

Report on an announced inspection of

Dungavel House

Immigration Removal

Centre

21 - 25 June 2010

by HM Chief Inspector of Prisons

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Introduction

Previous inspections of Dungavel Immigration Removal Centre (IRC) in South Lanarkshire have been very complimentary about levels of safety and good staff-detainee relationships. It is therefore hugely commendable that this full announced inspection found that not only had these positive aspects been sustained, but that there had been considerable further improvement.

Dungavel remained a very safe establishment, despite a bigger population, a greater proportion of ex-prisoners and increased lengths of stay. Detainees themselves, including the small number of women, reported feeling safe and procedures to support safety were effective: early days in detention were well managed; anti-bullying and self-harm prevention arrangements were good; security was proportionate; and staff had little need to resort to use of force or separation. We did, however, share the concern of staff that not all ex-prisoners arrived with their previous records, creating unnecessary risks, particularly to vulnerable detainees.

Anxieties about immigration status were responded to efficiently by immigration staff. Proactive work by the establishment had ensured that legal services were the best we have ever seen. The government was currently reviewing whether children would be held in immigration detention and, meanwhile, none were held at Dungavel. Indeed, we were told none had been detained in Scotland since ministers had announced this welcome change of approach.

Staff-detainee relationships were excellent and staff went out of their way to communicate with and seek to understand the issues facing individuals and national groups. Good efforts were made to encourage a tolerant approach to other cultures and religion. Diversity was well managed, although more specific policies were needed particularly to address the needs of women. Faith provision was good. Health care provided a valued service to detainees but was housed in inadequate accommodation.

Dungavel provided plenty of freedom of movement and an expanded range of activities. Despite the increased numbers of detainees, most said they had something to occupy them. This included some impressive education provision and increased opportunities for paid work, although there was scope to increase purposeful activities further. There was good library and PE provision.

Welfare provision was among the best we have seen, with most staff assuming responsibility for following up on the needs of detainees and helping them to plan for their removal or release. This was most obviously reflected in the generally compliant approach to removal taken by detainees who had been properly prepared for the future by staff. Contact with families, friends and legal advisers was very well supported.

Dungavel remained a very safe and relaxed establishment, despite an increased population, proportionately more ex-prisoners and increased lengths of stay which might have been expected to increase frustrations. Indeed, an already high performing establishment had improved in many areas, underpinned by exceptionally good staff-detainee relationships. Dungavel was, by some distance, the best IRC we have inspected.

Nick Hardwick
HM Chief Inspector of Prisons

September 2010

Fact page

Task of the establishment

Dungavel House holds people detained under immigration law.

Location

Strathaven, South Lanarkshire

Contractor

G4S Care and Justice Services

Escort provider

G4S Detention and Escorting Services

Number held

Approximately 195

Certified normal accommodation (CNA)

217

Operational capacity

219

Last inspection

Unannounced follow-up inspection: September/October 2008

Brief history

Dungavel House opened as a detention centre in August 2001. It has been managed by Premier Detention Services, Serco Home Affairs and, since September 2006, G4S Care and Justice Services. It provides accommodation for men, women and families.

Description of residential units

There are four main residential units. Clyde House has two three-bedded rooms, with the facility of adding a cot in each of the rooms. Loudoun House consists of 20 rooms of varying sizes. Accommodation includes two-, four-, five- and six-bedded rooms. Hamilton House consists of 32 rooms, comprising single and double rooms. The female accommodation in the Main House consists of two dormitories with eight and six beds respectively, providing 14 spaces in total. The male accommodation in the Main House consists of 13 dormitories, with three-, six-, seven- and eight-bedded rooms, providing 83 spaces in total.

Healthy establishment summary

Introduction

HE.1 The concept of a healthy prison was introduced in our thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria, upon which inspections base the four tests of a healthy establishment, have been modified to fit the inspection of removal centres. The criteria for removal centres are:

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

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

Activities – that detainees are able to be purposefully occupied while they are in detention

Preparation for release – that detainees are able to keep in contact with the outside world and are prepared for their release, transfer or removal.

HE.2 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

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

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

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

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

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

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

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

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

HE.3 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been

detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

HE.4 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

- the particular anxieties to which detainees may be subject and
- the sensitivity that this will require, especially when handling issues of cultural diversity.

Safety

HE.5 Detainees reported positively on treatment by escort staff, but many detainees experienced exhausting overnight transfers. Reception staff were welcoming, but the building was cramped. Induction was effective. Security was proportionate and there was little use of force. Detainees reported feeling extremely safe in the centre. There were no children in the centre. Separation was used appropriately and was properly authorised. Detainees at risk of self-harm were well cared for. There was little evidence of bullying and anti-bullying systems were good. The on-site UK Border Agency (UKBA) team was generally efficient. Rule 35 application letters from health care were of good quality, but response letters from case owners were of mixed quality. Excellent work had been done to increase legal representation to levels not previously seen in the immigration detention estate. Outcomes for detainees against this healthy establishment test were good.

HE.6 There were many overnight transfers from other centres, with exhausted detainees arriving in the early hours, often after long journeys, and sometimes after long periods in inadequate police cell accommodation. Some detainees had also experienced numerous moves around the estate within a short period of time. Detainees reported that escort staff were polite and respectful. All inspected reception files contained the IS91 authority to detain and the IS91R reasons for detention. However, prison files did not accompany ex-prisoners from Scottish or Northern Irish prisons, and did not always come from English and Welsh prisons. This flaw could have increased the risk to both detainees and staff.

HE.7 Reception staff were friendly and mindful of the stress to detainees of long journeys. Detainees were generally appreciative of the treatment they received in reception, but telephone interpretation was not always used in appropriate cases. The reception area was clean and well supervised, but cramped and too small for purpose. It was poorly ventilated, quickly became malodorous and lacked natural light. Searching in reception was conducted in a sensitive and professional way. Detainees were offered a free telephone call on arrival. Reception staff were appropriately refusing admission

of detainees they considered to be a risk to women where they had the information to reach this judgement.

HE.8 Most detainees reported feeling safe on their first night, but there was no formal first night procedure. Induction was effective and made good use of peer supporters. Written information adapted for male and female detainees was supplied in different languages. The induction video provided some useful information, but needed updating.

HE.9 Security meetings were well attended and the security department had started to produce a full monthly intelligence report, with analysis of the key threat areas. Freedom of movement had recently been increased and was proportionate. Strip-searching was rare. When used, reasons appeared valid and there was proper authorisation. Dynamic security was good and the number of security information reports had substantially increased, indicating good staff vigilance.

HE.10 Use of force had decreased and videos demonstrated proper use of control and restraint techniques. Handcuffs were used appropriately on escorts and were rarely used inside the establishment.

HE.11 The separation unit was a decent environment and detainees were able to use a good association room. Use of Rule 42 was rare and the rooms were appropriately furnished. Removal from association under Rule 40 was used regularly as a result of fights and assaults, but not for excessive periods. Staff engaged well with detainees in separation and people were regularly reintegrated from the separation unit to normal location rather than being transferred. Senior manager visits to separated detainees were carried out, but not always recorded in respect of each separated person.

HE.12 No children had been admitted to the centre since a government announcement in May that children would not be detained overnight at Dungavel. A review was in progress and it was uncertain what role Dungavel would be asked to fulfil in relation to children until the review was complete. Facilities for families and children remained in place pending completion of the review. The on-site UKBA team told us that no children had been detained in Scotland or transferred to Yarl's Wood IRC since the announcement.

HE.13 Our survey, group interviews and in-depth safety interviews were all extremely positive about levels of safety. The anti-bullying strategy was clear and provided support for alleged bullies and victims. The few bullying incidents that had occurred were thoroughly investigated. Bully and victim logs opened as a result of investigations showed good case reviews and observations. A new 'Dealing with Situations' group was a positive initiative to help detainees manage the frustration and stress that could lead to poor behaviour, but was not suitable for non-English speaking detainees.

HE.14 Assessment, care in detention and teamwork (ACDT) reviews were of reasonable quality, with consistent health care involvement. However, UKBA attendance was rare even though many concerns focussed on immigration cases and many forms were opened after removal directions had been served. The quality of recorded observations was generally good and demonstrated positive interaction. Quality assurance arrangements were good. The 'Friends of Dungavel' peer supporters were playing a useful role in supporting new arrivals and alerting staff to detainees who

might be struggling to cope. However, there were no male Chinese Friends despite the large number of Chinese detainees. Arrangements for constant watches were good and there was an appropriate care suite. Each week a multidisciplinary team discussed any detainees considered vulnerable and assessed support needs. It was a useful and innovative way of enhancing support to vulnerable detainees.

- HE.15** The centre had done excellent work to increase access to legal representation, which was now exceptional. In our survey, 86% of detainees said they had a legal representative, far higher than at any other centre inspected. Legal representatives attended the centre daily, averaging approximately 350 legal visit hours a month for the previous three months. One firm ran a daily open surgery where existing clients could communicate face to face with their legal representatives and new clients could be taken on. Solicitors were positive about the arrangements for contacting and communicating with their clients and praised the support given by centre staff. The library was well stocked with a range of up to date legal text books and country of origin information reports.
- HE.16** The average length of stay in the centre had increased since the previous inspection. The local UKBA team had information on length of consecutive detention, but not on those who had been detained on separate occasions. Immigration induction interviews were professionally conducted and detainees were appropriately advised of their immigration status and right to legal representation. However, UKBA did not advise detainees of their bail rights, nor give them a bail application form. There was an effective system for monitoring and chasing monthly reviews, and as a consequence few were overdue. A number of Rule 35 applications relating to fitness to detain were submitted by the health care team. However, only three-quarters had received responses and only half of these had arrived within the required two working days. The quality of the applications from health care was good, but most responses failed adequately to consider the issues raised.

Respect

HE.17 The centre was clean and the units were well equipped. Detainees reported extremely positively on treatment by staff and good relationships underpinned the work of the centre. Successful efforts had been made to engage with non-English speakers, but telephone interpretation was underused. The diversity manager had done excellent work to promote tolerance and respect between cultures. Although risks to women were mitigated by centre staff, there were inevitable risks in holding a small number of women in a largely male centre. Faith provision was good. The complaints system was reasonably well managed. Health care provided a well regarded service within the constraints of an inadequate building. Catering was of a high standard and the cultural kitchen remained an excellent initiative. The shop provided a good service to detainees. Outcomes for detainees against this healthy establishment test were good.

HE.18 Despite an increase in population, standards of cleanliness in the centre had been maintained. Showers and toilets were in good condition. Residential units were well decorated and free of graffiti, and rooms were well equipped. Ventilation had been improved in some of the poorer accommodation, but was problematic in the larger male dormitories. The dormitory accommodation for female detainees was comfortable, well equipped and suitable for short stays. However, there was no

opportunity for female detainees to occupy single accommodation and this presented difficulties for those remaining in detention for longer periods. Detainees had keys to their lockers, but not their rooms which could have reduced some of the feelings of anxiety that detainees expressed about how they felt at night when staffing levels were lower. Laundry facilities were generally adequate, but there were insufficient machines for the largest unit, Loudoun.

