis, which he was finding helpful. He felt the conditions in Tinsley house were good, and there were plans to refer him to the local psychiatric services.

### Access to secondary healthcare

10.7 Arrangements were in place with the local NHS to provide secondary care and mental health care. There were no arrangements for the provision of a midwifery service or health visitors and these were requested by the GP as and when required. Where there are women and children in detention the contract should include the provision of these services. Any visit to outside hospital required an escort and any overnight stays required a uniformed bed watch, and in practice anyone requiring in-patient treatment was more likely to be granted temporary admission to the UK for this purpose. Outside escorted visits took place on average twice a week, and these were mainly for the dentist. There was a presumption against the use of restraints during such visits, which were used only when risk assessments indicated. Risks were minimised by detainees not being informed of their appointments until the day they were due.

### Mental health care

10.8 A named psychiatrist based in Crawley could be called in if necessary, as could community psychiatric nurses, and detainees could be transferred to in-patient beds in hospitals in Chichester and Hove or to private beds, but only if sectionable under the Mental Health Act. This effectively denied in-patient psychiatric care to those who were not sectionable (the proportion of admissions under section to in-patient treatment in the community is only 10%), and a large number of detainees who warranted psychiatric care were left in the non therapeutic milieu of the Centre.

#### Case study

Maurice is a 31 year old Zimbabwean who arrived in the UK in August 2001 and was arrested in September 2001. He had spent time in Oakington and Holme House prisons. He was then transferred to Yarl's Wood in November 2001. At interview it was clear that he was psychologically affected by the fire there that resulted in his transfer to Tinsley House. He recalled the scramble to escape through the one exit door and spending the night in the severe cold. He felt confused and helpless. He asked repeatedly

“what if it happens here?” He was aware of the support that was available from the psychologist and chaplain.

### Experience of mistreatment in country of origin

10.9 According to our questionnaire 66% of detainees indicated that they had health problems connected with mistreatment in their home country. Of these only 21% had spoken to the doctor about them. Those who had not, gave the reasons as the lack of an interpreter, the doctor or nurse not understanding, it being difficult to talk about, wanting to forget about it or the health care staff not asking.

10.10 There was no clear protocol for what should happen when such health problems came to the attention of medical staff. The Medical Officer claimed he brought the case to the attention of the Centre Manager and Immigration Service and that this resulted in release in possibly 20-25% of cases. If the detainee had sufficient understanding of written English he or she might be asked to complete a Post-traumatic Stress Disorder questionnaire, and a referral was made to the visiting clinical psychologist. Of the 112 detainees referred to the psychologist, 39% were identified as victims of torture. In serious cases, reports recommending immediate release were made. In the past these had been written to the Medical Officer, but they were now sent directly to the Immigration Service after it came to light that the content of one report had been misrepresented to give the impression that the patient could be successfully supported within the Centre by virtue of the psychologist's attentions. No information was passed on to detainees' legal representatives. A Protocol was needed for the disclosure of medical information to the authorities and to legal representatives, with the patients' consent, and for the action that should follow.

### Health information

10.11 Health Education Authority leaflets were provided in translation, but not in the languages spoken by the detainees in the Centre at the time of our inspection. Rather than expect each Centre to create its own, the Immigration Service should produce health information leaflets in a range of languages, particularly relating to infectious diseases with serious individual and public health implications, and supply them to removal centres as required. Neither were condoms and other contraceptives freely available, and we were also surprised to find that women were not allowed to keep the contraceptive pill in possession.

### Food refusal

10.12 Apparently there was a written policy for the management of food refusal which was held by Wackenhut but not available for us to see. In practice we were told that detainees were not removed from association, but medical observations, including blood pressure and weight loss, were carried out after the first 24 hours of food refusal. Previously individuals had been removed to the hospital wing of Rochester prison, but this no longer happened. The policy was now in need of review; arrangements with the local hospital should be formalised and the policy easily available for all to see.

## Pharmacy provision

10.13 Pharmaceuticals were provided as part of the medical service supplied by the local general practice. There was no pharmacist involved in the service. Medicines were obtained directly from a pharmaceutical wholesaler and the healthcare staff administered these to the detainees.

10.14 Drugs were stored in two lockable cabinets that were not particularly secure. The security of these cabinets should be reviewed and consideration given to replacing them with purpose-built, lockable drug cupboards. Drug stocks appeared to be rotated and checked regularly for expiry dates, drug recalls were actioned where appropriate and waste medicines were disposed of appropriately via a licensed contractor. The drug refrigerator had a maximum/minimum thermometer in place and temperatures were recorded on a daily basis. The drug refrigerator should only be used to store medicines.

10.15 Medicines were generally administered to detainees a dose at a time against the electronic 'prescription record' created by the doctor, and every time a drug was administered it was recorded on the computer. An advantage of this system was that where a detainee failed to attend for his or her medication, this was detected and steps taken to find out why. It also allowed for reconciliation of the drugs held in stock against those dispensed. It was therefore important that records were maintained accurately and that all drugs administered were recorded promptly. It was also essential that the electronic system was secure to prevent unauthorised prescribing by non-medically qualified staff. Further guidance should be sought from the Department of Health in relation to the strict legality of electronic prescribing within such a setting.

10.16 Only inhalers and creams were supplied "in possession" due to a perceived risk associated with detainees not understanding or complying with the correct dose, or of overdosing or hoarding. Twenty-five per cent of detainees indicated via the questionnaire that they had had medication taken from them on reception. This is discussed in paragraph 5.6. The decision not to allow medication in-possession should be made by the Medical Officer in the individual case on the basis of a risk assessment, and not be the subject of a blanket policy. It was particularly inappropriate for example to take away the oral contraceptive pill from women.

10.17 Those items which were supplied "in possession" by the medical officer should be labelled as dispensed medicines and care should be taken to ensure that the resident fully understood how the medicine should be taken. It is now a legal requirement that patients are supplied with Patient Information Leaflets (PILs) with their medication, and steps should be taken to ensure that this is complied with. Leaflets should be available in translation, or assistance with translation should be provided as required.

10.18 No controlled drugs were stocked at the time of the inspection. An adrenaline injection was available for use in an emergency.

## Detainees' views about the quality of health care

10.19 Two thirds of the 36 detainees who had been to the health care centre and who answered this question were neutral about their experience, 8 (22%) thought it was bad and 4 (11%) thought it was good. From the survey, of the 39% who felt there was someone they

could speak to at Tinsley if they were upset, most (80%) identified other detainees and only one mentioned someone from health care. Some detainees were upset by having their medication withdrawn and felt they could not communicate with health care staff.

## Summary and Recommendations

10.20 Healthcare was provided by a local GP practice that provided pharmacy services as well as primary healthcare. The facilities were limited and better use could be made of them by designating times at which the nurse and doctor were available for consultation. Simple remedies were available from the Centre office after 9 p.m. Healthcare and prescription records were kept electronically and paper records destroyed. Previous records were rarely available to provide any medical history. Detainees were given a health check within 24 hours of arrival, though women were not yet being given the option of being examined by a doctor of the same sex. Interpreters were not usually provided for medical consultations. Not all detainees believed that the doctor had understood them and English speaking detainees inevitably experienced superior care.

10.21 Provision was in place for secondary health care, though these services were not accessed often and midwifery and health visitor services were not part of these contractual arrangements. There was some input from psychologists and access to a named psychiatrist and community psychiatric nurses, but no in-patient care except for those who were sectionable under the Mental Health Act. The Centre was unable to provide support for those who were acutely disturbed and clarity was needed about how and to whom information concerning fitness for detention should be communicated and what the response of the authorities should be. Health Information leaflets in the languages of detainees were not available and neither was contraception. The policy on the management of those refusing food was in need of review.

10.22 Pharmaceuticals were obtained from a wholesaler without oversight from a pharmacist. Drugs were prescribed electronically, and the legality of this should be checked. They were stored correctly, but the drug cabinets should be more secure and the fridge should only be used to store drugs. Detainees were not allowed to keep certain medication, including the contraceptive pill, in their possession and they had to attend the health care centre for these to be dispensed.

### *Recommendations:*

- 1. 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.*
- 2. Access to secondary healthcare should include access to midwifery services and health visiting.*
- 3. The health care facilities should allow consultations to be confidential and conducted in safety.*

- 4. All detainees should have the option of being examined by a doctor of the same gender.*
- 5. Core times should be identified when the nurse is in attendance in the health care centre.*
- 6. Medical staff should use interpreters or language line for anything other than routine medical screening of non- English speaking detainees.*
- 7. Health information leaflets in translation, particularly about infectious diseases with serious individual and public health information, should be supplied in translation as required.*
- 8. Tests for blood borne viral infections with serious public health implications should be encouraged and appropriate treatment provided in the interests of detainees, staff and the wider public*
- 9. The policy on food refusal should be available within the Centre and there should be formal arrangements for transfer with the local hospital.*
- 10. Condoms and other contraceptives should be available through the shop and health care centre as appropriate.*
- 11. Medical staff should receive training in identifying mental and physical health problems associated with mistreatment.*
- 12. Consent forms should be available for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
- 13. There should be a clear Protocol governing the disclosure of information of mistreatment and fitness for detention to the relevant authorities and what action should follow.*
- 14. A pharmacist should monitor and review the pharmacy service provided and ensure compliance with both the law and best practice, and assist with the development of a formulary for the unit.*
- 15. Notices in a range of languages indicating that patient information leaflets are available should be displayed where medicines are dispensed, and translation should be provided if requested.*
- 16. Women should be allowed to hold the contraceptive pill in possession.*

#### *Good Practice*

- 1. Those displaying symptoms of stress or with mental health problems were referred to psychologists who provided sessional input to the Centre.*
- 2. If a detainee failed to attend for his or her medication, this was detected and steps taken to find out why.*



## 11. Regime Activities

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**We expect the Centre to provide work and provide activities to preserve and promote the mental and physical wellbeing of detainees, and to encourage their take up.**

### Introduction

11.1 There was no opportunity for detainees who wished to do so to undertake paid work and it was a challenge to the Centre management to provide sufficient activities to occupy detainees for the fourteen hours they were unlocked, though considerable efforts were made to do so. From the survey 77% said they wanted to work and 58% said they did not have enough to do to occupy their time.