- HE.19** There was a strong staff culture of decency and professionalism, which encouraged positive behaviour from detainees. It was particularly notable that detainees spontaneously provided inspectors with numerous staff names for commendation. In our survey, nearly 90% of detainees said that most staff treated them with respect. In-depth relationships interviews and group interviews also reported extremely positively on staff. Detainees and staff nearly always addressed each other by first names. There were regular and valuable interpreter group sessions to enhance communication with detainees who spoke little or no English, and much progress had been made in improving communication with the Chinese-speaking detainees in particular. History sheets were generally completed to a high standard and provided a good picture of detainees.
- HE.20** Staff in the centre showed a recognition of and respect for detainees from different cultural and ethnic backgrounds. The diversity manager was accessible and trusted, and facilitated understanding between different groups. Useful information was displayed in the residential areas in a wide range of languages and there was a large number of posters promoting tolerance and diversity. Translated flash cards had been introduced to help non-English speakers to communicate about their basic needs. Telephone interpretation could have been used more extensively to understand the position of detainees.
- HE.21** Simple monitoring of detainees by ethnic origin, nationality and religion was being carried out, but the process was still quite crude. There was an inevitable risk to women held in a largely male centre. The potential for unwelcome attention was recognised by staff and appropriate supervision was in place. Women we spoke to during the inspection told us that they felt safe and that their needs were well met. However, their needs were not explicitly recognised in any of the local policies.
- HE.22** In our survey, 10% of detainees said that they had disabilities, but only one person was identified on admission by health care as having a disability. This was an area that needed closer examination to ensure that needs were met.
- HE.23** Three-quarters of detainees, significantly more than the comparator, said their religious beliefs were respected. A wide range of religious leaders visited the centre each week. Religious services were accessible and well advertised. Suitable arrangements were made to ensure that the religious needs of detainees from minority faiths were properly met, and a range of classes were also provided. There were more facilities for worship than at the previous inspection. The main multi-faith room and mosque were very attractive environments, but the smaller rooms needed some redecoration. A culture of tolerance was encouraged between different religions, and detainees from all faiths had attended regular cultural and religious celebrations.
- HE.24** Nearly all detainees were on the enhanced level of the rewards scheme. Warnings were given sparingly, with validation by other officers, and there was an appeal process. Although sanctions were not rigidly applied, it was inappropriate for the

scheme to include the removal of mobile phones, internet access and work. Detainees moved to the separation unit were frequently downgraded on that ground alone.

- HE.25** Few written complaints were submitted. Responses were timely and in almost every case the respondent had interviewed the complainant personally. Some written replies had not addressed all the issues raised and some replies were too complex for detainees who spoke limited English.
- HE.26** Detainees were generally satisfied with the health care they received, but the health centre itself was too small to meet all the clinical demands placed on it. There were systematic clinical governance structures and monitoring. Information about health care was available in several languages. Access to nurses and to male and female GPs was good and there were appropriate primary care clinics. Waiting lists were not excessive, but 'did not attend' rates were too high for some clinics. There was appropriate access to external health appointments and cancellation of appointments by security staff was uncommon. Detainees with mental health problems received reasonable care and had access to a psychiatrist and some guided self-help groups. Most detention staff had not received mental health awareness training. There was a part-time counsellor who was also a qualified art therapist. Health care staff were not trained in the recognition and support of people who had experienced torture. Drug and alcohol use was not a significant issue and symptomatic treatment of those withdrawing from substances was available, as was opiate substitution.
- HE.27** There was a good variety and quality of food, and suggestions in consultation meetings were acted upon. The main kitchen was clean and well managed, with a positive approach to meeting different needs and catering for different diets. Evening snacks were available in the café, which provided a pleasant environment. The dining room had a convivial atmosphere and women were able to dine separately from men if they preferred. The enhancement of opportunities to cook in the cultural kitchen was appreciated by detainees. In our survey, most detainees said the shop sold a wide enough range of goods. Detainees had regular opportunities to suggest new items for the shop list. A regular clothing sale was particularly appreciated by detainees.

Activities

HE.28 Detainees had a high degree of freedom of movement, allowing good access to activities. Most detainees said they had enough to do to fill their time and there was a range of activities to meet the needs of those staying for short and long periods. Work places had expanded, but more were needed to meet the needs of the population. The learning resource centre (LRC) was well led and education was highly valued by detainees. Few certificated programmes were available, but there was a range of useful non-certificated programmes. There were good recreational activities. The library had a wide range of books and newspapers in foreign languages. The gym was well equipped and popular, and the Astroturf provided a well-used outdoor resource. Outcomes against this healthy establishment test were good.

HE.29 Detainees had a high level of unrestricted access around the centre and were able to participate in activities unhindered. In our survey, 68% of detainees said there was enough to do to fill their time, significantly higher than the immigration removal centre

comparator of only 32%. There were activities to suit detainees staying for short and long periods. The Skills for the Future programme helped to develop work-related skills such as hospitality and hairdressing, and was supported by staff with extensive experience from industry. Internet access was good. Detainees participated in a wide range of recreational activities, such as excellent gala events which included outdoor cooking and competitions, creating a positive atmosphere of cooperation.

HE.30 In our survey, two-thirds of detainees said they could work if they wanted to. Work roles had been increased and an application for more roles was pending. There were still some waiting lists and hours were limited. There was a range of jobs, including cleaning, hairdressing and grounds maintenance.

HE.31 The LRC was bright and welcoming, with many displays of detainee work and records of success. Relationships between staff and detainees in the LRC were very positive and there were high levels of attendance. Availability of classes was very good, amounting to 10 hours a day, seven days a week. In our survey, about a third of detainees said they were involved in education and 100% of this group said that they found the education helpful.

HE.32 There was a good range of classes in the LRC. ESOL (English for speakers of other languages) classes were available every day, but there were no advanced classes for those with reasonably proficient English. The quality of teaching was adequate, but it was too teacher led and did not engage detainees sufficiently in the learning process.

HE.33 There were few externally certificated programmes, but the centre offered a number of in-house certificates and celebrated well the success of detainees in these courses. Education classes were promoted well throughout the centre, but were not advertised in languages other than English.

HE.34 Library opening hours were good and a high number of detainees visited each day. The stock of foreign language books and newspapers was good. There was a growing collection of DVDs.

HE.35 The gym had good opening hours and detainees said they found it easy to go to the gym. The Astroturf was a very good facility and well used by detainees, who were provided with a good range of equipment. There were sessions solely for women who could also use fitness equipment in their unit. The sports hall and fitness suite provided good cardiovascular and weightlifting facilities. Staff provided regular sessions and competitions with cash bonuses for winners. Communication about medical conditions between the gym and health care was inadequate.

Preparation for release

HE.36 Welfare provision was excellent. Visits provision was good and the visits room was a very welcoming environment. Visitors were encouraged by a free bus service and free meals at the centre. Detainees had good access to telephones, fax machines, internet and email. All detainees were assessed before removal and helped to settle their affairs. There had been no recent examples of use of force on removal. There were some good initiatives to help detainees resettle in their home countries. Outcomes for detainees against this healthy establishment test were good.

- HE.37** Staff saw it as their role to attend to welfare work and many detainees told us that different staff were helpful to them in this respect. More complex cases were dealt with by the welfare officer, who was highly visible and highly effective. Contact logs showed that he was dealing with about 30 enquiries a month and most were successfully resolved as a result of determined work. He had good links with the International Organisation for Migration (IOM) and the Red Cross, and continued to follow up cases even when detainees had been removed.
- HE.38** The visits room was a very attractive and welcoming environment. Provision for social and legal visits was good, and visits took place every day for long periods. Many detainees did not have visits from family and friends as a result of the distance from their home areas. However, the provision of a free bus service for social visitors and free hot meals for all visitors helped detainees to maintain links with families and legal representatives. In our survey, detainees reported more than double the number of visits compared to the previous inspection. Good support was provided by several befriending groups.
- HE.39** The majority of detainees had mobile phones. Support was available for detainees with limited funds to enable them to maintain contact with their families. There was good internet access, which was well supervised and responsive to detainees' requests. Email contact was free, as were faxes to solicitors, UKBA and consulates.
- HE.40** There were good arrangements to support detainees about to be removed. The welfare officer systematically saw and assessed every detainee who had received removal directions to ensure that their needs had been met, and referred to other departments as appropriate. This helped to minimise the potential for disruption and use of force on removal: there had been no examples of use of force for the purposes of removal in the previous six months. Everyone with removal directions received a routine health screening. A good store of clothing was available for those going to different climates. The Skills for the Future programme, which included a business start-up element, usefully helped detainees to obtain relevant work-related skills and prepare for release. The IOM attended the centre weekly to provide valued advice and assistance for detainees who wished to return home.

Main recommendations

- HE.41** Detainees arriving from prisons should always be accompanied by their prison files.
- HE.42** The centre's diversity policy should cover all strands of diversity including needs of women and detainees with disabilities.
- HE.43** Detainees should have more opportunities for paid work or volunteering.

Section 1: Arrival in detention

Expected outcomes:

Escort staff ensure the well being and respectful treatment of detainees under escort. On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

Escort vans and transfers

- 1.1 Detainees told us that escort staff were courteous to them and comfortable family vehicles were commonly used to escort single adults. However, some detainees underwent extensive journeys, often in the middle of the night, and some had been held for lengthy periods in police cells before arriving at the centre. Some detainees were subject to excessive moves around the detention estate.
- 1.2 The main escort contractor was G4S. Since the decision not to detain children overnight at the centre was announced on 19 May 2010, a vehicle designed to transport families with children had been used for routine escorts. It was roomier and more comfortable than the vans in regular use. Detainees reported that escort staff were polite and respectful. In our survey, significantly more detainees (67%) than the comparator (49%) said they were treated well by escort staff. In most respects, detainees' accounts of their transfers concurred with the information contained on IS91 authorities to detain and in-country escorting detainee welfare records. Detainees generally confirmed that they were provided with food and water on their journeys and that comfort breaks were provided.
- 1.3 Detainees often had long journeys to the centre. The nearest immigration removal centre (IRC) was Lindholme, which was over 230 miles away. Many detainees were transferred from Pennine House short-term holding facility at Manchester airport (210 miles away). The centre also held detainees brought over from Northern Ireland. In our survey, significantly more detainees (42%) than the comparator (28%) said they spent more than four hours in the escort van. They were regularly leaving sending establishments or arriving at Dungavel in the early hours. For example, one detainee had left Harmondsworth IRC at 1.20am, arrived at Pennine House at 5.05am; he left there at 1.10pm and arrived at Dungavel at 6pm, completing reception procedures at 7.50pm, a total of more than 18 hours.
- 1.4 Some detainees were subject to excessive movements around the detention estate and we came across two separate examples of detainees held in seven places of detention in a two-month period. Some detainees were held for lengthy periods in inappropriate accommodation, including police cells that were inadequate for anything other than very short stays. One detainee had been held in a police cell for five days and this was confirmed by his IS91. Another detainee had been stopped by immigration at the port of Stranraer and was then held at HMP Dumfries for eight days.
- 1.5 All reception files that we inspected contained IS91s and IS91Rs. Reception staff said that they refused to accept detainees who were not accompanied by an IS91. Inspected IS91s contained some useful information about the risks of harm to self or others. Movement orders for detainees, which were available in reception the day before arrival and departure, also usually contained this information. However, some ex-foreign national prisoners from English and Welsh prisons arrived without their prison files, and all of those from prisons in Scotland

and Northern Ireland arrived without this information. This was a serious flaw which could undermine safety, particularly of women and children.

Recommendations

- 1.6 Detainees should not be subjected to exhausting overnight journeys.
- 1.7 Detainees should not be subject to excessive moves around the detention estate.
- 1.8 Detainees should be held in police cell accommodation for the shortest possible time.

Reception

- 1.9 Reception staff were polite and respectful towards detainees, although telephone interpretation was underused. Staff were alert to risks posed by arriving detainees. The reception area was clean and well organised, but too small for purpose and lacked adequate ventilation.
- 1.10 Reception was open 24 hours a day, seven days a week. It was staffed by a team of officers who were regularly detailed to work there. The team consisted of one detention custody manager (DCM), four female officers and one male officer. During the three months before the inspection, an average of 189 detainees had arrived each month, 10% of whom were women. There were no reports of excessive waits in escort vehicles.
- 1.11 Reception staff were reassuring and treated detainees professionally and politely. Staff wore identification displaying their name and status. In our survey, significantly more detainees (79%) than the comparator (64%) said that they were treated well by reception staff. However, telephone interpretation was not always used when necessary. We observed an Afghani detainee who could not speak any English going through the reception process without interpretation. Detainees were given a rub-down search, which we observed being conducted well, and, in our survey, significantly more detainees (77%) than the comparator (64%) said they were searched in a sensitive way. Female detainees were searched by female detention custody officers (DCOs). All detainees were screened by health services staff in private on arrival. A nurse was available on site 24 hours a day.
- 1.12 Reception staff interviewed detainees, examined the IS91 and, if they had it, the prison file to identify risk factors (but see paragraph 1.5 above). Reception staff were vigilant about which category of ex-foreign national prisoner (ex-FNP) should be held at the centre. The detainee escorting and population management unit of the UK Border Agency (UKBA) faxed movement orders in advance of any move to the centre. Basic risk factors were recorded on the movement orders which enabled reception staff to identify and refuse detainees who did not meet their acceptance criteria. Detainees who were a risk to children or women and had not been identified before arrival were accommodated overnight in the separation unit until they could be transferred out of the centre. During the inspection, a detainee considered a possible risk to women had been identified by reception staff before arriving at the centre. Reception officers alerted the onsite UKBA contact management team and the movement order was cancelled.
- 1.13 The reception area was clean and well supervised, but cramped and too small for purpose. The health care suite in reception was too small for purpose (see section on health services). There were two waiting rooms, two showers and two toilets. Staff searched detainees' property

in a small area immediately in front of the reception desk and front door. Detainees sat on benches in the waiting rooms which were small, lacking in ventilation and occasionally malodorous. An induction DVD was available in English, but out of date. Notices advising detainees of services available in the centre were mostly in English. The two shower rooms were not much used, but well equipped with toiletries, towels, sandals, sanitary products and underwear. Detainees were not routinely offered a shower. Although they were usually moved to the units relatively quickly, where they had free access to showers, those arriving overnight in particular could have benefited from the offer of a shower on arrival. The paint in the male toilet was peeling and the lock on the door did not work. A range of clean clothing, including track suits and nightwear, was available for detainees who needed it.

- 1.14 Detainees were allowed to take £20 in cash into the centre and their remaining money was held in an electronic account attached to their G4S electronic file. Each detainee was issued with an identity card which doubled as a debit card and allowed them to spend money from their account. Detainees with Euros or postal orders could deposit money in their accounts. Other foreign currencies were held with the detainees' valuables and returned on discharge. Passports and other identity documents were forwarded to UKBA by reception staff. These documents were recorded on the detainee's list of valuable property, but not photocopied.

Recommendation

- 1.15 The reception area should be large enough for purpose and the reception waiting rooms should be well ventilated.

Housekeeping points

- 1.16 The male toilet in reception should be redecorated, maintained in a good state of repair, and should have a lock.
- 1.17 Detainees should be given a photocopy of their passport or other identity documents when handing them in to reception.
- 1.18 The induction DVD should be updated and available in different languages.
- 1.19 All detainees arriving at the centre should be offered a shower. The offer, and whether it was refused or accepted, should be recorded.

First night and induction

- 1.20 There was no dedicated first night accommodation and new arrivals were not identified to night staff. Despite this, detainees reported feeling safe on their first night at the centre.

- 1.21 There was no dedicated first night accommodation. Detainees spending their first night in detention were not identified to night staff and were not regularly monitored through the night. However, in our survey, significantly more detainees (67%) than the comparator (45%) reported feeling safe on their first night. They also reported very positively on the general level of support available on arrival at the centre.

- 1.22 There were separate induction booklets for male and female detainees in a range of different languages. The booklets were thorough, helpful and covered all the services available in the

centre. Following the reception procedure, detainees were shown to their rooms. Depending on their arrival time, they met the welfare officer either on the same or the following day. The welfare officer introduced himself and gave detainees his contact details. Induction was conducted mainly by the peer supporters known as the 'Friends of Dungavel', who took arriving detainees on a tour of the centre and described all the relevant facilities and services. The Friends completed and signed a check list which they handed to the welfare officer to retain in a central file. Detainees we spoke to were satisfied with the induction process.

Recommendation

- 1.23 **Night staff should be informed of the location of detainees spending their first night at the centre and be required to make regular checks on their well-being.**

Section 2: Environment and relationships

Residential units

Expected outcomes:

Detainees are held in decent conditions in an environment that is safe and well maintained.

Family accommodation is child friendly.

2.1 Facilities had improved throughout the centre since the previous inspection and the standard of the living accommodation was generally good, although conditions in some of the new accommodation were inadequate. The women's dormitory was suitable for a short stay, but there were still no single or double rooms for female detainees. All detainees had regular access to showers and the laundry facilities were generally efficient. Detainees were able to wear their own clothes and could store their property in a lockable space. Standards of hygiene were high.

Accommodation and facilities

- 2.2 Single men were usually placed in dormitory accommodation in the main building, but could request a transfer to single or shared rooms following their admission. Detainees staying for some time tended to progress to the more modern accommodation. The dormitories were simply furnished with beds, tables and chairs, and had carpets and curtains. Improvements had been made to the heating system in the main building and the temperature could be properly regulated. Significant improvements had been made to the D1 dormitory in the main building, which had previously been the poorest accommodation. Ventilation had been installed to improve the air quality and light-reflecting paint had been used to brighten the room. Bunk beds had also been introduced to provide more floor space.
- 2.3 Conditions in the female dormitory were generally good. However, there was still no opportunity for female detainees to occupy single accommodation which presented difficulties for individuals who remained in detention for longer periods. At the time of the inspection, two of the women had been in dormitory accommodation since the beginning of the year.
- 2.4 Hamilton House provided clean and functional accommodation for up to 44 men, in a combination of single and double rooms. Loudoun House was a more substantial converted building which provided spacious and well furnished single and double accommodation for up to 70 men. Apart from the main house, all the accommodation had en suite toilet and shower facilities and, in our survey, 98% of detainees said they were able to take a shower every day. Three new rooms had been created on Loudoun to provide an additional 27 bed spaces. This accommodation had not been properly modified, the ventilation was poor and there was little natural light. The adjoining communal showers were also inadequately ventilated. Since the previous inspection, efforts had been made to make the living conditions more homely. Overall, the environment was clean and tidy. The residential units were well maintained, freshly decorated and free of graffiti. A large number of informative and graphic posters were displayed in a wide range of languages throughout the centre. They covered all the important areas of interest to detainees and reflected the diversity of the centre.
- 2.5 Fridges, microwaves and toasters had been installed in the association rooms in each of the residential areas. Satellite television coverage had been extended to rooms in Loudoun and

Hamilton units. This allowed staff the flexibility to locate groups of detainees together, so that they could receive broadcasts from their country of origin. Ventilation had been installed in the smoking rooms to help with the problem of cigarette smoke penetrating into the residential areas.

- 2.6 Detainees all had keys for lockers in their rooms, but they did not have room keys. A significant minority of detainees complained to us about feeling insecure at night as a result of this, combined with low staffing levels.
- 2.7 Consultation arrangements for detainees were good. Monthly meetings were chaired by the centre director and about 10 staff and 20 detainees usually attended. Issues raised tended to involve food, hygiene and forthcoming events. There was evidence that matters raised by detainees were taken seriously and acted upon.
- 2.8 An annual inspection of the centre was carried out by the Fire and Rescue Authority who had most recently inspected in February 2010. Correspondence indicated that matters raised in the previous report of November 2008 had been satisfactorily resolved. The latest inspection had made one recommendation and cited four areas where action was required. The deputy centre director had written promptly to the Fire and Rescue Authority, describing what actions would be taken.

Clothing and possessions

- 2.9 Detainees could wear their own clothing and could obtain replacement clothing on request. The clothing store in the reception area held a wide range of new clothes, including underwear, footwear and coats. Detainees could also store items in a secure store in reception. Access arrangements were adequate. All detainees had either a lockable wardrobe or a locker under their beds. There were few concerns about property going missing in the centre. We received a number of positive reports from detainees on how helpful the welfare officer had been finding property which had been lost in other centres or police cells.
- 2.10 There were laundry facilities in each of the residential areas, consisting of domestic washers and dryers to which detainees had free access. They used the laundries to wash their own clothes and bed linen could be washed centrally once a week if required. The arrangements generally worked well. However, laundry facilities on the largest unit, Loudoun, were insufficient for the number of detainees. Most rooms were full of damp towels, which created a stale atmosphere.

Hygiene

- 2.11 The centre was cleaned every morning by professional staff, and detainees who were allocated jobs as cleaners continued this work for the remainder of the day. Detainees could obtain cleaning materials from staff to keep their rooms clean. The standard of hygiene throughout the centre was quite high. Communal areas were clean and some of the shared shower and toilet areas were immaculate.
- 2.12 Most of the living accommodation consisted of dormitories which occasionally caused conflict between detainees with different standards of cleanliness. Staff gave clear instructions about the minimum standards necessary, which usually resulted in a resolution, although occasionally detainees were moved to another part of the centre to reduce tension.

Recommendations

- 2.13 Female detainees should have access to single and double rooms.
- 2.14 The modified accommodation on Loudoun should be properly ventilated and brightened up.
- 2.15 Detainees should be issued with keys to their rooms.
- 2.16 There should be sufficient washing facilities for the population on Loudoun.

Staff–detainee relationships

Expected outcomes:

Detainees are treated respectfully by all staff, with proper regard for the uncertainty of their situation and their cultural and ethnic backgrounds. Positive relationships act as the basis for dynamic security and detainees are encouraged to take responsibility for their own actions and decisions.

- 2.17 There was a positive staff culture and relationships between staff and detainees were very good. Detainees felt that staff treated them with respect. Interpreters were used at regular group meetings to enhance communication with detainees who spoke little or no English. History sheets were generally completed well.
- 2.18 The centre had a strong staff culture of decency and professionalism, which in turn encouraged positive behaviour from detainees. It was notable that detainees spontaneously provided inspectors with numerous staff names for commendation. In our survey, 87% of detainees said that most staff treated them with respect, which was considerably higher than the comparator of 62%. Similarly, 77% against 51% said they had a member of staff to turn to for help. Our in-depth staff-detainee relationships interviews produced some of the most positive responses seen about staff. The following comments were typical: 'Staff are always friendly', 'They always try their best', 'Always fair'.
- 2.19 Regular and valuable interpreter group sessions were held to enhance communication with detainees who spoke little or no English. Nine such meetings had been held in the previous six months, six with Chinese detainees and one each with Vietnamese, Pakistani and Arabic speaking detainees. Much progress had been made in improving communication, particularly with the large Chinese-speaking detainee group. Few spoke English fluently, but reported positively on their treatment. In our survey, 96% of non-English speakers, many of whom were Chinese, said they were treated with respect by most staff. Nearly 90% of non-English speakers also said they had a member of staff to turn to if they had a problem. However, there was scope for further development of the group sessions to understand any underlying issues in national and ethnic groups.
- 2.20 History sheets were generally completed to a high standard and provided staff with a good picture of those in their care. They were completed at least every two weeks and in some units much more frequently. In the women's unit, they were completed almost every day and demonstrated proactive care. However, history sheets were less thorough in Loudoun House and, in our sample, there were several instances where telephone interpretation should have

been used to improve understanding of detainees. Staff did not always knock before entering detainees' rooms.

Recommendation

- 2.21 History sheets in Loudoun House should be completed thoroughly and staff should make regular use of professional interpretation to establish needs and concerns.

Housekeeping point

- 2.22 Staff should knock before entering detainees' rooms.

Section 3: Casework

Legal rights

Expected outcomes:

Detainees are able to obtain expert legal advice and representation from within the centre. They can receive visits and communications from their representatives without difficulty to progress their cases efficiently.