### Educational provision

11.2 Given the short and indeterminate length of stay, educational provision was tailored to meet the dominant need for English language tuition and the alleviation of boredom through creative activities. There was no certification of courses of study, though there was some scope for this. In our survey a quarter of detainees said they were involved in education. Of these 83% felt that this was helpful. There was no specific education geared to children, though families were rarely held for more than one week. Activities for children were provided on the unit and older children had access to the excellent sports facilities and library.

11.3 There was little formal assessment of educational needs. The English tutor used a set of 'trial' exercises to measure competence and tailor instruction accordingly. Tuition was provided for three hours on each weekday morning and was attended by between fifteen to eighteen detainees. Some attended for the complete session and others transferred to another activity, such as the gym, later in the morning. The contracted part-time tutor had relevant qualifications and experience and used flexible methods to cater for individual needs. The standard of teaching was good and detainees clearly valued the opportunity to improve their English under the guidance of an enthusiastic and competent tutor, though there was little use of audio and video-tapes and resources were mainly paper based. A cabinet in the classroom held in excess of 20 foreign language dictionaries and these were available to those attending English classes. The tutor had also produced resources to aid the understanding of different forms of alphabet. These resources should also be available in the library to be accessible to those not attending classes.

11.4 Arts and crafts sessions were also available for three hours on each weekday afternoon. Attendance at these sessions had dropped recently to five to seven detainees. They worked on a range of activities including soft toys, sewing, plaster of Paris models, silk painting, embroidery, beads, printed T shirts, clay models, water colour painting, calligraphy and

pyrography. Materials were funded through a budget held by the craft tutor who had a wide range of relevant practical and teaching experience, and the sessions catered well for the diverse interests of those attending. Detainees were allowed to keep the artefacts they produced but did not receive any certification of their skills. The tutor provided guidance on the other facilities and resources available in the Centre and took a personal interest in individual detainees during the sessions. Most of those attending were enthusiastic and were obviously helped by the opportunity to express themselves creatively.

11.5 There was no monitoring of the take up of activities by nationality, gender or ethnicity. In terms of support for the teaching staff, tutors had not been given the opportunity to attend equality of opportunity or cultural diversity training, neither was the quality of their performance monitored to inform a continuous improvement strategy.

11.6 No formal education was provided for children or juveniles and they were provided instead with activities on the family unit. Drawing, colouring and games were provided for small children, and 'gameboys' were provided for juveniles, but there was little stimulation for children of either age group outside of the unit. This was inadequate, and certainly insufficient for anything other than a very short stay of no more than a week.

### **Recreational pursuits.**

11.7 Detainees had access to rooms providing a range of recreational pursuits. These included television, pool, table football, hand-controlled video games and video-tapes supplied by the library. An outdoor games area was available for activities such as football. Apart from a 'women only' session on weekday afternoons, all recreational activity was provided for mixed groups of men and women. A form of organised recreational activity was provided each evening other than Monday. Bingo sessions were organised on Tuesday and Saturday evenings, Wednesday evenings hosted an 'Asian video' session and Thursday evenings involved team games in the gym. A quiz session, involving the use of picture cards, was held on some Friday evenings as an alternative to the usual pool competition. Gym staff also organised the showing of a new release video on Sunday evenings. Once a month the Saturday evening bingo was replaced by a disco managed by gym staff.

11.8 Detainees also had individual access to a multi-gym room and a gymnasium. The supervised multi-gym facilities were available for 4.5 hours on weekdays, other than Thursdays, and for two hours each day at weekends. The multi-gym was not available on Thursday because the staff were deployed to team competitions in the main gymnasium. The latter was open for supervised use for approximately 6 hours on weekdays and 4 hours at weekends. Some evening and weekend access was reduced when gym staff helped with bingo, disco and new release video showings.

11.9 Both the staff supervising gym activity were appropriately qualified and actively encouraged detainees to undertake physical activities. The gymnasium was used for badminton, volleyball, basketball or three-a-side football, and equipment was kept in good order. The well used multi-gym room provided supervised access to a wide range of equipment designed to promote exercise and improve fitness levels. The obvious enthusiasm of the tutor was matched by that of the detainees. Participants ranged from the complete novice to the well experienced. All were given a basic induction to the specialist equipment but it was difficult for

the tutor to closely monitor every activity. Some of the more experienced participants supported one another working with weights.

### **Incentives for participation**

11.10 The multi-gym facilities included equipment for monitoring fitness levels, but these were not used to provide improvement targets, which they could be. For some longer stayers learning English there was an opportunity to sit internal tests and earn a locally produced certificate, but there was scope for formal certification of English language skills. Cash vouchers for £3, £2 and £1 for use at the Centre's shop were given to each member of the top three teams in the sports competitions in volleyball, basketball and badminton held on Thursdays. This was a creative arrangement for encouraging participation and could be extended to those engaging with the regime in other ways by attending education, or helping to provide a service in the Centre, such as providing interpretation (though not of medical or legal matters) or translation of notices.

### **Access to the library and newspapers**

11.11 Detainees were able to access eleven daily newspapers and four weekly overseas publications in the library. One newspaper was in English and the others were in the languages of the major national groups of detainees. Fiction books were available in 18 languages, though the stock of books was small in some languages. In our survey two-thirds (68%) of detainees thought that there were books in their language which they could access and 18% thought that books in their language were lacking. There were a large number of recreational video-tapes available for detainees' use which were replenished on a six-monthly basis, though at the time of the inspection there were only two video-tapes in languages other than English. There were four language consoles, including headphones, for detainees who wished to improve their use of English, but these were used infrequently. There were some 'easy to read' books designed for use by those with a limited understanding of English. The craft tutor kept a set of relevant 'reference' books in a classroom cabinet.

11.12 Detainees had access to one computer in the library for 20 hours per week under the direct supervision of the librarian, and this was used mainly for writing letters. There were also two electronic typewriters available during library opening hours, but there was no access to the internet or e-mail and no formal training in IT skills.

### **Summary and recommendations**

11.13 There was a range of regime activities including some formal educational provision and a number of recreational pursuits, though those available to children and juveniles were limited. Formal classes were confined to the teaching of English as a foreign language and an arts and crafts workshop. There was no monitoring of the take up of these activities. Recreational provision was full and varied and included indoor and outdoor activities, team and individual pursuits, organised sport, bingo sessions, quiz nights and discos. Incentives were confined to participation in team competitions and there was no certification of skills acquired in education

or the gym. There was scope for incentives to be provided to encourage participation in the regime. There were foreign newspapers and journals in the library, as well as foreign fiction and some simple English texts, but foreign language dictionaries held in the classroom were not widely accessible. There were few foreign video-tapes, the use of computers was extremely limited and there was no formal IT training.

### *Recommendations*

- 1. Take up of activities should be monitored by nationality, gender and ethnicity to ensure that they appeal to all nationalities, and that activities are not dominated by any one group.*
- 2. Certification of skills should be introduced wherever possible.*
- 3. If children are to be detained, this should only be for very short periods of no more than a week, and in any event a greater range of age appropriate activities and facilities should be in place.*
- 4. Foreign language dictionaries should be provided in the library.*
- 5. There should be a greater range of foreign video tapes available.*
- 6. More computers should be provided for detainee use and IT training should be provided.*
- 7. Paid work should be available for detainees who choose to undertake it.*
- 8. Until such time as paid work is provided incentives should be available to all who participate in the regime or help to provide a service in the Centre.*

### *Good practice*

- 1. There were four language consoles, including headphones, for detainees who wished to improve their use of English.*
- 2. The provision of cash vouchers to detainees who took part in activities was a creative and effective incentive to participation in team games.*

## 12. Services

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

### Catering

12.1 The food we tasted was good and included varied, balanced and healthy menus that met a variety of cultural tastes. Menus included Asian, Caribbean, English, European and vegetarian dishes. All meals were either halal or vegetarian. Detainees were offered a choice of three hot meals, including vegetarian dishes or salads and were able to order their choice for the next day from menu lists after the roll check at 8.00 pm. Most detainees did this during their evening tea break between 8.15 pm and 8.45 pm and this could be done at any time up to 11.30 pm. Detainees who had arrived during the night were able to order their meals after breakfast the next day.

12.2 Meals were reasonably spaced. Breakfast was served between 7.30 am and 8.20 am, lunch between 12.30 pm and 1.30 pm (with staff able to eat from 11.45 am) and dinner between 5.30 pm and 6.45 pm. Although the gap between the last meal of the day and breakfast the next day was not more than 14 hours, tea and coffee were available at about 8.15 pm. Not all detainees took advantage of this and we were not certain that all were aware of this opportunity. Detainees dined with staff at the same tables in a large Refectory and this demonstrated that they could expect the same standards of food and service as the staff.

**TABLE 11.1 QUESTIONNAIRE RESULTS CONCERNING THE QUALITY OF FOOD AT TINSLEY HOUSE.**

	Yes	
	#	%
Enough to eat?	31	76
Well cooked?	20	50
Meets religious needs?	15	37
Meets dietary needs?	9	24
Meets cultural needs?	11	28

12.3 Between two-thirds and three-quarters of the sample were either uncertain or did not think that the food met their dietary, religious and cultural needs. Only between a quarter and a third were confident that it did. Half felt it was well cooked and three quarters said they had enough to eat at mealtimes. There was a significant level of dissatisfaction therefore with the food, which may have been caused in part by lack of confidence in the ingredients and the way it was cooked. In fact there was regular consultation with the Head of Religious Affairs, an Imam and a Rabbi and community groups about the correct way to prepare food to meet religious needs, but there was no catering committee where these matters could be discussed with detainees and no food complaints book. We were told there was a 'comments card' system in

the library but this was not well used. Consultation was difficult to achieve with a rapidly changing population, but there would be benefits from consulting with detainees and reassuring them of the suitability of the food.

### The Kitchen

12.4 The kitchen was clean and well organised and the catering provided by a private contractor. Staff adhered to the Health and Safety requirements of the Food Hygiene Act 1990 and the Catering Manager had adapted the kitchen log to include security checks for items such as knives and utensils. Records showed that food temperatures were correct in the kitchen and at the point of serving. Sandwiches and salads were made daily. Staff were properly trained and they wore the necessary protective clothing.

### The Centre shop

12.5 The detainee shop had culturally appropriate items on sale and these were highly visible. All food purchased at the shop was stored and sold at ambient temperatures. We were told that the Shop Manager was able to buy specific items locally if required, provided that they were for use in the Centre. Detainees could order from the Argos catalogue, Boots, Marks & Spencer and Holland & Barrett. Orders placed on Wednesdays before 4 pm were purchased on Thursdays after advance payment. The list was reviewed twice a year. Detainees were able to keep their cash with them and spend it directly in the shop. However, from the survey only 22% of detainees said they had any money to spend in the Centre. Of those who did, 76% said they could get what they needed. Apart from US dollars, the shop would change foreign currency notes of between £10 and £100 value. We considered this was good practice and respectful of those detainees who had recently arrived in the UK.

12.6 Female sanitary products were available from the shop and from the Family Unit. We understood that female detainees asked women officers for these items, which they were entitled to free of charge. Toiletries were also supplied free of charge to those without means. The shop also had stocks of toiletries supplied by the Gatwick Detainee Welfare Group, but these did not appear to be distributed as freely as they might, and detainees did not know they were available. The survey indicated that only 32% of those without means claimed that they were supplied with enough, and several complained of the lack of shampoo. When detainees were given their official free toiletries by Centre staff, they should also be advised of those supplied by GDWG so that they could make use of them also. This should be monitored.

### Laundry

12.7 Detainees were allowed to wear their own clothes and the majority (95%) did. These were supplemented by Centre tracksuits and underclothes. The plimsolls were of poor quality and should be replaced with a better quality training shoe. There was also a welfare clothing store supplied by the Gatwick Detainees Welfare Group. Clothing in this store was in good condition but did not appear to be in large supply. This may be because the large increase in the throughput of detainees had placed a greater load on the system, but this required

attention. There were three industrial washing machines, three dryers, irons and ironing boards. However, the Notices explaining how to use the machine were in English and these should be translated into other languages. There were too few baskets to enable machines to be emptied for re-use. More washing baskets should be provided.

## Summary and Recommendations

12.8 The food was good and met a range of cultural, dietary and religious needs, though detainees did not rate it highly or trust that meat was halal or prepared in the correct way. Detainees were able to choose their meals from a pre-select menu, meals were spaced sensibly and snacks were provided. More consultation was needed with detainees to seek out their views of the food, to reassure them of the method of preparation and to provide feedback to the catering provider. The kitchen was clean and conformed with food hygiene and food safety requirements. Detainees could spend cash in the Centre shop and special orders could be placed for local purchase or mail order. Those without means were provided with essential items, though these were not distributed as freely as they should be. Detainees were able to wear and launder their own clothes.

### *Recommendations*

- 1. Detainees should be consulted about the services provided in the Centre so that they understood what was available and were able to express their views about its suitability. Specifically, there should be a catering committee and food complaints book.*
- 2. Training shoes should replace plimsolls as standard issue.*
- 3. The provision of toiletries and clothes to those without means should be monitored to ensure that it reaches them.*
- 4. More washing baskets should be provided in the laundry.*

### *Good practice*

- 1. Detainees dined with staff at the same tables in a large Refectory.*
- 2. Detainees could place orders for special purchases.*
- 3. Detainees were able to keep their cash with them and spend their money directly in the shop without the need for checking records.*
- 4. The shop accepted foreign currency notes of between £10 and £100 value.*

## 13. Resettlement

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

### Visits

13.1 Visiting facilities and access times allowed detainees to receive domestic visits between 2 pm and 9 pm and legal visits between 9 am and 9 pm. From our questionnaire just under half (45%) had received a visit, mostly once a week and over a quarter (28%) had received a visit from a volunteer visitor. The Centre was accessible only by car, taxi or a very long walk from Gatwick Station and the taxi fare was £6.00 each way. This appears excessive for the distance involved. The Centre should investigate the possibility of providing a minibus at peak times to ferry visitors to and from the station. Detainees' opinion was equally divided about how well their friends and families were treated. We observed staff to be professional in their treatment of visitors who on arrival were required to pass through a metal detector and were given a pat down search. Detainees were also subject to a pat down search before visits and to random strip searches after visits. This was not based on any intelligence or suspicion and was very distressing for detainees. Strip searching should only be undertaken on the grounds of reasonable suspicion.

13.2 The visits room was situated by the entrance to the Centre, making access easy, and those receiving domestic visits were usually (93%) produced on time. Although there were toilets in the gate lodge where visitors arrived there were none in the visits room, and these should be provided. Visitors were allowed to hand in documents, property and money for detainees, but not food or drink. They were also allowed to take detainees' stored property out of the Centre when so authorised by the detainee, and this was accounted for properly. Visits took place across low coffee tables in the sight of staff but with a dividing line between detainees and their visitors which precluded physical contact. Many detainees were extremely upset that they were unable to touch their visitors. Visitors and detainees, especially partners and children of detainees should be allowed to have appropriate physical contact during visits.

13.3 The Centre shop was accessible from the visits room so that food could be bought and shared during visits. It was open until 5 pm although visits continued through until 9 pm. There were two drinks machines, one hot and one cold, available throughout visiting times. Provision should be made for the purchase of at least a limited range of snacks from a machine between 5 pm and 9 pm whilst visits remained open.

## Communication with the outside world

13.4 The handling of incoming and outgoing mail was efficient. Mail was not censored and post was listed and distributed from the shop as soon as it arrived. Mail and parcels were handed over on production of the Centre ID, and each item was signed for. Mail suspected of containing prohibited items was opened by Centre staff in front of the detainee before being handed over. Provision was made for detainees to give authority to another detainee to receive mail on their behalf when they left. Otherwise it was passed to the Immigration Service to be forwarded to the current address of the detainee. The system worked well and all special and recorded delivery mail was distributed within twenty minutes of receipt in the control room at about 10.00. Outgoing mail was posted with the Centre mail each evening. Detainees without means were able to obtain free envelopes and stamps as they required them from the shop. However the records show that only one detainee had done this on two occasions during 2002, suggesting that this was not well known and should be better promoted by the Centre. From the survey most detainees said they had no problem either sending (89%) or receiving (80%) mail.

13.5 There were 20 outgoing telephones, some coin operated and some card operated, and 16 for receiving incoming calls. These had significant queues at times. The outgoing telephones took £2 and £5 national cards and £5 and £10 international cards. There were five brands of card available in the shop, each offering different cheap rates for different countries, and the tariffs were clearly displayed at telephone points. This was good practice. From the survey, all the sample said they were able to receive incoming calls and 75% said they could make outgoing calls. Given that only 22% said that they had money to spend, this suggests that the system for providing free phone cards was working well. A free £5 phone card was supplied to any detainee with less than £25 on arrival and weekly thereafter. This was effected from the shop when it was open or from the control room when it was not, and was also good practice. In the first 18 days of February, 147 £5 phone cards were given to those without means.

## Access to information about countries of origin

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

## Preparation for release

13.7 Detainees left the Centre if they were granted temporary admission or bail, were transferred to another Centre or were removed from the country. In all these circumstances detainees should be prepared for what follows. Our inspection concluded that those who were to be removed or transferred to another Centre were not properly prepared for this, and sometimes were not informed at all until the day of departure. This is unacceptable. People need to prepare themselves for major life changes and be fully appraised of what awaits them

in advance of it happening. Particularly in cases of removal, detainees needed to close their affairs in this country, have their property restored, and plan what they would do on arrival in their destination country which was likely to involve contacting people to alert them to their return. Similarly when detainees were transferred to another removal centre, they needed to know why, where and for how long and to be able to inform their family, friends and legal representatives in advance of the move. There was no preparation for the transfer of detainees to further detention or for their removal from the country. Nor was there any general preparation for those being released, except that those without means could seek support from the National Asylum Support Service.

### Release Arrangements

13.8 Detainees who were leaving had their property restored to them and were released either to removal or further custody. In these circumstances detainees were often reluctant to go and this was difficult for the staff. The Centre did not assume any responsibility for helping detainees plan for their release and those expected to resist removal were not told of this until the day it was to happen. The lack of a public phone in Reception meant that those who were not told of their removal until the day of departure were unable to inform their families or legal representatives of their fate. A weekly plane left on Thursdays from Stansted Airport returning detainees to the former Yugoslavia and Albania, and it was to be put on this flight, or the Tuesday flight to the Congo, that many detainees were brought to Tinsley House. A private contractor, 'Loss Prevention International' (LPI) carried out the removals of those reluctant to leave. We did not witness any LPI removals during our inspection.