- 3.1 Following proactive work by the establishment, detainees had good access to the on-site contact management team of the UK Border Agency (UKBA) and excellent access to legal representatives. There was insufficient information about how to complain about solicitors. The library was well stocked with a range of up to date legal text books and country of origin information reports. Solicitors were positive about the centre's arrangements for legal visits and contacting their clients. Some useful internet sites were inappropriately blocked.
- 3.2 Detainees had unusually good access to advice and representation from competent and regulated legal representatives. Records indicated that in the three months before the inspection there had been an average of 365 hours of legal visits a month, a substantial increase over previous years. In our survey, significantly fewer detainees (10%) than the comparator (21%) said they had problems accessing legal advice on arrival at the centre. Likewise, significantly more detainees (86%) than the comparator (63%) said they had a legal representative. Since the previous full inspection when the lack of legal representation had been criticised, the centre had embarked on a successful marketing campaign to invite solicitors into the centre. A mail shot sent to every solicitor in Scotland had proved successful. Five firms of solicitors visited the centre at least twice a week and a further eight firms at least once a month. One firm of solicitors ran a surgery every lunch time when existing clients could seek information on their case and new clients could request legal representation. Other firms informed the welfare officer if they had capacity and he made an announcement over the public address system to advise detainees that a legal representative was available in the visits hall.
- 3.3 In our survey, significantly more detainees than the comparator said it was easy to communicate with legal representatives (63% against 43%) and to send them letters free of charge (93% against 75%). They had good access to the internet and email (see preparation for release section). However, the lack of word processing facilities meant that important documents such as witness statements and legal letters could not be opened. Some useful legal and country of origin information (COI) sites were also inappropriately blocked. For example, detainees could not access the case law pages of the First-tier Tribunal (Immigration and Asylum Chamber) website and it was impossible to open COI reports. Detainees were able to print documents from the internet suite.
- 3.4 Complaints against legal representatives were investigated by the Office of the Immigration Services Commissioner (OISC). The library stocked notices, information and complaint forms for the OISC. The welfare officer told us that he had reported a corrupt legal adviser to the OISC on behalf of detainees, which had resulted in a successful prosecution. However, most of the advice at the centre was provided by solicitors rather than legal representatives, and complaints against them were investigated by the Scottish Legal Complaints Commission

(SLCC). There was no information in the centre on the SLCC. The officer in the library was unaware of the SLCC and the SLCC website was inappropriately blocked.

- 3.5 Most bail hearings were conducted by video link, which solicitors said worked well. There was an average of 77 bail hearings a month in the three months before the inspection. Approximately 10 detainees a month were released from the centre.
- 3.6 The library was well stocked with a range of easily accessible and up to date legal text books and COI reports. Detainees could take copies of the excellent Bail for Immigration Detainees Notebook, which was available in three languages other than English. The library assistant printed additional copies when required. Bail application forms were also available.
- 3.7 Legal visits could take place seven days a week, from 9am to noon and from 1.30 to 9pm. Solicitors we spoke to were very positive about the centre's arrangements for facilitating legal visits and keeping in contact with their clients. Many solicitors saw clients at morning and afternoon sessions and were invited to eat with staff and detainees in the centre canteen. Solicitors could see detainees in one of two private consultation rooms, but, if these were occupied, they had to take instructions in the visits hall, which compromised client confidentiality. The consultation rooms lacked telephone lines, which hindered the use of interpreters.

Recommendations

- 3.8 Detainees should be able to download and read important documents attached to emails and from the internet.
- 3.9 There should be sufficient consultation rooms, fitted with telephones, for solicitors to meet detainees in private.

Housekeeping point

- 3.10 Notices, information and complaints forms for the Scottish Legal Complaints Commission (SLCC) should be readily available to detainees.

Immigration casework

Expected outcomes:

Decisions to detain are based on individual reasons that are clearly communicated and effectively reviewed. Detention is for the minimum period necessary and detainees are kept informed throughout about the progress of their cases.

- 3.11 Detainees were subject to lengthy stays in the centre. The UKBA contact management team met detainees promptly after arrival. The quality of the induction interviews was good, but detainees were not advised of their bail rights. Monthly detention reviews (IS151Fs) were generally served on time. The quality and timeliness of replies to Rule 35 reports were mixed. There was no local policy to deal with detainees who disclosed they were under 18 at the centre. Procedures for the serving of removal directions were good.

- 3.12 The average length of stay in the centre was 63 days, considerably higher than at the last full inspection when it had been only 18 days. The on-site UKBA contact management team (CMT) retained information on the length of consecutive detention, but not on those who had been detained on separate occasions. Criminal casework directorate (CCD) cases were the longest detained. At one point during the inspection, there were two detainees from Zimbabwe and two from Somalia (countries to which it is difficult to remove), three EU nationals and one stateless nationality case. The stateless detainee claimed to be a British national who had lived in the UK for almost 50 years.
- 3.13 The on-site CMT comprised two managers and five full-time equivalent administration officers, one of whom concentrated purely on administration. At least one member of the team was on site from 7.30am to 7.30pm Monday to Friday and from 9am to 5pm on Saturday and Sunday. In our survey, significantly more detainees (37%) than the comparator (17%) said it was easy to see immigration staff when they wanted to. Detainees could request a face-to-face meeting with the on-site immigration team by completing a request form or speaking to a detainee custody officer. We also observed detainees approaching local UKBA staff and arranging appointments directly. Case owners from the CCD did not attend regularly despite the large ex-foreign national prisoner population. Officers from a Glasgow immigration office attended during the inspection to conduct interviews which the on-site team were not qualified to do.
- 3.14 UKBA staff aimed to induct detainees within 24 hours of their arrival at the centre. We observed two induction interviews, both of which were conducted professionally. Neither detainee spoke English and a telephone interpreter was used appropriately to explain the detainees' current immigration status and what would happen next. The interviewer checked that they had legal representation and explained to one how he could find a representative. The detainees were asked if they knew why they were being detained. In our survey, significantly more detainees (79%) than the comparator (69%) said that they were told the reasons why they were being detained in a language they could understand. The interviewer used appropriate language throughout and his tone was firm but professional. However, the detainees were not advised of their bail rights nor given a bail application form.
- 3.15 Detainees were given copies of their monthly reviews of detention (IS151Fs) face to face each month. The on-site CMT kept a log of overdue detention reviews and systematically chased case owners for them. During the inspection, only six were overdue, a relatively low number compared to other immigration removal centres, reflecting the CMT's diligence in pursuing them. We found no evidence of removal directions being served later than the required 72-hour notice period. The local CMT manager advised that her team would challenge the case owner if they were asked to serve removal directions less than 72 hours before removal.
- 3.16 During the four months prior to the inspection, health care staff had submitted 57 Rule 35 reports by fax, 74% of which had received replies. Only 52% of replies had been made within two working days of the date the fax was received and were therefore outside the required response times. The quality of the subsequent detention reviews was mixed. We found some examples of evidence being carefully considered by the case owner, but in other cases responses were abrupt and unhelpful.
- 3.17 Health care staff logged Rule 35 reports on a spreadsheet recording the detainee's name, date submitted and date of receipt. The UKBA team kept a paper record of Rule 35 applications, which made it difficult to monitor delays in responses. Health care and UKBA records of Rule 35 applications generally corresponded in relation to applications, but not always to responses. The health care log recorded fewer responses than the UKBA log.

Recommendations

- 3.18 Detainees should be advised of their bail rights and given a bail application form during their induction interviews with UKBA.
- 3.19 Accurate and complete Rule 35 report logs should be kept by the UKBA contact management and health care staff.

Section 4: Duty of care

Expected outcomes:

The centre exercises a duty of care to protect detainees from risk of harm. It provides safe accommodation and a safe physical environment.

Bullying and suicide and self-harm

- 4.1 There was little evidence of bullying and our survey indicated that detainees felt safe in Dungavel. Our in-depth safety interviews were among the most positive we have had at any immigration removal centre (IRC). There were low levels of self-harm and a good level of support was offered to more vulnerable detainees. UK Border Agency (UKBA) staff were not sufficiently involved in the management of risk of self-harm.

Bullying

- 4.2 The anti-bullying strategy was overseen by the monthly 'Safe Inside Dungavel' meeting, which was chaired by a senior manager and included detainee representatives. All aspects of detainee safety, including suicide and self-harm, assaults and bullying, were discussed, together with results of detainee surveys. Information about the number of bullying incidents was provided and discussed. Only seven incidents had been reported between December 2009 and May 2010. The anti-bullying strategy described a two-stage approach to address bullying. All seven reported incidents had been responded to in accordance with the strategy. Following thorough investigations, four cases had moved to stage 1 procedures, which involved the opening of victim support and bully logs and careful monitoring for seven days. The logs demonstrated good case reviews and observations of the detainees.
- 4.3 There was a 'Dealing with Situations' workshop to help detainees manage the emotional challenges and frustrations of detention and this was often recommended to detainees who were suspected of bullying behaviour. The workshop was facilitated monthly by health care staff. Thirty detainees had so far completed the workshop and early evidence showed that the majority of participants were not coming to adverse notice again. The workshop was only suitable for English-speaking detainees.
- 4.4 We found little evidence of bullying during the inspection and detainees said that the centre was a safe environment. In our survey, only 15% said they felt unsafe against an IRC comparator of 45%. Seventeen per cent said they had been victimised by other detainees, which was significantly better than the comparator of 34%. Our group interviews were also positive and the results of our in-depth safety interviews were among the best we had seen. For the majority of those interviewed, feeling unsafe was reported as being caused by a lack of clarity about the status of their immigration case.
- 4.5 The centre regularly carried out its own safety surveys, which were distributed in a range of languages to meet the needs of the population. The most recent survey had indicated that 99% of detainees felt safe. Any concerns expressed by a detainee in the survey were followed up by staff.

Suicide and self-harm

- 4.6 The management of self-harm and suicide prevention was overseen by the monthly Safe Inside Dungavel meeting, which had good representation from across the centre. Reasonable monitoring information was provided each month, including the number of assessment, care in detention and teamwork (ACDT) forms. Any frailties in complying with ACDT procedures were discussed and relevant information provided for the staff group. All staff had annual refresher training. Discussion and progress of individual cases took place at weekly multidisciplinary meetings attended by key staff across the centre.
- 4.7 The centre's policy on managing detainees at risk of self-harm or suicide set out the roles and responsibilities of all staff involved in keeping detainees safe and contained clear guidance on how detainees assessed to be at risk of self-harm should be supported. The policy included provision for routine health care involvement when a detainee was issued with removal directions.
- 4.8 There were low levels of self-harm. During the six months to May 2010, records showed that one detainee had attempted suicide, four had self-harmed and 37 ACDTs had been opened. Eight detainees had been placed on constant observation. This involved a member of staff being with the detainee constantly, with a change of staff every two hours. If there were significant mental health concerns, a nurse was also in constant attendance. Detainees requiring this level of observation were usually located in the care suite or the room adapted for detainees with disabilities if that was not in use. These rooms offered single accommodation in a calmer environment. Detainees on constant observation could move around the centre, take their meals with other detainees and use centre facilities if they wished, but the designated staff member always kept the detainee in sight.
- 4.9 The majority of ACDTs examined were open for less than a week and recorded regular and frequent interaction with the detainee, rather than simply observation. The documents were generally completed to a good standard, apart from a few instances of warning triggers not being completed. The centre had good quality assurance arrangements and any deficiencies in the records were noted and usually remedied quickly.
- 4.10 Reviews were held regularly, and in some cases daily. They were attended by the detainee, a nurse and a detainee custody officer, and were chaired by a detainee custody manager. UKBA staff were invited but rarely attended reviews, although it was clear from the ACDTs that concerns about immigration were a major concern. The centre's monitoring showed that the issue of removal directions had a significant impact on the number of ACDTs opened. A separate weekly multidisciplinary team discussed any detainees considered vulnerable and assessed support needs. It was a useful way of enhancing support to vulnerable detainees who did not necessarily need to be subject to ACDT procedures.
- 4.11 Staff worked nights on a rota and were aware of emergency procedures. A nurse was on duty each night. There was good staff access to ligature knives. Officers completed suicide awareness training as part of their initial training and annual refresher training was required. The Friends of Dungavel played a useful role in supporting new arrivals and were able to alert staff to detainees who were struggling to cope. At the time of the inspection, there were no male Chinese Friends despite a large Chinese detainee population at the centre. Notices in visits encouraged visitors to share with staff any concerns they had about a detainee and the policy told staff what to do if they received such information from a family member, friend or other visitor.