### Summary and Recommendations

13.9 Arrangements for allowing contact with the outside world were very good, and the provision for making and receiving telephone calls was the best we saw across the detention estate, with the exception of the free advice lines or 0800 numbers that did not appear to work. Detainees without means were given a £5 phone card each week, allowing them some limited contact with the outside world. The Centre was open to receive legal visitors for 12 hours each day and social visitors for seven hours, and visits were handled well, though the rules prohibiting physical contact and the random strip searching of detainees after visits were excessive. The Centre supported the role of volunteer visitors and there was scope for greater involvement of the Gatwick Detainees Welfare Group. There was no access to e-mail or the internet. The latter made detainees totally dependent on international phone calls. The Centre provided no preparation for the transfer, release or removal of detainees and those who were expected to resist removal were not told of this until the morning of departure.

#### *Recommendations*

- 1. The Centre should consider providing a minibus at peak times to ferry visitors to and from the station.*
- 2. Strip searching of detainees after visits should only take place on the grounds of reasonable suspicion.*

3. *Toilets should be provided in the visits area.*
4. *Appropriate physical contact with friends and family members should be allowed.*
5. *Provision should be made for the purchase of at least a limited range of snacks from a machine whilst visits remains open.*
6. *The facility for detainees without means to obtain free envelopes and stamps should be better advertised.*
7. *Detainees should have controlled access to e-mail and 0800 numbers.*
8. *Detainees should be able to obtain objective information about the political situation in their home countries through controlled access to the internet and specialist foreign journals.*
9. *Centre staff and Immigration officers on site should provide advance notice and support for those being released, transferred into detention elsewhere or removed.*
10. *Detainees should be provided with a copy of their medical record on release or transfer.*
11. *Those being transferred into further detention should be given written reasons for this decision and information about the Centre to which they are being transferred.*
12. *There should be a system which assists detainees with their release or removal through orientation courses for those being admitted into the country for the first time, assistance with resettlement for those returning to their communities in the UK, and assistance for those being removed which enables them to close their affairs in this country and provides them with the means to reach a safe final destination.*

#### *Good practice*

1. *Visitors were allowed to hand in documents, property and money for detainees.*
2. *The Centre shop was accessible from the visits room so that food could be bought and shared during visits.*
3. *Volunteer visitors from the local community organised by both the Religious Affairs department and the Gatwick Detainee Welfare Group (GDWG) attended regularly.*
4. *Provision was made for detainees to give authority to another detainee to receive mail on their behalf when they left.*
5. *Detainees were able to purchase cheap international phone cards and the tariffs charged for different phone cards were displayed by the phones.*

## 14. Recommendations and Good Practice

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### **Recommendations**

#### **Chapter 5.Reception**

1. *All people brought into detention should arrive with the written authority to detain (IS91).*
2. *Escorting companies should advise Reception who they are carrying at least 30 minutes ahead of their arrival.*
3. *If Reception is to continue to be used for receiving families, it should be made more child friendly, baby changing facilities provided, and care workers should be on hand to help with the children. Alternatively, and preferably, families could be located directly into their family accommodation and the process completed there.*
4. *Legal documents relating to individual cases should not be removed from detainees.*
5. *Boxes holding translations of the Tinsley House Rules should be clearly marked in the relevant language rather than in English.*
6. *A system should be in place for providing help with the legitimate welfare concerns of detainees on first arrival.*
7. *A positive indication from the rub down or metal detector screening should lead to a properly conducted strip search, authorised by a senior manager.*

#### **Chapter 6. Accommodation**

1. *Children should not be accommodated at Tinsley House for other than very short periods.*
2. *A pager system should be introduced for alerting detainees to incoming phone calls, thereby reducing the disturbing effect of constant tannoy announcements.*

#### **Chapter 7.Access to legal advice and representation**

1. *Arrangements should be made to ensure that detainees have access to advice and representation from qualified independent legal representatives.*
2. *Detainees should be told, in a language that they understand, of their rights to bail, appeals and legal aid within 24 hours of arrival at the Centre.*
3. *The Office of the Immigration Services Commissioner should devise a way of regularly checking the competence of those providing legal advice to detainees, who are in an exceptionally vulnerable situation.*
4. *Detainees should have information in their own languages about the service they should expect to receive from legal representatives, how to complain if they do not receive it,*

*and how to check whether a representative is properly regulated by OISC or a professional body.*

- 5. Detainees should be able to contact their legal representatives by e-mail as well as phone or fax.*
- 6. Detainees should have access to up to date information on immigration law, including legal text books.*
- 7. Detainees should be able to attend their bail and appeal hearings.*

### **Chapter 8. Casework**

- 1. It should be a priority to progress the casework of those held in detention.*
- 2. Detainees should be told the specific reasons for their detention in a language they understand.*
- 3. Detainees should receive monthly reviews on time and in a language they understand, explaining fully any progress in their cases and the reason for continued detention.*
- 4. The role of on site immigration officers should be reviewed and clarified and their casework responsibilities clearly defined.*
- 5. On site immigration officers should have access to the Asylum Casework Information Database (ACID).*
- 6. All cases should be regularly reviewed, minuted and signed by on site Immigration officers, with a further monthly review by the Chief Immigration Officer.*
- 7. Interpreters or 'language line' should always be used for interviews where detainees are being informed of important decisions or of their rights.*
- 8. Immigration staff should work with other Centre staff to ensure that detainees are prepared for their removal and given adequate time and facilities to consult their legal representatives.*
- 9. Any information or decisions regarding the individual's detention, movements, immigration status, or removal should be communicated to the detainee and his or her representative without delay.*

### **Chapter 9. Duty of Care**

- 1. The reasons for the use of rooms 12 and 13 should be fully recorded and scrutinised by the Visiting Committee.*
- 2. Because of the relative infrequency of its use, C&R refresher training should take place more frequently than annually.*
- 3. A sprinkler system should be installed.*
- 4. A designated manager should take lead responsibility for child protection.*
- 5. There should be a code of practice for staff working with children and formal links established with the Area Child Protection Committee.*
- 6. Cleaning staff should be vetted and trained in child protection procedures.*

7. *Both escorting staff and immigration officers should be trained in suicide awareness and be able to open F2052 SH forms as necessary.*
8. *A designated manager should take the role of suicide prevention co-ordinator and provide monthly monitoring information to a suicide prevention or overall vulnerability committee.*
9. *Checks made of detainees on suicide watch should be irregular in order to better prevent a determined suicide attempt.*
10. *There should be an anti-bullying committee to monitor information gleaned from exit interviews or other forms of detainee consultation.*
11. *There should be a race and diversity committee with detainee representation and/or representation from relevant outside groups.*
12. *Monitoring of complaints and take-up of activities by race, ethnicity and nationality should be routinely carried out and interpreted by means of 'range settings'.*
13. *Multi-cultural events should be held in the Centre to celebrate diversity.*
14. *The Home Office should provide central support for recruitment, training and administration for Visiting Committees.*
15. *Photos of VC members should be displayed in the Centre and a clearly marked box should be placed in a central location to receive confidential complaints directly from detainees.*
16. *Staff should receive training to help them understand the backgrounds of the people in their care and the impact of detention in a foreign country so that they can provide individual support to detainees.*
17. *Consideration should be given to more effective ways of making and dealing with complaints, given the Centre's transient and multilingual population. This should include regular consultation with detainees, as well as the encouragement of confidential complaints.*
18. *Detainees should have access to an independent Ombudsman once the avenues of complaint open to them are exhausted.*

### **Chapter 10. Health Care**

1. *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.*
2. *Access to secondary healthcare should include access to midwifery services and health visiting.*
3. *The health care facilities should allow consultations to be confidential and conducted in safety.*
4. *All detainees should have the option of being examined by a doctor of the same gender.*
5. *Core times should be identified when the nurse is in attendance in the health care centre.*
6. *Medical staff should use interpreters or language line for anything other than routine medical screening of non- English speaking detainees.*

7. *Health information leaflets in translation, particularly about infectious diseases with serious individual and public health information, should be supplied in translation as required.*
8. *Tests for blood borne viral infections with serious public health implications should be encouraged and appropriate treatment provided in the interests of detainees, staff and the wider public*
9. *The policy on food refusal should be available within the Centre and there should be formal arrangements for transfer with the local hospital.*
10. *Condoms and other contraceptives should be available through the shop and health care centre as appropriate.*
11. *Medical staff should receive training in identifying mental and physical health problems associated with mistreatment.*
12. *Consent forms should be available for the disclosure of health information relevant to asylum claims to the authorities and to legal representatives.*
13. *There should be a clear Protocol governing the disclosure of information of mistreatment and fitness for detention to the relevant authorities and what action should follow.*
14. *A pharmacist should monitor and review the pharmacy service provided and ensure compliance with both the law and best practice, and assist with the development of a formulary for the unit.*
15. *Notices in a range of languages indicating that patient information leaflets are available should be displayed where medicines are dispensed, and translation should be provided if requested.*
16. *Women should be allowed to hold the contraceptive pill in possession.*