Recommendations

- 4.12 Interventions should be developed to help non-English speaking detainees deal with the frustrations of detention.
- 4.13 UKBA staff should attend ACDT reviews.

Housekeeping point

- 4.14 The composition of the Friends of Dungavel should reflect the population of the centre.

Good practice

- 4.15 *The 'Dealing with Situations' workshop helped a number of detainees to manage the emotional challenges and frustrations of detention.*

Childcare and child protection

Expected outcomes:

Children are detained only in exceptional circumstances and then only for a few days. Children are well cared for, properly protected in a safe environment and receive suitable education. All managers and staff safeguard and promote the welfare of children, as do any services provided by other bodies.

- 4.16 There were no children at the centre at the time of the inspection. There was no local age dispute policy.
- 4.17 No children had been admitted to the centre since a government instruction in May 2010 that children should no longer be held overnight at Dungavel. The on-site UKBA team told us that no children had been detained in Scotland or transferred to Yarl's Wood IRC since the announcement. A high-level review of government policy on whether children should be admitted to detention at all was being carried out. It was unclear what future role Dungavel might have and, in the meantime, facilities at the centre for families and children remained available. The accommodation was empty and there were plans to make alternative use of it. Staff who had worked with children had been redeployed to other duties.
- 4.18 The UKBA team did not keep a record of age dispute cases and there was no local policy to deal with detainees in the centre who claimed that they were 17 or younger.

Recommendation

- 4.19 A written procedure for handling age dispute cases should be agreed between the on-site contact management team, G4S, health care and South Lanarkshire social services.

Diversity

Expected outcomes:

There is understanding of the diverse backgrounds of detainees and different cultural norms. Detainees are not discriminated against on the basis of their race, nationality, gender, religion, disability or sexual orientation, and there is positive promotion and understanding of diversity.

- 4.20 Diversity issues were well managed and there was an ethos of tolerance and respect for diversity in the centre. There were inevitable risks in holding female detainees in a predominantly male environment, but these were well managed. Some constructive work had been done to try to engage with non-English speaking detainees. The monitoring of diversity had improved, but needed refinement. The needs of women and detainees with disabilities were not articulated in the centre's policies.
- 4.21 The experienced diversity manager carried out most of the work relating to diversity issues. He had been in post for several years and, since the previous inspection, had been assisted by the welfare officer. His office was in the middle of the centre and detainees could contact him easily. He was highly visible throughout the centre and we received a number of comments from detainees of different backgrounds about how helpful and supportive they had found him. This was reflected in our observation of interactions between the diversity manager and a range of detainees.
- 4.22 Six display boards throughout the centre described the work of the diversity manager in numerous languages and gave details of forthcoming cultural and religious events. Other posters promoted positive images of different cultures and emphasised the importance of tolerance.
- 4.23 All staff working directly with detainees were given training on diversity during their initial induction period and received refresher training once a year. The training was delivered by the diversity manager and covered race relations and features of different cultures and religions, but not disability or sexual orientation.
- 4.24 Religious and cultural diversity were actively celebrated. A calendar of events was published and activities involving appropriate community agencies took place every month. Detainees were involved in organising these events.
- 4.25 At the time of the inspection, the three most common nationalities in the centre were Chinese, who comprised 24% of the population, Nigerians and Pakistanis, who each comprised 9% of the population. Detainees who did not speak English were issued with flash cards. These were sheets of paper in all the principal foreign languages, explaining clearly how to contact key staff and specialists in the centre. A telephone interpretation service was used 15 to 20 times a month, but not in relation to initial assessments of suicide and self-harm. A series of useful meetings had been organised with professional interpreters present (see staff-detainee relationships section).
- 4.26 Race relations meetings were held every two months. They were chaired by the diversity manager and usually attended by about 20 detainees. Most issues raised concerned food and religion. A race relations strategy meeting had recently been set up and had met once in June 2010. The meeting was chaired by the deputy centre manager and attended by managers from all areas of the centre. The emphasis at the meeting was on race and culture. We found no evidence that the needs of female or disabled detainees were considered. Simple statistics,

monitoring detainees by ethnic origin, nationality and religion, had been produced each month since the beginning of the year. These were circulated to all managers who were expected to use them to inform the delivery of their services. The new strategy meeting had examined these data and recent modifications had been made, for example to the menu and recreational activities.

- 4.27 The diversity policy was a general statement of intent, rather than a guide for staff to ensure the fair treatment of all detainees. It did not specify how the needs of minority groups, such as female detainees and detainees with a disability, would be identified and met. Despite this, we found that different groups of detainees were treated well and felt well cared for. Survey results showed a significantly low number of detainees reporting that they had been assaulted or victimised because of their cultural, ethnic or religious background. Female detainees said they were well looked after. They had the option of dining separately from male detainees, their accommodation had improved and they had the option of female-only gym sessions. At the time of the inspection, there was a relatively large group of female detainees, all of whom appeared to relate well to each other and formed a supportive group. However, we remained concerned about whether a smaller group of female detainees might find it difficult to integrate in a predominantly male environment.
- 4.28 In our survey, 10% of detainees said they had some form of disability. The centre records had identified one detainee who was disabled based on an initial admission interview with a nurse. We were therefore concerned that this reflected some under-reporting. There were toilet facilities for disabled people in each of the living areas and an adapted room for disabled detainees on the main unit. There were no resources for detainees with seeing or hearing impairments, but we were informed that if there was a need, suitable arrangements could be made quickly.
- 4.29 Detainees were able to make complaints about racial incidents by using the complaint boxes located in each of the residential areas. Complaint forms were available next to the boxes in a wide range of languages. The complaints went direct to UKBA and any with a racist element were subsequently referred to the diversity manager. He had only received one complaint since the beginning of the year concerning racist verbal abuse. An investigation had been carried out and records showed that the detainees involved had received appropriate and clear feedback in response to the original complaint.

Recommendations

- 4.30 Staff working directly with detainees should receive training on all strands of diversity.
- 4.31 Professional interpretation should be used in all cases involving initial assessment and suicide and self-harm.
- 4.32 The procedures for assessing disability on admission should be reviewed to ensure that they are effective.

Housekeeping point

- 4.33 Monitoring and analysis of diversity should be extended to cover all relevant areas.

Good practice

- 4.34 *The introduction of non-English speaking discussion groups and flash cards showed a committed and thoughtful approach to accommodating the needs of detainees who did not speak English.*

Faith

Expected outcomes:

All detainees are able to practise their religion fully and in safety. The faith team plays a full part in the life of the centre and contributes to detainees' overall care, support and release plans.

- 4.35 The spiritual and pastoral needs of detainees were well catered for by a wide range of visiting ministers. A culture of tolerance was encouraged between different religions and religious celebrations were inclusive. Detainees of all faiths had good opportunities to attend worship in welcoming places of worship.
- 4.36 The religious affairs manager (who also covered diversity) was responsible for coordinating all the work in this area. He chaired the quarterly multi-faith meetings which were attended by a wide range of visiting ministers. Minutes indicated that careful thought was given to ensuring that the religious and spiritual needs of detainees continued to be met effectively and that there was mutual respect among those from different faiths. The manager was visible and involved in the life of the centre; he was quick to identify and resolve any potential conflict and we found no evidence of religious tensions in the centre. In the event of an out-of-hours emergency, for example when a detainee had suffered a bereavement, he was available on call and either came to the centre himself or arranged for detainees to be seen by a visiting minister.
- 4.37 In our survey, 76% of detainees said that their religious beliefs were respected, which was significantly better than the comparator of 66%. Services or prayer sessions took place every day for Muslims and Christians, the predominant religious groups. Provision for other faiths such as Sikhs and Buddhists was also good and considerable efforts were made to accommodate the needs of detainees following other minority faiths. There was an extensive pool of visiting ministers, some attending most days and others as required. For example, during the inspection, arrangements were made for a Russian Orthodox priest to visit a detainee who had requested this. Detainees could attend classes including bible study and Qur'anic study. Single women were visited by a female pastor. Detainees removed from association were visited by a minister when possible.
- 4.38 There were a number of locations throughout the centre for detainees to worship and pray, more than at the last inspection. The principal multi-faith area and the mosque provided detainees with attractive and peaceful spaces for contemplation and worship, and were well used. Freedom of movement around the centre allowed detainees easy access to these areas. A new smaller multi-faith room adjacent to the main multi-faith area was in need of decoration to brighten it up, as was the one on Loudoun. Detainees took responsibility for keeping the places of worship clean and tidy. It was easy for detainees to obtain religious artefacts such as beads, prayer books and prayer mats. The times of religious services were advertised throughout the centre on a weekly timetable, which was kept up to date.
- 4.39 The manager contributed to initial induction training for staff on religious awareness, which included how to conduct searches in a religiously sensitive way. A list of religious festivals was

published each month. All detainees were invited to major religious and cultural events, which were well attended and valued. The catering department often provided special food and external faith and community groups were invited.

Housekeeping point

- 4.40 The smaller prayer rooms should be re-decorated.

Section 5: Health services

Expected outcomes:

Health services are provided at least to the standard of the National Health Service, include the promotion of well being as well as the prevention and treatment of illness, and recognise the specific needs of detainees as displaced persons who may have experienced trauma.

5.1 Detainees were generally satisfied with the health care they received. The health centre was too small to meet all the clinical demands placed on it. Clinical governance was adequate and there were appropriate primary care clinics. Management of life-long conditions and mental health care were reasonable. Health care staff were not trained in the recognition and support of people who had experienced torture and most custodial staff had not received mental health awareness training. Pharmacy arrangements were generally appropriate. Detainees could see a dentist promptly. Drug and alcohol services were available, although infrequently used.

General

- 5.2 Health services were commissioned by G4S and provided by Primecare forensic medical. Lanarkshire NHS Health Board (NHS Lanark) provided some specialist input and representatives attended the quarterly partnership board meetings. The services provided were based on a health needs analysis completed in 2009.
- 5.3 Detainees told us that they could attend the health centre throughout the day and evening, and had good access to health services. Printed general health information was available in over a dozen languages and was given to the detainee as part of the induction pack. There was a protocol for detainees who were not content with their diagnosis and wished to seek a second medical opinion. Specialist telephone interpreting services were available for consultations with detainees, but they often preferred to be accompanied by a friend to act as interpreter. We were told that face-to-face interpretation was always used when detainees with limited understanding of English were being seen by a psychiatrist or midwife. We observed good relationships between health care staff and detainees. There were nominated lead nurses for the care of children (there were no children at Dungavel at the time of our inspection) and for older adults. A clinical nurse manager was responsible for the health services.
- 5.4 The health centre was housed in a corridor to the rear of the main building. There was a small waiting room with comfortable seating. Entry to the clinical areas was through a barn door over which discussions occurred and medications were administered. Confidentiality could not, therefore, be guaranteed. We observed nurses asking detainees to return later in the day for private consultations. There were two administration rooms, one of which was the nurses' office, a dental surgery, a medical consultation and treatment room, a pharmacy cupboard, a small kitchen and toilets. The health centre storage room was reached from the external corridor. There were health consultation rooms in reception and in the family centre, which was closed at the time of our visit. The environment lacked natural lighting and was too hot in the afternoon. It was congested and there were insufficient rooms for clinics to run simultaneously. This environment limited the level and type of services available. The emergency resuscitation equipment was on a trolley at the entrance to the dental surgery and outside the toilets, where it partially obstructed the corridor. Health facilities were clean, although some parts of the health centre and the reception consultation room required redecoration. Infection control was good with no outstanding compliance issues.