### **Chapter 11. Activities**

1. *Take up of activities should be monitored by nationality, gender and ethnicity to ensure that they appeal to all nationalities, and that activities are not dominated by any one group.*
2. *Certification of skills should be introduced wherever possible.*
3. *If children are to be detained, this should only be for very short periods of no more than a week, and in any event a greater range of age appropriate activities and facilities should be in place.*
4. *Foreign language dictionaries should be provided in the library.*
5. *There should be a greater range of foreign video tapes available.*
6. *More computers should be provided for detainee use and IT training should be provided.*
7. *Paid work should be available for detainees who choose to undertake it.*
8. *Until such time as paid work is provided incentives should be available to all who participate in the regime or help to provide a service in the Centre.*

### **Chapter 12. Services**

1. *Detainees should be consulted about the services provided in the Centre so that they understood what was available and were able to express their views about its suitability. Specifically, there should be a catering committee and food complaints book.*
2. *Training shoes should replace plimsolls as standard issue.*
3. *The provision of toiletries and clothes to those without means should be monitored to ensure that it reaches them.*
4. *More washing baskets should be provided in the laundry.*

### **Chapter 13. Resettlement**

1. *The Centre should consider providing a minibus at peak times to ferry visitors to and from the station.*
2. *Strip searching of detainees after visits should only take place on the grounds of reasonable suspicion.*
3. *Toilets should be provided in the visits area.*
4. *Appropriate physical contact with friends and family members should be allowed.*
5. *Provision should be made for the purchase of at least a limited range of snacks from a machine whilst visits remains open.*
6. *The facility for detainees without means to obtain free envelopes and stamps should be better advertised.*
7. *Detainees should have controlled access to e-mail and 0800 numbers.*
8. *Detainees should be able to obtain objective information about the political situation in their home countries through controlled access to the internet and specialist foreign journals.*
9. *Centre staff and Immigration officers on site should provide advance notice and support for those being released, transferred into detention elsewhere or removed.*
10. *Detainees should be provided with a copy of their medical record on release or transfer.*
11. *Those being transferred into further detention should be given written reasons for this decision and information about the Centre to which they are being transferred.*
12. *There should be a system which assists detainees with their release or removal through orientation courses for those being admitted into the country for the first time, assistance with resettlement for those returning to their communities in the UK, and assistance for those being removed which enables them to close their affairs in this country and provides them with the means to reach a safe final destination.*

### **Good Practice**

#### **Chapter 5.Reception**

1. *Gatwick Detainees Welfare Group had assisted 560 detainees during the previous year and had visited 260 detainees.*

2. *Anyone arriving with less than £25 or left with this amount in their account became eligible for a £5 phone card, clothes, toiletries, stationery and if necessary, cigarettes.*

### **Chapter 6. Accommodation**

1. *A comprehensive closed circuit television system recorded any incidents as they occurred.*
2. *Curfew arrangements insisted that detainees were in their residential units at 23.45.*
3. *Detainees could take a shower whenever they wished.*
4. *There was excellent provision of activity areas.*

### **Chapter 9. Duty of Care**

1. *There was a well established philosophy of care and policy of giving individual attention to detainees.*
2. *VC members had adopted the good practice of wearing a distinctive arm band bearing the initials VC.*

### **Chapter 10. Health Care**

1. *Those displaying symptoms of stress or with mental health problems were referred to psychologists who provided sessional input to the Centre.*
2. *If a detainee failed to attend for his or her medication, this was detected and steps taken to find out why.*

### **Chapter 11. Activities**

1. *There were four language consoles, including headphones, for detainees who wished to improve their use of English.*
2. *The provision of cash vouchers to detainees who took part in activities was a creative and effective incentive to participation in team games.*

### **Chapter 12. Services**

1. *Detainees dined with staff at the same tables in a large Refectory.*
2. *Detainees could place orders for special purchases.*
3. *Detainees were able to keep their cash with them and spend their money directly in the shop without the need for checking records.*
4. *The shop accepted foreign currency notes of between £10 and £100 value.*

### **Chapter 13. Resettlement**

1. *Visitors were allowed to hand in documents, property and money for detainees.*
2. *The Centre shop was accessible from the visits room so that food could be bought and shared during visits.*
3. *Volunteer visitors from the local community organised by both the Religious Affairs department and the Gatwick Detainee Welfare Group (GDWG) attended regularly.*
4. *Provision was made for detainees to give authority to another detainee to receive mail on their behalf when they left.*
5. *Detainees were able to purchase cheap international phone cards and the tariffs charged for different phone cards were displayed by the phones.*



## Appendix 1

### Summary of Detainee Questionnaires

On the day that the survey was carried out the population at Tinsley House Removal Centre was 105. The detainees were offered a questionnaire in their own language. Five percent of the detainees were unable to fill in a questionnaire because we did not have it in their language. There were two families staying at the Centre at the time and one questionnaire was allocated per family. In total 82 questionnaires were handed out to detainees as they queued for their lunch. Four interpreters who spoke Tamil, Albanian, Croatian and Yoruba - representing the most common languages - were present to explain what we were trying to do. Six detainees refused a questionnaire. Nine were unaccounted for (either they did not come for lunch, we missed them in the queue or we did not have a questionnaire in their language). Forty-three completed questionnaires were returned. Forty-four percent of the population was sampled (assuming the two families count as two). The response rate was 52%.

The missing data has been removed for each question. Numbers of responses are written in brackets by each question.

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

#### General Information

- The largest proportion of detainees (40%) were aged between 22 and 29 years.
- The largest proportion of detainees (37%) had been at Tinsley House for less than a week.
- Nearly three-quarters had been in detention somewhere else before coming to Tinsley House and over a half of these had been detained for less than one week. In total, 16 detainees had been in detention either in Tinsley House or in another place of detention for one month or longer.
- The most common nationality was Sri Lankan (13%). Ten percent of the detainees said that they were Albanian, 10% Russian and 10% Kosovan.
- One fifth of the detainees spoke Albanian, one fifth Russian and 16% spoke English as their main language.
- Almost two-thirds of detainees said that they could understand spoken English.
- Over a quarter said they had children under the age of 18. For a half of these, their children were living in Britain.

- **What is your age?** (n=42)

Under 18 years	2% (n=1)
18-21 years	26% (n=11)
22-29 years	40% (n=17)
30-39years	29% (n=12)
40-49 years	2% (n=1)

- **Are you male or female?** (n=43)

Male	77% (n=33)
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Female	23% (n=10)
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- **How long have you been in detention here?** (n=43)

Under one week	37% (n=16)
Over one week up to two weeks	21% (n=9)
Over two weeks up to four weeks	21% (n=9)
Over one month less than two months	16% (n=7)
Two months	2% (n=1)
48 months*	2% (n=1)

\*It is unlikely that a detainee had been in Tinsley House for 48 months.

- **Were you in detention somewhere else before coming here?** (n=40)

Yes	73% (n=29)
No	28% (n=11)

- **If you were in detention somewhere else, for how long?** (n=27)

Under one week	56% (n=15)
Over one week up to two weeks	7% (n=2)
Over two weeks up to four weeks	7% (n=2)
Over one month less than two months	11% (n=3)
Two months up to four months	11% (n=3)
Four months up to six months	-
Six months up to eight months	-
Eight month up to ten months	4% (n=1)
Ten months plus	4% (n=1)

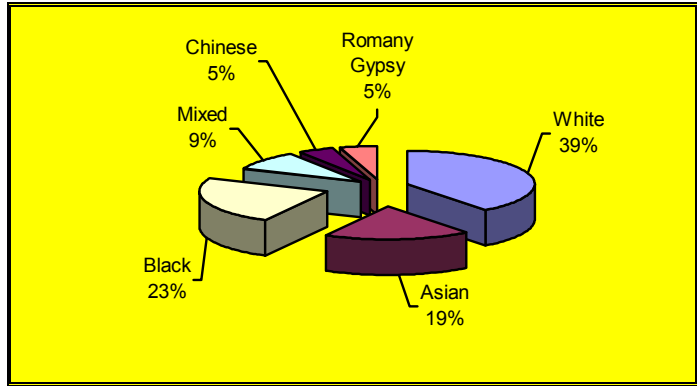
In total, 16 detainees had been in detention either in Tinsley House or in another place of detention for one month or longer.

- **What is your nationality?** (n=39)

Afghan	3% (n=1)
Albanian	10% (n=4)
Cameroonian	3% (n=1)
Colombian	5% (n=2)
Zairian	3% (n=1)
Czech	3% (n=1)
Ecuadorian	3% (n=1)
Indian	5% (n=2)
Jamaican	5% (n=2)
Kosovon	10% (n=4)
Lithuanian	5% (n=2)
Moldavian	3% (n=1)
Nigerian	8% (n=3)
Russian	10% (n=4)
Slovakian	3% (n=1)
Sri Lankan	13% (n=5)
West Indian (Trinidad and Tobago)	3% (n=1)

Ukrainian (One also said Latvian)	<b>5%</b> (n=2)
Zimbabwean	<b>3%</b> (n=1)

- Ethnicity (n=42)**



- What is the main language that you speak? (n=43)**

Albanian	<b>19%</b> (n=8)
Chinese (Mandarin and Cantonese)	<b>5%</b> (n=2)
Czech	<b>5%</b> (n=2)
English	<b>16%</b> (n=7)
French (One also said he could speak Lingala)	<b>5%</b> (n=2)
Punjabi	<b>7%</b> (n=3)
Romanian	<b>2%</b> (n=1)
Russian (One respondent said he/she could speak English, another French, two Latvian and English, and one Lithuanian and English)	<b>19%</b> (n=8)
Shona	<b>2%</b> (n=1)
Spanish	<b>7%</b> (n=3)
Tamil	<b>14%</b> (n=6)