- 5.5 Detainees were asked at reception if they had been subject to torture. However, health care staff had not been trained in its recognition or treatment. We were told that no appropriate training had been identified and that Primecare was considering creating its own training material. This was not available to staff at the time of the inspection.
- 5.6 Health centre staff told us they were consulted about the use of restraints, which were removed for external hospital appointments where considered inappropriate. There was clinical guidance for staff on the management of detainees who refused food and fluids. There was a company palliative care policy, but we were told that there had never been a call to use it.

Recommendations

- 5.7 **The physical environment in the health centre should support an appropriate and confidential service for detainees.**
- 5.8 **Health centre staff should be trained to recognise signs of and treat trauma and torture.**

Clinical governance

- 5.9 There was a clinical governance committee with an appropriate agenda, and there were clinical governance objectives in the health care plans for 2010. NHS Lanark required clinical performance data about the use of its services, in addition to that provided for the governance committee.
- 5.10 There was a team of eight registered nurses with a good skills mix of general and mental health registrants. They were supported by an administrator, part-time counsellor and visiting specialists. Two or three nurses were on duty from 7.30am to 9.30pm, followed by a night nurse. Members of the team were in date for mandatory training requirements as a whole, and the lead nurse for older adults was appropriately trained and updated. Staff had access to clinical supervision when required.
- 5.11 There was a resuscitation 'grab' pack for adults and one for children and babies, which contained age-specific equipment. There was an external automatic defibrillator. All equipment was in working order and checked weekly. Renewable items were in date. The health centre kept a small stock of mobility aids and formal assessment and provision of aids was arranged through NHS Lanark.
- 5.12 Clinical records were paper based and stored in locked cabinets in locked rooms with restricted access. There were two medical archive rooms with similar security. We sampled several clinical records, which were up to date and contained some care planning for longer-term conditions. National Institute for Health and Clinical Excellence and other clinical guidance was available in the health centre, although recommended treatments had to be adapted to meet the needs of detainees who did not stay long at the centre.
- 5.13 Detainees obtained complaints forms from the unit officers which were placed in envelopes and posted in the health centre post box or unit post box. There had only been three complaints in the five months before the inspection. Detainees we spoke to knew how to make a complaint and the replies we saw were empathetic and appropriate.
- 5.14 NHS Lanark public health department provided good support to the centre in the prevention of communicable diseases and disease surveillance. Detailed guidance and contingency plans

for pandemic influenza were kept in the health centre. There was an information-sharing policy agreed with partner agencies.

Primary care

- 5.15 Detainees received an initial health screen on arrival in reception. If required, a detainee was given a copy of the reception health screen in his/her own language and the reception nurse guided the detainee during the consultation. Detainees were seen by a GP on the day following reception, including at weekends. There were GP clinics every day and visiting GPs at the weekend and out of hours. Consent was sought to acquire information from previous GPs and other professionals.
- 5.16 There was a good range of primary care services which detainees could use through a written application. Appointment cards were delivered to detainees on the day of their appointments. Detainees more often presented at the health centre for triage during the day. Triage algorithms were in use. The triage nurse determined what was needed and detainees could ask to see a male or female GP. The waiting time to see a doctor was generally 48 hours, although urgent cases were seen the same day. Steps had been taken to manage the waiting list and to reduce the did-not-attend (DNA) rate for the GP surgery, which had reduced from 33% six months previously to about 25%.
- 5.17 Antenatal services were provided by NHS Lanark with a visiting midwife and access to services at a local hospital. There were life-long conditions registers and the GP followed up on detainees with conditions such as asthma and diabetes. GPs had noted an increased demand for their time in treating these conditions. There were no nurse-led clinics, apart from mental health, although consideration was being given to their development. Detainees needing assistance with continence were given pads and other items available from stock.
- 5.18 Information on screening for a wide range of communicable diseases was available in the health centre. Barrier protection was discreetly advertised and was available on demand to male and female detainees. The protection had previously been freely available on the units, but some detainees had complained that they found this offensive. As a result, following an equality impact assessment, revised arrangements were introduced in 2009.
- 5.19 Each month a health promotion topic featured in the learning resource centre and in the health centre, using material obtained from NHS Lanark. At the time of the inspection, the topic was mental health and had previously included dental care and blood-borne viruses. Preparation for release was good (see paragraph 9.12 and good practice point 9.23).

Recommendation

- 5.20 **Nurse-led clinics should be introduced to relieve pressure on GPs.**

Pharmacy

- 5.21 Pharmacy services were provided by Primecare in Sheffield and emergency medication was supplied by a local pharmacy in Strathaven. The managing pharmacist was based in Birmingham. Prescription items were supplied promptly.
- 5.22 The pharmacist visited the centre once a quarter and checked the appropriateness of medication supplied as special sick or an over-the-counter remedy. Detainees could see the

pharmacist and this service had been actively promoted. However, there had been very little response and there were no pharmacist-led clinics. A local pharmacist had been approached to provide services more frequently.

- 5.23 Standard operating procedures (SOPs) were under review and written procedures were in preparation. There were two copies of the British National Formulary for staff use, but one copy was out of date.
- 5.24 Thermolabile products were stored in appropriate conditions and record sheets kept. Records of medications used from stock were audited by staff at Primecare. Nursing staff administered medication between 9.30am and 9.30pm. It was generally supplied as weekly or monthly in possession with a small number of patients requiring daily in possession or supervised administration.
- 5.25 In-possession risk assessments were carried out and regularly reviewed by nursing staff. A limited list of special sick medication was available, such as small quantities of paracetamol and ibuprofen. There were no patient group directions or non-medical prescribers, so only over-the-counter remedies were supplied. A repeat prescription system was in place. Patients being discharged, transferred or attending court were provided with appropriate medication.
- 5.26 A medicines and therapeutics committee met once a quarter and was attended by the support pharmacist. There was no representation from NHS Lanark despite regular invitations by the committee. A specific prescribing formulary was available. Prescriptions were hand written on prescription charts for each patient. Pharmacy and prescribing data were difficult to collate as all records were paper based. There was a need for information on prescribing trends to be fed back to the centre to ensure that the formulary was appropriate. Controlled drugs (CD) were obtained through a signed order using a duplicate book. Records were kept in a hospital ward drug administration record book. There was no CD register or dedicated cabinet for CD storage.

Recommendations

- 5.27 Pharmacists should visit the centre regularly and scrutinise the use of medicines.
- 5.28 All SOPs and protocols under review, including the risk assessment and in-possession protocols, should be ratified and put into practice as soon as possible.
- 5.29 The centre should introduce patient group directions or non-medical prescribers to enhance patient access to appropriate prescription medication in the absence of a GP.

Housekeeping points

- 5.30 All reference books should be up to date.
- 5.31 The medicines and therapeutics committee should be supplied with data showing trends in prescribing.
- 5.32 An up to date controlled drugs register should be obtained. The supplementary use of ward administration records should continue as good clinical practice.
- 5.33 A small cabinet should be provided for the storage of Schedule 2 and appropriate Schedule 3 controlled drugs.

Dentistry

- 5.34 Primecare employed a dentist who visited once a week. He was accompanied by a dental assistant and they offered a range of services commensurate with the NHS. NHS Lanark inspected the dental surgery. The dental waiting list was short and urgent dental cases were seen at the next weekly surgery. Detainees with emergency dental requirements were seen by a GP or sent to a local hospital.

Secondary care

- 5.35 Detainees with outside hospital appointments had good access to NHS services. If necessary, a medical hold was put on patients to ensure that they were able to attend appointments.

Mental health

- 5.36 Detainees with mild to moderate mental health conditions could see a counsellor or a mental health nurse for one-to-one work by self-referral, an application or triage. The counselling room in Hamilton House could not be used for female clients and the treatment room in the health centre had to be used when GPs and nurses did not need it. The counsellor was a registered art therapist and used art as a communication medium during counselling, which was beneficial for detainees whose first language was not English. The art therapist was available to work with children.
- 5.37 Detainees could participate in daycare activities run by the mental health nurses, which included anger management, relaxation techniques, anxiety reduction workshops and solution-based groups. Detainees also used the gym and art classes. Although assessment, care in detention and teamwork (ACDT) supervisors were trained in mental health awareness, uniformed staff had had no awareness training.
- 5.38 Mental health nurse-led clinics were available for detainees with serious and enduring mental illnesses. Treatment was determined by a visiting forensic psychiatrist from NHS Lanark on a fortnightly or ad hoc basis. The psychiatrist carried a small caseload. If necessary, he could refer to specialist NHS secure mental health facilities. Transfer out usually occurred within seven days and often within 24 hours.

Recommendations

- 5.39 Female detainees should have dedicated counselling facilities.
- 5.40 Mental health awareness training should be provided for uniformed staff on reception and the residential units.

Substance use

- 5.41 We were told that drugs and alcohol were not a problem at the centre. Despite frequent security reports about suspected drugs, there had only been five drug finds and six hooch finds in 18 months. During reception and induction, detainees were asked if they had blood-borne viruses and were offered treatment. A primary nurse offered alcohol screening and individual follow-up work. Individual smoking cessation support was available, including the provision of nicotine patches.

5.42 The reception health screen included questions on substance and alcohol use. Symptomatic relief for substance withdrawal was available on the first night and subsequently. The lead GP, who was Royal College of Psychiatrists Part 1 trained, saw the detainee the following day to undertake a comprehensive assessment. Substitution therapy was available, but had only been used twice in the previous ten years. The mental health team was able to support detainees with dual diagnosis conditions, but there had been no detainees in this category. NHS Lanark provided services to pregnant women with substance use issues, but this service had not been used. There was an agreement with the community drugs action team to provide psychosocial support, but this service had not been used.

Section 6: Activities

Expected outcomes:

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

6.1 Detainees had good access to activities and most said they had enough to do to fill their time. Work places had expanded, but more were needed. The learning resource centre (LRC) was well led and education was highly valued by detainees. Few certificated programmes were available, but there was a range of useful non-certificated programmes. There were good recreational activities. The library had a wide range of books and newspapers in foreign languages. The gym was well equipped and popular, and the Astroturf provided a well-used outdoor resource.

Learning and skills and work

6.2 There was a good range of activities which met the needs of most detainees staying for short and longer periods. In our survey, 68% of detainees said there was enough to do to fill their time, significantly higher than the immigration removal centre comparator of only 32%. Detainees had good access to the learning resource centre (including the library), which was open for 10 hours a day, seven days a week. The LRC was bright and welcoming, with many displays of detainee work and records of success. Free movement enabled detainees to attend programmes at times which suited them best and to mix socially with others. A broad range of recreational activities included quizzes, gala days, bingo and a popular weekly film club. The internet suite was open from 9am to 9pm seven days a week and was popular with detainees. They used the internet for email and research, as well as recreational use. Activities were advertised in English on noticeboards throughout the centre, but not in other languages.

6.3 Paid work opportunities had increased in recent months and an application for more roles was pending. Two-thirds of detainees, significantly more than the comparator of 50%, said they could work if they wanted to. There were 42 jobs at the time of the inspection, with a small waiting list for the more popular jobs. Approximately 22% of the population were in paid work, including cleaning, grounds maintenance, kitchen duties and hairdressing. Detainees received £1 an hour up to a maximum of £15 a week. All detainees received an additional £0.71 a day into their personal accounts, which they used to purchase a range of items. This could be topped up by family and friends.

6.4 The centre had established the Skills for the Future programme, which encompassed a range of internally certificated courses, including business start-up, hairdressing in two salons, introduction to textiles and sewing, hospitality and cooking. These courses aimed to equip detainees with a range of transferable skills to assist them on release from detention. The programme was at an early stage of development with plans to extend it to Scottish vocational qualification level. It was supported by staff with extensive experience from industry.

Education

6.5 The LRC manager had introduced a number of initiatives to improve the range of courses and programmes and to enhance detainee access to them. There was a good range of classes in the LRC, including ICT, numeracy, sewing, arts and crafts, and relaxation classes. There was

plenty of valued arts and crafts provision. Two levels of ESOL (English for speakers of other languages) classes were available, but there were no classes for those who spoke English relatively well. Other classes included creative writing and numeracy and detainees could also pursue the European Computer Driving Licence award.

- 6.6 Detainees acquired in-house certification in a number of areas at different levels, which encouraged internal progression and a sense of achievement. Certificates were displayed prominently and an individual detainee profile was used to record progress and achievement. In the first three weeks of June 2010, 59 certificates had been issued to detainees across a number of courses. However, there was a narrow range of externally certificated programmes and progression opportunities from classes in education were restricted for higher level learners.
- 6.7 In our survey, 100% of those engaged in education said they valued it. Detainees were highly motivated and engaged in learning activities. They were enthusiastic and asked appropriate questions if they were unsure. Teaching was adequate, although there was an over-reliance on worksheets and directed learning, which limited detainee engagement. Staff provided one-to-one interaction when required. There was a good atmosphere in the centre and relationships were positive and empathetic.
- 6.8 Quality assurance arrangements were good and improving. The LRC manager held detailed records of progress for individual learners and provided a monthly report for the senior management team on developments in the centre.

Library

- 6.9 The library was open seven days a week for 10 hours a day. The librarian was not formally qualified, but had started an open learning programme on library and information science. There were books in 50 languages and DVDs and newspapers in a range of languages. There were eight English daily newspapers and six daily foreign language newspapers. Staff reviewed the uptake of newspapers on a monthly basis. An average of 177 detainees visited the library each day. Their main purpose was to collect DVDs and fax documents relating to their case, which they were encouraged to do. Three books, two DVDs and one game could be borrowed at a time and these could be extended on request.

Physical education

- 6.10 PE staff were well qualified and experienced to offer the range of programmes in the gymnasium. Induction sessions were held each morning and detainees were given instruction on the use of equipment before they were allowed to undertake gym activities. However, gym staff were not routinely informed by health care of a detainee's state of health or whether this would be exacerbated by physical exercise. The open access to the gymnasium and the range of activities offered provided detainees with a variety of opportunities to participate in physical education.
- 6.11 The gymnasium included a games court, weights room and cardiovascular equipment. Female detainees could take physical exercise separately in the gym if they chose. Female detainees made good use of the separate sessions, including for example badminton sessions. Fitness equipment had also been installed in the female unit to enable them to keep fit in their own accommodation.

- 6.12 The Astroturf pitch was a very good facility used well by detainees for a range of sports, including cricket, football, basketball, volleyball and tennis. Detainees were provided with a good range of equipment, such as football boots, shin guards and cricket equipment. Detainees also used the facilities in the arts and crafts room to make their own sports kit, including shorts and sports vests. The introduction of a sports shop in the centre, offering sports kit at affordable prices, was a popular resource.
- 6.13 The changing and showering facilities in the gym were satisfactory. Most detainees preferred to arrive at the gym ready for the activity and shower in their bedrooms afterwards. Records of injuries or accidents in the gym were up to date.

Recommendations

- 6.14 The LRC should introduce more opportunities for higher level learners, including advanced ESOL classes.
- 6.15 There should be a broader range of certificated programmes.
- 6.16 Staff should introduce more interactive learning methods into their teaching to improve engagement and develop skills more effectively.

Housekeeping points

- 6.17 Activities for detainees should be advertised in residential areas in languages other than English.
- 6.18 Health care staff should make staff in the gym aware of detainees' health conditions.

Section 7: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

7.1 Rules were appropriately expressed and communicated. Physical and procedural security had been enhanced, while remaining proportionate to risk. The flow of information from staff had improved. Analysis and reporting of security information were adequate. The level of searching was proportionate. The rewards scheme was flexibly implemented, but entailed some excessive formal sanctions. Physical force was used sparingly, appropriately and usually competently. The separation unit was well furnished and maintained. Staff engaged well with detainees held there, but governance of the separation process required some improvement. The complaints process was efficiently managed with timely answers, but the quality of responses was inconsistent.

Rules of the centre

7.2 A set of expectations of behaviour, expressed as part of a mutual contract of obligations between the centre and the detainee, was issued in the induction booklet in a range of languages. The number of rules was kept to a minimum and applied by staff with due regard to individual circumstances. The house rules were prominently displayed in at least 17 languages in all residential areas.

Security

- 7.3 Physical and procedural security was sufficient. A recent extension to free movement in the evenings demonstrated a proportionate approach to security. Physical measures had been strengthened, with additional camera cover and electronic gates to enhance perimeter security. There were excellent links with local police, both in relation to intelligence and contingency planning.
- 7.4 The monthly security meeting was chaired by the deputy director and attended by managers from a broad range of departments. Two-hundred and eighty security information reports (SIRs) had been submitted in the six months before the inspection. The number submitted had increased dramatically in the past year, and their quality and usefulness was improving following training given to almost all staff, leading to a higher level of dynamic security. Behavioural issues and evidence arousing suspicion of possession of illegal drugs were the most common themes of SIRs. The establishment did not have a discrete drug supply reduction strategy, but this area was adequately covered in the overall security strategy. A monthly intelligence report had been initiated, providing a clear analysis of the leading threats and patterns. This had been in place for about eight months.
- 7.5 Strip-searching of detainees was extremely rare. A detainee had been subject to a strip-search during the week before the inspection, for a valid reason and with proper authorisation. Other searching procedures were appropriate and respectful. Staff did not carry defensive weapons.

Rewards scheme

- 7.6 Ninety-nine per cent (187 detainees) were on the enhanced level of the incentive and earned privileges scheme (IEP). The remaining two detainees were on the standard level. This rose to five during the inspection, but the number had almost always been in low single figures.
- 7.7 The IEP scheme was administered well. Warnings were issued sparingly and retained real force. A warning was not given by an officer acting alone: an independent officer validated and countersigned the warning, and issued it in person with the original officer. A second warning was validated by a first-line manager, and a third by a senior manager. Appeal opportunities were built in at each stage. Reduction to standard level after a third warning was not automatic, but was subject to decision by a senior manager after a board. A reduction to standard level was normally for one week only. No positive commendation system existed within the IEP scheme.
- 7.8 Notices in the IT room informed detainees that certain infringements in the use of IT would lead to an IEP warning, and that three warnings could lead to loss of use of the internet. Standard level described in the policy, and confirmed by staff in the IT room, entailed deprivation of access to the internet terminals, which was excessive notwithstanding assurances that those on standard level were given time to deal with urgent emails. Detainees on the standard level also lost the use of a mobile phone, had restricted access to the cultural kitchen and some other activities, and were not eligible for paid work.
- 7.9 Detainees located in the R40 or R42 accommodation were routinely downgraded to the standard level. This was stated in the policy, and confirmed by staff and first-line managers, and a form authorising downgrade to the standard level gave the move to Rule 40 accommodation as the sole grounds for the downgrade. Senior managers stated that this was flexible according to the individual case, but automatic downgrade was clearly the norm in practice.

Discipline

- 7.10 There was no evidence of informal punishments or group sanctions. The checks and balances built into the IEP process, together with staff initiative in building relationships with detainees and addressing any signs of challenging behaviour early, effectively ensured consistency in the enforcement of rules. Separation was not used on a punitive basis, but as a means of managing and mitigating risk. The rules restricting smoking to specific locations were the most challenging for staff to enforce, but a sufficiently robust and consistent approach was taken.

Use of force and single separation

- 7.11 Use of force had decreased significantly to 16 occasions in 2009-2010 compared with 23 occasions in 2008-2009, at a time when the average population had risen from 176 to 198. Fifty-seven per cent of use of force in the previous 12 months had been in the separation unit, which appeared to be the result of early intervention to isolate those who might be at risk of violent behaviour, rather than evidence of excessive frequency of force in that unit. All operational staff were in date for control and restraint training. All planned removals were filmed, and the recordings viewed within 24 hours by the compliance officer, control and restraint coordinator, deputy director and head of operations. Appropriate follow-up had been carried out where there were lessons to be learned. The recordings viewed during the inspection showed competent use of physical restraint techniques. However, some staff

appeared less experienced in their use, and attempts to de-escalate were in some cases marred by more than one officer trying to give instructions at the same time to the detainee under restraint, and sometimes too loudly. Planned removals were always observed by a health care professional, and all those on whom force had been used were seen by a health care professional as soon as possible afterwards and within one hour. There had been no recent examples of use of force to effect a removal or transfer from the centre. This appeared to be the result of effective work done by staff in building relationships with detainees and helping them deal with practical and other issues arising from their impending departure (see removal and release section). There was no routine use of handcuffs.

- 7.12 The use of single separation under Rule 40 following incidents at the centre had remained static in proportion to the population for the previous three years: use was moderate, with 141 uses in the 12 months preceding the inspection. Many of these occasions followed low-level fights and assaults in the centre. Average length of stay in the Rule 40 accommodation in the previous six months had been 27.7 hours. Lengths of stay ranged from 20 minutes to over six days, and it appeared that detainees were not kept in these conditions for longer than necessary. Efforts were made to reintegrate detainees rather than transfer them, and they were frequently returned to normal location after a period in separation.
- 7.13 Written authorisation of separation (and the renewal of authority by the UK Border Agency after 24 hours) was not signed by the senior manager authorising it, but was almost always signed on their behalf by a first-line manager, naming the senior manager.
- 7.14 Use of temporary confinement under Rule 42 had decreased as a proportion of the population over the previous three years. Average length of stay in this accommodation was 11.25 hours, which was longer than expected if detainees remained in such bare accommodation only while they were actively violent or refractory. On a recent occasion, a detainee had been kept in temporary confinement for two hours after he was recorded becoming calmer while speaking to his wife on the telephone.
- 7.15 The separation unit was in very good condition, with an association room routinely used for one detainee at a time containing two sofas, a television and a collection of books, most of them in foreign languages. Detainees were able to apply for books from the library.
- 7.16 The Rule 40 rooms contained furniture of a good standard. The temporary confinement rooms had been equipped with mattresses and normal bedding. Anti-ligature materials were only used if there was evidence of risk of suicide. There was unpainted wood in the window frame of one R42 room.
- 7.17 The level of staffing varied in relation to risk and no discrete staff group was detailed to run the unit. Unit staff were allocated on an ad hoc basis, which helped to ensure that the ethos of the unit was the same as that of the other residential units. Staff engaged well and positively with detainees held in the separation unit. Detainees were given the reasons for separation on a form which was in their own language, although the handwritten explanation on the form was in English. Telephone interpretation was routinely used to ensure that detainees understood.
- 7.18 Entries were made in a separation log several times each hour, but a significant majority of these were observational and did not reflect the detainee's mood or record interactions. Logs showed that a senior manager visited the separation unit each day. There were frequent entries by Independent Monitoring Board (IMB) members, recording their observations and conversations with each detainee. Such entries were rarer in the case of senior managers. The religious affairs manager visited detainees in separation daily and made the most frequent entries in logs, recording conversations in helpful detail.