- Do you understand spoken English? (n=43)**

Yes	<b>63%</b> (n=27)
No	<b>33%</b> (n=14)
Yes and no/little	<b>5%</b> (n=2)

- Do you understand written English? (n=43)**

Yes	<b>44%</b> (n=19)
No	<b>51%</b> (n=22)
Yes and no/little	<b>5%</b> (n=2)

- Do you have any children under the age of 18? (n=40)**

Yes	<b>28%</b> (n=11)
No	<b>73%</b> (n=29)

- **If yes, where are they?** (n=10)

In Britain	<b>50%</b> (n=5)
In your home country	<b>40%</b> (n=4)
In Detention with you and in Britain	<b>10%</b> (n=1)

- **If in Britain or in your home country, who is looking after them?** (n=10)

Children's mother/father	<b>30%</b> (n=3)
A family member	<b>30%</b> (n=3)
Friends	<b>10%</b> (n=1)
Don't know	<b>30%</b> (n=3)

### **Your first few days here**

- More detainees said they were *told* why they were being detained (60%) as compared to being given written reasons for their detention (44%).
- Seventy-five percent of the detainees felt that the strip search was carried out in a sensitive way.
- The majority of detainees (67%) did not have their legal documents taken from them on arrival.
- Seventy-one percent who were taking prescription medication did not have the medication taken from them on arrival.
- Eighty-two percent were given a medical examination within 24 hours of arriving at the Centre.
- Eighty percent were allowed to make a telephone call within 24 hours of arriving at the Centre.
- The largest proportion, 48%, were told what would happen on their first night or first day, however a large proportion were not.
- The largest proportion, 48%, did not feel safe on their first night at the Centre.
- Seventy-eight percent felt that they had problems as a result of being detained. For nearly a half, problems were associated with not knowing what would happen to them.

- **Were you told why you were being detained in a language that you could understand?** (n=43)

Yes	<b>60%</b> (n=26)
No	<b>40%</b> (n=17)

- **Were you given written reasons why you were being detained in a language that you could understand?** (n=43)

Yes	<b>44%</b> (n=19)
No	<b>56%</b> (n=24)

- **When you were searched in reception was this carried out in a sensitive and understanding way?** (n=40)

Yes	<b>75%</b> (n=30)
No	<b>20%</b> (n=8)
Don't know	<b>5%</b> (n=2)

- **If no, (n=8), why do you think this?**

*The female staff speak to us in a very aggressive way*

*Staff do not know how to speak to people*

*People love power and they use it*

- **Were your legal documents (about your case) taken from you when you arrived here? (n=43)**

Yes	31% (n=12)
No	67% (n=26)
Don't know	3% (n=1)
Had no documents*	9% (n=4)

\*Those who did not have any documents were taken off when calculating percentages.

- **Was any of your personal property (do not include your money, keys or mobile phone) taken from you when you arrived here? (n=41)**

Yes	63% (n=24)
No	37% (n=14)
Did not have any property*	7% (n=3)

\*Those who said, 'do not have any property' were taken off when calculating percentages.

- **If your property was taken, did you agree the list of property that is being stored for you? (n=22)**

Yes	91% (n=20)
No	5% (n=1)
Don't know	5% (n=1)

- **Can you get access to your property if needed? (n=23)**

Yes	52% (n=12)
No	30% (n=7)
Don't know	17% (n=4)

- **When you first arrived were you taking any medication that had been prescribed by a Doctor? (n=40)**

Yes	40% (n=16)
No	60% (n=24)

- **If yes, was the medication taken away from you on arrival? (n=14)**

Yes	29% (n=4)
No	71% (n=10)

- **If you were taking medication did you discuss this with a doctor on reception? (n=13)**

Yes	77% (n=10)
No	23% (n=3)

- **If your medication was taken, were you still able to take the medication or similar medication?** (n=3)

All the detainees were able to take medication despite it being removed initially.

- **If yes, have you had any problems receiving the medication?** (n=2)

Both of the detainees said they had problems receiving the medication.

**One detainee commented:**

*There are problems, I can't explain to the doctor, I need a Russian translator.*

- **Did a doctor give you a medical examination within 24 hours of you arriving at the Centre?** (n=38)

Yes	82% (n=31)
No	18% (n=7)

- **If yes, did you understand what the doctor said?** (n=30)

Yes	87% (n=26)
No	13% (n=4)

- **Did the doctor understand what you said?** (n=30)

Yes	73% (n=22)
No	10% (n=3)
Don't know	17% (n=5)

- **Was an interpreter present?** (n=29)

Yes	17% (n=5)
No	79% (n=23)
Yes and No	3% (n=1)

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

Professional	60% (n=3)
Detainee	20% (n=1)

In addition one detainee said an officer had acted as an interpreter.

- **Were you allowed to make a telephone call within the first 24 hours of you arriving at the Centre?** (n=40)

Yes	80% (n=32)
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No	18% (n=7)
Don't remember	3% (n=1)

- **Was it clearly explained to you what would happen here on your first night or first day?** (n=40)

Yes	48% (n=19)
No	40% (n=16)
Don't remember	13% (n=5)

- **Did you feel safe on your first night here?** (n=40)

Yes	43% (n=17)
No	48% (n=19)
Don't remember	10% (n=4)

**The following are comments from those who felt safe,** (n=17 - eleven respondents did not comment)

*It's better than in prison*

*Because we are Albanians and no country in the world recognises our rights*

*Fair treatment, a lot of protection (guarding).* (Two other detainees made a similar comment).

**Of those who did not feel safe, the most commonly mentioned factors were:** (n=17)

- Afraid of what would happen to me **29%** (n=5)
- There would be no safety for me if I went home **24%** (n=4)
- Worried that the Bedford fire would be repeated here **18%** (n=3)
- We live with strangers here, who can you trust? **12%** (n=2)

**Other comments from detainees:**

*Because I don't speak English I don't know how to ask for my clothes, food*

*We are being treated as criminals*

*I have never been detained before*

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

	Yes	No
The rules and routines (n=38)	87% (n=33)	13% (n=5)
The role of the Visiting Committee (n=37)	73% (n=27)	27% (n=10)
How to make a complaint (n=36)	53% (n=19)	47% (n=17)
How to get legal advice (n=37)	54% (n=20)	46% (n=17)
How to get a solicitor (n=37)	57% (n=21)	43% (n=16)

- **Do you have any problems, caused by your detention that need to be sorted out?** (n=36)

Yes	78% (n=28)
No	22% (n=8)

• **If yes, what?** (n=28)

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

I have property outside	21% (n=6)
I need to let someone know I am here	25% (n=7)
No one is looking after my family	25% (n=7)
No one is looking after my pets	4% (n=1)
I don't know what is happening to me	46% (n=13)

**Any other problems?**

*Depression and psychological pressure*

*I am ill and I need to see a doctor to explain about my sickness, one who can speak my language*

*Me, I have a job and I want to go back home*

**Life within this Centre**

- Over half of the detainees felt that they were able to see a minister/leader of their own religion. However almost a third felt that this was not the case.
- Seventy-eight percent said that they did not have money to spend at the shop. Of these nearly two-thirds over half felt that they were not provided with enough toiletries by the Centre.
- Seventy percent of those who did have money were able to buy what they needed from the shop.
- Three-quarters felt that they were able to get enough to eat. Views on how the food was cooked was mixed with half feeling it was well cooked and a half feeling it was not well cooked.
- Two-thirds felt that they had health problems caused by mistreatment in their home country. Seventy-nine percent of those had not talked about these problems with the doctor or nurse.
- The majority of detainees, 67%, felt that health care was neither good nor bad, however a fifth felt that it was bad.
- Over half of the detainees did not know who the Visiting Committee were.
- A fifth of detainees said they did not have a solicitor or legal representative.
- Almost a third of the detainees eligible for a monthly review of their case, had had a review.

• **Are you able to see a religious leader or minister of your own religion?** (n=40)

Yes	59% (n=22)
No	30% (n=11)
Don't know	11% (n=4)
Don't want to see one*	8% (n=3)

\*Those who said 'Don't want to see one', were taken off the overall percentages.

- **Do you have money to spend at the shop?** (n=41)

Yes	<b>22%</b> (n=9)
No	<b>78%</b> (n=32)

- **If no, are you provided with enough toiletries etc. by the Centre?** (n=28)

Yes	<b>32%</b> (n=9)
No	<b>64%</b> (n=18)
Yes and No	<b>4%</b> (n=1)

- **If you have money, can you get what you need from the shop?** (n=40)

Yes	<b>76%</b> (n=22)
No	<b>24%</b> (n=7)
Don't have any money*	<b>28%</b> (n=11)

\*Those who did not have any money were taken off the total when calculating the Yes and No percentages.

- **If no, (n=7) why not?**

Comments related to the lack of money rather than a lack of variety in the canteen.

- **Do you get enough to eat at meal times?** (n=41)

Yes	<b>76%</b> (n=31)
No	<b>24%</b> (n=10)

- **Is the food well cooked?** (n=40)

Yes	<b>50%</b> (n=20)
No	<b>50%</b> (n=20)

- **Is the food appropriate for your religious needs?** (n=41)

Yes	<b>37%</b> (n=15)
No	<b>39%</b> (n=16)
Don't know	<b>24%</b> (n=10)

- **Is the food appropriate for your dietary needs?** (n=38)

Yes	<b>24%</b> (n=9)
No	<b>53%</b> (n=20)
Don't know	<b>24%</b> (n=9)

- **Is the food appropriate for your cultural needs?** (n=39)

Yes	<b>28%</b> (n=11)
No	<b>59%</b> (n=23)
Don't know	<b>13%</b> (n=5)

- **Can you wear your own clothes?** (n=41)

Yes	<b>95%</b> (n=39)
No	<b>5%</b> (n=2)

Of the two who said they could not wear their own clothes, one said the Centre did provide suitable clothing, whilst one said that it did not.

- **If yes, do you have enough changes of clothes?** (n=32)

Yes	<b>41%</b> (n=13)
No	<b>59%</b> (n=19)

- **Do you have any health problems that have been caused by mistreatment in your home country?** (n=38)

Yes	<b>66%</b> (n=25)
No	<b>34%</b> (n=13)

- **If yes, have you spoken about these problems with a doctor or nurse in this Centre?** (n=24)

Yes	<b>21%</b> (n=5)
No	<b>79%</b> (n=19)

- **If no, why not?** (n=19)

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

Difficult to talk about it	<b>26%</b> (n=5)
Doctor/nurse wouldn't understand	<b>21%</b> (n=4)
Doctors/nurses don't ask	<b>11%</b> (n=2)
No interpreter	<b>32%</b> (n=6)
I want to forget about it	<b>16%</b> (n=3)

**Any other reason why you have not spoken with a doctor or nurse?**

*They don't care and they don't bother asking*

*I don't think there is anything to gain from talking about it*

*I have told him he has given me only pills i.e. for my toothache etc*

- **What do you think about the health care in this Centre?** (n=40)

Good	<b>11%</b> (n=4)
Neither	<b>67%</b> (n=24)
Bad	<b>22%</b> (n=8)
Don't know have not been*	<b>10%</b> (n=4)

\*Those who answered 'Don't know have not been' were taken off the overall percentages.

- **Is there someone here you can speak to if you feel upset?** (n=38)

Yes	39% (n=15)
No	53% (n=20)
Don't know	8% (n=3)

- **If yes, who?** (n=15)

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

A member of staff	7% (n=1)
A psychologist	13% (n=2)
Another detainee	80% (n=12)
Someone from health care	7% (n=1)
Religious minister	20% (n=3)

- **Have staff ever separated you from other detainees?** (n=39)

Yes	5% (n=2)
No	82% (n=32)
Don't know	13% (n=5)

- **If yes, (n=2), why?**

*Because I complained about an officer*

*Because I never liked an officer's racist comment*

The two in isolation said that they did nothing during the day. They were both in isolation for a day and felt they were treated badly by staff whilst there.

- **Is it easy or difficult is it to get to see a member of the Visiting Committee or Board of Visitors?** (n=38)

Easy	14% (n=2)
Neither	50% (n=7)
Difficult	36% (n=5)
Don't want to see them*	5% (n=2)
Don't know who they are*	58% (n=22)

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

- **Have you made a complaint about the Centre whilst you have been here?** (n=40)

Yes	12% (n=4)
No	88% (n=30)
Don't know how to*	15% (n=6)

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

Of the four who had made a complaint, three said they were not happy with the way in which the complaint had been dealt and one did not comment.

**They commented:**

*You get shipped out when you complain (one other detainee made a similar comment)*

*They don't care*

*Nobody cares. Even if they did they will be upset by us and wouldn't like us*

- **Do you have a member of staff who is responsible for you sometimes they are called personal officers? (n=36)**

Yes	8% (n=3)
No	58% (n=21)
Don't know	33% (n=12)

- **Do you have a solicitor or legal representative? (n=38)**

Yes	79% (n=30)
No	21% (n=8)

- **If no, are you able to get any legal advice? (n=8)**

Yes	25% (n=2)
No	-
Don't know	75% (n=6)

Sixteen of the detainees said that they had been in Tinsley House or in another place of detention for a month or more. The answers that these detainees gave were looked at in the following questions.

- **Have you had any monthly reviews of your case? (n=13)**

Yes	31% (n=4)
No	54% (n=7)
Don't know	15% (n=2)

- **If yes, are these reviews on time? (n=4)**

Yes	75% (n=3)
No	25% (n=1)

- **Do you receive results in writing? (n=4)**

Yes	75% (n=3)
No	25% (n=1)

- **Are the results fully explained to you? (n=4)**

Yes	50% (n=2)
No	50% (n=2)

- **Is your legal representative present when you are given the results of reviews?** (n=3)

Yes	<b>66%</b> (n=2)
No	<b>33%</b> (n=1)

- **Do the reviews tell you about the progress of your case?** (n=4)

Yes	<b>50%</b> (n=2)
No	<b>25%</b> (n=1)
Partly	<b>25%</b> (n=1)

### **Personal Safety**

- Nineteen percent of the detainees felt that other detainees and 18% felt that a member of staff had said something insulting to them whilst they had been at Tinsley House.
- Eight percent felt that they had been abused because of their nationality by a member of staff.
- Over a third said they felt safe. Thirty-one percent said that they did not feel safe.
- Over a third, 39%, had been approached by staff interested in how they were getting on at Tinsley House.

- **Has any detainee said anything insulting to you since you have been here?** (n=37)

'Yes' # (%)	How often does it happen?		
	Once	Occasionally	Regularly
7 (19%)	-	6 (86%)	1 (14%)

Overall 19% of the detainees felt that another detainee had said something insulting to them since they had been at Tinsley House. This type of victimisation was most likely to happen occasionally.

#### **Only one detainee made a comment:**

*Abusive language*

- **Has any member of staff said anything insulting to you since you have been here?** (n=39)

'Yes' # (%)	How often does it happen?			
	Once	Occasionally	Regularly	Missing
7 (18%)	2 (29%)	2 (29%)	2 (29%)	1 (14%)

Overall 18% of the detainees felt that a member of staff had said something insulting to them since they had been at Tinsley House. Respondents reported this type of victimisation happening, once, occasionally and regularly.

#### **Detainees commented:**

*I don't remember well, but we were told to go to the gym and we were called weak Albanians*

*During the evening while we are watching TV, he comes and switches it off and he ruins all our activities*

*They say you fucking wanker get in line*

*Unintentionally I dropped a piece of paper from my pocket and I wasn't aware. One of the officers told me why did you drop it? And he put it in the garbage bin*

- **Have you been hit, kicked or assaulted since you have been here by other detainees?** (n=39)

One detainee said he had been victimised in this way by another detainee. He said that it happened occasionally and commented: *Giving mental agony to me.*

- **Have you been hit, kicked or assaulted since you have been here by any member of staff?** (n=38)

Two detainees said that they been victimised in this way by a member of staff. One said it had happened once and the other that it had happened occasionally.

**One commented:**

*During a visit my girlfriend wanted to leave but I didn't want her to leave and when she was leaving I ran to stop her, and one of the guards hit me twice on my thigh that was already injured*

- **Have you experienced unwanted sexual attention here in the Centre?** (n=37)

None of the detainees felt that they had experienced unwanted sexual attention whilst being at Tinsley House.

- **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=37)

None of the detainees felt that they had experienced this type of victimisation.

- **Have you been verbally or physically abused because of your nationality by other detainees, since you have been here?** (n=37)

Two detainees felt they had been verbally or physically abused because of their nationality by other detainees. One said this had happened once and one did not comment on the frequency.

**They commented:**

*They think because we're Colombian we all have cocaine*

*By Albanians and Kosovans*

- **Have you been verbally or physically abused because of your nationality by a member of staff, since you have been here?** (n=38)

Three detainees felt they had been verbally or physically abused because of their nationality by a member of staff. One said this had happened once and two said it was a regular occurrence.

**One commented:**

*Officer [name inserted] made some very strong remarks about Blacks and Jamaicans. (One other detainee made a similar comment).*

- **Have you been verbally or physically abused because of your cultural or ethnic background by other detainees, since you have been here? (n=37)**

None of the detainees felt they had been verbally or physically abused because of their cultural or ethnic background by another detainee.

- **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=37)**

Two of the detainees felt they had been verbally or physically abused because of their cultural or ethnic background by a member of staff. They both said this happened regularly and both mentioned the same officer.

- **Do you feel safe here? (n=39)**

Yes	38% (n=15)
No	31% (n=12)
Don't know	31% (n=12)

- **If no, do you feel unsafe: (n=5)**

Sometimes	20% (n=1)
Most of the time	80% (n=4)

- **Since you have been here have staff come up to you to ask how you are? (n=38)**

Yes	39% (n=15)
No	58% (n=22)
Yes and No	3% (n=1)

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

There were no cell bells at Tinsley House.

***What do you do here***

- In terms of work or study before they came into detention, the largest proportion, 19%, had been studying.

- One-quarter were involved in education at the Centre. Of these 83% felt that the education was helpful.
- None of the detainees had a job although over three-quarters said that they would like to have one.
- The largest proportion, 58%, said that there was not enough to do to fill their time.

- **What work or study were you doing in your home country or in Britain before you came into detention? (n=32)**

**Detainees mentioned:**

• Student	19% (n=6)
• Businessman	9% (n=3)
• Care assistant	6% (n=2)
• Hairdresser	6% (n=2)
• Cashier	6% (n=2)
• Decorator	3% (n=1)
• Kitchen assistant	3% (n=1)
• Printing	3% (n=1)
• Engineer	3% (n=1)
• PE teacher	3% (n=1)
• Tailor	3% (n=1)
• Accountant	3% (n=1)
• Machinery Operator	3% (n=1)
• Farmer	3% (n=1)
• Car mechanic	3% (n=1)
• Geologist machinery	3% (n=1)
• Many jobs	3% (n=1)
• Unemployed	13% (n=4)
• Information not translated	3% (n=1)

- **Are you doing any education here in the Centre? (n=39)**

Yes	26% (n=10)
No	74% (n=29)

- **If no, have you applied to get on education? (n=20)**

Yes	10% (n=2)
No	90% (n=18)

All of those who were involved in education and who made a comment said that they were learning English. One also mentioned that he joined in sports.

- **Is it helpful? (n=6)**

Yes	83% (n=5)
No	17% (n=1)

- **Are there books in your language in the library? (n=40)**

Yes	<b>68%</b> (n=27)
No	<b>18%</b> (n=7)
Don't know	<b>15%</b> (n=6)

- **Do you have a job in this Centre?** (n=37)

Yes	-
No	<b>100%</b> (n=37)

- **If no, would you like to have one?** (n=26)

Yes	<b>77%</b> (n=20)
No	<b>23%</b> (n=6)

- **Is there enough to do to fill your time here?** (n=33)

Yes	<b>39%</b> (n=13)
No	<b>58%</b> (n=19)
Yes and No	<b>3%</b> (n=1)

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

*To fly away, to get out of the prison because I am no criminal, I haven't killed anyone*

*I would like to use the internet*

*More West Indian groups (mentioned by two detainees)*

*To do sports*

*To read. To work*

*I will do any sort of work, maybe cleaning*

*It does not matter I just need to be occupied (mentioned by two detainees)*

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

Not applicable as detainees were not locked in their rooms at Tinsley House.

**Communication...**

- Making and receiving calls was not a problem for the detainees at Tinsley House.
- Similarly, for the majority of detainees sending and receiving letters was not a problem.
- Forty-five percent had had a visit from friends or family at Tinsley House. Detainees were divided in terms of whether they felt they were treated well or badly by staff on the visit.
- Over a quarter had been visited by a community or volunteer visitor.
- Sixty-one percent had not had a visit from their solicitor or legal representative. For the 39% that had had a visit, 85% felt that the visit had been long enough.
- Thirty percent felt that it was difficult to get to see an immigration officer.

- **Are you able to receive incoming calls?** (n=40)

Yes	<b>100%</b> (n=40)
No	-

- **Are you able to make outgoing calls when you need?** (n=40)

Yes	<b>75%</b> (n=30)
No	<b>10%</b> (n=4)
Don't know	<b>15%</b> (n=6)

- **Are there any problems with sending letters?** (n=39)

Yes	<b>11%</b> (n=1)
No	<b>89%</b> (n=8)
Don't know have not tried*	<b>77%</b> (n=30)

\*Those who answered, 'Don't know, have not tried' were excluded from the overall percentages for yes and no.

- **Are there any problems with receiving letters?** (n=39)

Yes	<b>20%</b> (n=2)
No	<b>80%</b> (n=8)
Don't know have not tried*	<b>74%</b> (n=29)

\*Those who answered, 'Don't know, have not tried' were excluded from the overall percentages for yes and no.

In terms of problems with receiving letters, two respondents claimed that money would go missing.

- **Have you had a visit since you have been in here from your family or friends?** (n=40)

Yes	<b>45%</b> (n=18)
No	<b>55%</b> (n=22)

- **If you have had a visit, how many visits do you get in a week?** (n=13)

Less than one a week	<b>15%</b> (n=2)
One	<b>54%</b> (n=7)
Two	-
Three	<b>8%</b> (n=1)
More than three	<b>8%</b> (n=1)
Don't know	<b>15%</b> (n=2)

- **Do you arrive on time for your visit?** (n=15)

Yes	<b>93%</b> (n=14)
No	-
Sometimes	<b>7%</b> (n=1)

- **How do you feel you and your family/friends are treated by visits staff** (n=13)

Well	<b>38%</b> (n=5)
Neither well not badly	<b>31%</b> (n=4)
Badly	<b>31%</b> (n=4)

- **Have you had a visit since you have been here from Community groups or volunteer visitors?** (n=39)

Yes	<b>28%</b> (n=11)
No	<b>72%</b> (n=28)

- **Have you had a visit from your solicitor/legal representative?** (n=38)

Yes	<b>39%</b> (n=14)
No	<b>61%</b> (n=22)
Do not have a legal representative*	<b>5%</b> (n=2)

\*Those that claimed not to have a legal representative, were taken off the percentages for yes and no.

- **If yes, do you arrive on time for your visit?** (n=13)

Yes	<b>100%</b> (n=13)
No	-

- **Was an interpreter provided?** (n=13)

Yes	<b>44%</b> (n=4)
No	<b>56%</b> (n=5)
No need*	<b>31%</b> (n=4)

\*Those who said 'no need' were taken off when calculating the overall percentages.

- **Was the visit long enough for you to explain your case?** (n=13)

Yes	<b>85%</b> (n=11)
No	<b>15%</b> (n=2)

- **Did you understand fully what was said?** (n=13)

Yes	<b>69%</b> (n=9)
No	<b>31%</b> (n=4)

- **How easy or difficult is it to see an Immigration officer when you want?** (n=37)

Easy	<b>8%</b> (n=3)
Neither	<b>16%</b> (n=6)
Difficult	<b>30%</b> (n=11)

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Don't know	46% (n=17)
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**Overall impressions.**

- **Are there any other comments about the Centre that you would like to tell us?**  
(n=28)

- |   |           |
|---|-----------|
| • It is OK here   | 29% (n=8) |
| • Some staff have an attitude problem (particularly if you don't speak English) | 11% (n=3) |
| • It would be useful to have an 0800 telephone system                           | 7% (n=2)  |
| • We should not be treated like prisoners                                       | 7% (n=2)  |
| • The food is poorly prepared/poor quality                                      | 7% (n=2)  |

**Other things mentioned by one person:**

- Staff are good
- You are not allowed to touch your visitors
- No incoming calls after 11pm
- No access to tea and coffee
- Communal toilets are dirty
- The rooms are too crowded
- There are no warm clothes
- No one is helping me with my mental health problem
- There are no family rooms for couples
- The Doctor is caring
- The sheets should be more regularly changed
- If I am sent home you will be risking my life.

**Comments included:**

*Not much it is OK, well organised. But the police here in UK just pick up people without good reasons. My case is so minor to warrant my being sent home*

*I was severely tortured in detention camps in Sri Lanka. I am still suffering because these bad memories are flashing back always since I have been arrested for ten months*

*The detention centre is like a prison. Inside there are innocent people who haven't done anything. These people are suffering here. They are innocent and are suffering condemnation equally as a criminal, a thief*

*I am content in the Centre. I enjoyed speaking to the immigration officers at your Centre. They treat us like normal people. But the visiting officers from Harwich, degraded me and didn't want to listen to my excuses, he laughed at me in the face and didn't let me speak. He threatened me that if I didn't go home I'd end up living at your Centre for the rest of my life. I feel degraded I am not a criminal, I have never broken the law that I should have to remain here all my life. After speaking to this officer I had to go to the doctor because of problems with my health and nerves. Your doctor treats us very well. With respect to him I'm satisfied*

## Appendix 2

### Detainee Population Proforma

#### Population breakdown by:

(i) Age	No of detainees	%
<5 years	0	0
5 years to 9 years	1	1
10 years to 14 years	1	1
15 years to 17 years	1	1
18 years to 20 years	23	24
21 years to 24 years	16	17
25 years to 29 years	22	23
30 years to 34 years	14	14
35 years to 39 years	11	11
40 years to 44 years	5	5
45 years to 49 years	1	1
50 years and over	1	1
Age not known	1	1
<b>Total</b>	<b>97</b>	<b>100</b>

(ii) Nationality	No of Detainees	%
Afghanistan	2	2.06
Albania	7	7.23
Algeria	1	1.03
Bangladesh	1	1.03
Belarus	1	1.03
Cameroon	1	1.03
China	2	2.06
Colombia	4	4.12
Congo Dem Republic (Zaire)	1	1.03
Czech Republic	5	5.17
Ecuador	1	1.03
Estonia	3	3.09
Former Republic of Yugoslavia	2	2.06
India	2	2.06
Jamaica	11	11.34
Kenya	1	1.03
Kosovo	12	12.37
Latvia	1	1.03

Lithuania	2	2.06
Moldavia	3	3.09
Nigeria	3	3.09
Russia	3	3.09
Singapore	1	1.03
Sri Lanka	9	9.29
Trinidad & Tobago	1	1.03
Turkey	1	1.03
Ukraine	1	1.03
Yugoslavia	12	12.37
Zimbabwe	3	3.09
<b>Total</b>	<b>97</b>	<b>100</b>

<b>(iii) Ethnic Group</b>	<b>No of Detainees</b>	<b>%</b>
Asian Indian	2	2.06
Sri Lankan	9	9.28
Bangladeshi	1	1.03
Other	0	0
Black African	10	10.31
Caribbean	11	11.34
Other	0	0
Hispanic	5	5.16
Arab	2	2.06
European White	51	52.58
Dark	3	3.09
Oriental Chinese	2	2.06
Singapore	1	1.03
<b>Total</b>	<b>97</b>	<b>100</b>

<b>(iv) Religion</b>	<b>No of Detainees</b>	<b>%</b>
Christian	25	25.77
Hindu	3	3.09
Muslim	16	16.50
Sikh	1	1.03
Other (please state)	34	35.05
Refused	1	1.03
Undeclared	17	17.53
<b>Total</b>	<b>97</b>	<b>100</b>

<b>(v) Length of time in Detention</b>	<b>No of Detainees</b>	<b>%</b>
Under one week	39	40.21
One week up to two weeks	25	25.77
Two weeks up to four weeks	21	21.65
One month up to two months	11	11.34
Two months up to four months	1	1.03
<b>Total</b>	<b>97</b>	<b>100</b>