Complaints

- 7.19 In our survey, 20% of detainees who did not speak English said that it was easy or very easy to get a complaint form, which was significantly fewer than the 45% of English speakers. This was particularly significant in a centre where significantly fewer than the IRC comparator said they spoke English as their first language (18%/27%) or understood spoken English (68%/75%). Overall, 38%, significantly fewer than the IRC comparator of 47%, said that it was easy or very easy to get a complaint form. Neither Chinese nor Vietnamese detainees to whom we spoke through interpreters (more than 10 of each) were aware of complaint forms or procedures, even though information was given in the induction pack and forms in both languages were available in wall racks, obscured by forms in other languages.
- 7.20 The number of complaints was low. Twenty-one had been received in 2009 and 12 so far in 2010. In our survey, significantly fewer detainees said that they had made a complaint than the comparator (17%/35%), although this could have resulted from the perceived lack of availability of complaint forms. However, significantly more than the comparator felt that complaints were sorted out fairly (36%/19%) and promptly (35%/15%).
- 7.21 The most common complaint in the previous 18 months had been about poor communication, with medical complaints second. Medical complaints were handled in the same way as general complaints, and in some cases clinical and other personal details, for example issues of sexual orientation, were contained in complaint documents disclosed to G4S and UKBA staff.
- 7.22 The response process was effectively managed and responses were timely. They were almost always courteous and were addressed to the detainee. In almost every case, the respondent had met the complainant to clarify and explore the nature of the complaint. A very few replies were curt and did not cover all the points raised. A few others, in response to complaints which showed the complainant had little knowledge of English, were couched in such complex, bureaucratic terminology that it was unlikely the detainee could understand them. When complaints submitted in another language were replied to in English, telephone interpreters were asked to read the response to the complainant.

Recommendations

- 7.23 Access to the internet, to a mobile phone and to paid work should not be forfeited through reduction to the standard IEP level.
- 7.24 Downgrade to standard level should always be on the grounds of behaviour and not on the grounds of separation alone.
- 7.25 The authorisation of separation under Rule 40 or 42 should be signed in person by a senior manager.
- 7.26 Detainees placed in temporary confinement under Rule 42 should leave this accommodation as soon as they cease to be violent or refractory.
- 7.27 A systematic approach should be taken to ensure all detainees are aware of the complaints process.
- 7.28 Complaints about clinical issues should be handled through health care governance channels to protect medical confidentiality.

- 7.29 Responses to complaints should be full enough to cover all substantive points raised, but couched in simple, clear language.

Housekeeping points

- 7.30 Staff entries in the logs of separated detainees should briefly describe their mood and condition, and summarise any conversation.
- 7.31 Positive commendations by staff for notably constructive or helpful behaviour should be added to the IEP scheme.
- 7.32 The need for clear, calm and coordinated communication with a detainee under restraint should be included in use of force training.
- 7.33 Daily entries should be made by the visiting senior manager in the file of each separated detainee.
- 7.34 Window surrounds in the Rule 42 rooms should be painted.

Good practice

- 7.35 *Telephone interpretation was routinely used to explain the precise reasons for separation.*
- 7.36 *Respondents to complaints almost always met the complainant before formulating the reply.*
- 7.37 *When complaints submitted in another language were replied to in English, telephone interpretation was used to read the response to the complainant.*

Section 8: Services

Expected outcomes:

Services available to detainees allow them to live in a decent environment in which their everyday needs are met freely and without discrimination.

8.1 The standard of the food was generally good. The 'cultural kitchen' remained a positive and appreciated facility. The dining hall had a relaxed atmosphere and detainees and staff could eat there communally. Arrangements were in place for women who preferred to eat separately to men. The shop offered goods at a reasonable price and there was effective consultation on the products available.

Catering

- 8.2 Meals were produced on a five-week menu cycle. There was a cooked breakfast every day and hot meals at lunchtime and in the evening. A hot drink and a snack were served between 9 and 9.30pm every night. In addition, detainees could make toast whenever they wished in their residential dormitories, with bread, spread and jam provided in each association room. Vegetarian and healthy options were offered at each meal and there was a good supply of fresh fruit and drinks, including milk. Pictorial information explaining the choices was included in the menus on the tables. Special diets were catered for and a photo board in the kitchen showed staff which detainees were allergic to specific products or unable to eat certain products for medical or religious reasons.
- 8.3 In our survey, 41% of respondents thought the food was good or very good, which was significantly higher than the comparator of 22%. The food we sampled was tasty and portions were generous. Some detainees had asked for more food which met their cultural tastes, and had been invited to cook meals in the main kitchen for the whole detainee group.
- 8.4 The cultural kitchen was very popular with detainees and the number of sessions had been extended by five each week to a total of 15. This gave sufficient opportunity for all detainees to experience the cultural kitchen each week. Ingredients in the cultural kitchen were provided by the centre, and detainees could prepare food from their home country and invite a guest to eat with them. It was very busy throughout the inspection. Detainees could achieve a certificate called Food and Safety in Dungavel. Although generally well maintained, the tops of the cookers and some cupboards needed thorough cleaning.
- 8.5 The main dining area was clean and light. The kitchen staff interacted well with detainees and a number of detainees worked in the kitchen and served food to their peers. The atmosphere was pleasant and staff ate in the dining room with the detainees. A survey had been carried out just before the inspection to determine if detainees would prefer to pre-order their food so that they could select their meals 48 hours in advance. Over four times as many respondents preferred to continue selecting their food at the time rather than order in advance.
- 8.6 There were arrangements for women detainees to eat separately. They could get their meals 30 minutes before the men and eat in the dining room before the men arrived or take food back to their living area to eat. They could also queue and eat with male detainees if they wished. During the inspection, we saw women avail themselves of the opportunity to eat first, and others who preferred to eat with friends among the male detainee population.

Centre shop

- 8.7 The shop was well run and attracted a steady stream of customers. It was open between 10.30am and 6.30pm each day, with one 30-minute break. A range of confectionery, juice and toiletries was available and, as a result of ongoing consultation with detainees, products to suit the ethnic mix of the population were added as needed. In our survey, 54% of respondents said that the shop sold a wide enough range of goods to meet their needs, which was significantly higher than the comparator of 26%. Mobile phone cards (and phones), stamps, batteries, cigarettes and greetings cards were also available. Detainees could order goods from large outside stores and each month a clothing sale enabled detainees to buy new clothes from an outside supplier. Detainees were particularly appreciative of this and the sale that took place during the inspection was well attended.
- 8.8 Detainees did not have to use cash to buy from the shop and could have the value of their purchases deducted from their account at the centre. Detainees were allowed a maximum of £20 in cash in their possession and staff were alert to the possibility of bullying. Prices in the shop were comparable with, and in some instances cheaper than, high street stores.

Housekeeping point

- 8.9 Cookers and cupboards in the cultural kitchen should be kept clean.

Section 9: Preparation for release

Expected outcomes:

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

9.1 Most staff considered detainee welfare to be at the heart of their work. The welfare officer provided excellent support to detainees needing assistance and had formed good links with a range of external organisations and solicitors. Visiting hours were good and the visitors' centre had a relaxed atmosphere. Successful initiatives had been taken to increase the number of visitors to detainees. Detainees had good access to telephones, internet and email facilities. There was good support for detainees about to be removed. They were systematically assessed and provided with assistance by the welfare officer and other departments. There was little evidence of disruption at the point of removal and no recent use of force on removal. Work-related programmes of use to detainees returning home were delivered in education and there were good links with the International Organisation for Migration (IOM).

Welfare

- 9.2 The welfare officer was well known to nearly all detainees spoken to, and they expressed considerable faith in him. His office was in a prominent position on Loudoun unit and was easily accessible to detainees across the centre. Welfare referral forms were also situated in unit offices for staff use. There were five assistant welfare officers on the units, but in practice their role was similar to that of other staff who generally saw it as a central part of their role to attend to welfare tasks. A number of detainees told us that different staff helped them with basic welfare matters. Pictures of the welfare officer and the welfare team were displayed around the centre.
- 9.3 The welfare officer dealt with more time-consuming cases and contact logs showed that he was helping about 30 detainees a month, principally with property issues, legal advice and communication with outside agencies. This surprisingly low number included multiple counts of detainees who attended a regular IOM surgery and appeared to reflect the centre's holistic approach to dealing with welfare issues and the successful initiatives to inform and support detainees at an early stage. The welfare officer had taken the lead in increasing legal advice for detainees (see legal rights section) and facilitating visits by the IOM to help detainees who wanted to return home voluntarily (see removal and release section). He had good links with the Red Cross and had put a number of detainees who were trying to contact family and friends in touch with them.
- 9.4 Most welfare cases reached a successful resolution, often as a result of determined and conscientious work. The welfare officer continued to follow up cases when detainees had been transferred to other centres or had been removed. For example, he had recently secured substantial compensation for a detainee whose belongings had been lost by the airline which removed him from the UK and the detainee had written to thank him. The welfare log contained little detail and did not always record the reasons for a positive outcome.

Visits

- 9.5 There had been some improvement in the number of detainees who received visits since the previous inspection in 2006. In our survey, 36% of detainees said they had received a visit from family or friends which, while low in comparison with other centres, was a significant improvement on the 16% at Dungavel who reported having visits in 2006. Social visits took place seven days a week between 1.30 and 8.30pm and visitors could remain for the whole of that period if they wished. Hot food was available from the detainees' dining room for visitors and they ate in the visits room with the detainee. A free bus service operated three times each afternoon between Dungavel and Hamilton station, with the final bus leaving Dungavel at 8.30pm. The centre's visitor survey in October 2009 had been largely positive, with the exception of comments from legal visitors about the limited number of private rooms which were reiterated to us during the inspection (see recommendation 3.9).
- 9.6 The visits area was an attractive room, with a relaxed atmosphere, and staff supervision was unobtrusive. A range of information was displayed, including details of whom to contact if visitors had any concerns. Hot and cold drinks and snacks were available from vending machines. There were baby-changing facilities in the toilets.
- 9.7 Security and searching arrangements for visitors were proportionate and there were procedures for handing in and taking out detainees' property. A visitor could see more than one detainee at separate times during a visit and former detainees were able to return as visitors.
- 9.8 Regular voluntary support was available to detainees from a range of community groups who visited the centre. They provided social contact and support as well as practical support such as phone cards, clothing, telephone calls, referral to appropriate agencies and modest financial support, if required, for detainees being removed.

Telephones

- 9.9 The majority of detainees had mobile phones. In our survey, over 70% said it was easy to make and receive calls, which was significantly better than the comparators for other centres (50% for incoming calls and 47% for outgoing calls). Detainees could use their own mobile phones provided they did not have cameras or recording facilities, and could also buy suitable phones from the centre shop for £25. Detainees with insufficient funds were given a mobile phone and a £5 phone card, and, in the interests of fairness, the centre was exploring a telephone loan scheme for all detainees at minimal cost.
- 9.10 Detainees had good access to internet and email facilities in the activities centre and the visitors' centre. The facilities in the activities centre were used extensively during the inspection.

Mail

- 9.11 Detainees were able to send one free letter and unlimited faxes each week. Stamps for additional letters were available from the centre shop. Detainees were asked to hand any cash in incoming letters to a member of staff in their unit so that it could be credited to the detainee's account. They could retain up to £20 in their possession.

Removal and release

- 9.12 Detainees were provided with at least 72 hours' notice of removal. A daily briefing was sent to all staff which gave details of detainees who had been served with removal directions, including their pictures. Detainees on the list received a routine health screening to ensure that any health needs were identified and met. They were given relevant personal health records and a supply of medication, if necessary, to take with them. The welfare officer visited the detainees to find out if they had any outstanding needs to be resolved before departure. This reduced the risk of last-minute stress and subsequent failed removals. There had been no use of force on removal over the previous six months. The welfare officer completed an assessment form for all such detainees and referred them to other departments as necessary. However, if a detainee was issued with removal directions at weekends, there was a delay before the welfare officer saw them on the Monday.
- 9.13 There was no procedure for identifying whether the needs of detainees being transferred or released, rather than removed, were being met. Most detainees did not lack assistance if they were given sufficient notice of transfer, but we came across examples of detainees who were moved to other centres with no more than a few hours' notice. The welfare officer did not have information on other centres to give to detainees.
- 9.14 Few detainees at Dungavel were considered high risk or particularly vulnerable prior to removal. If they were at risk of self-harm, they were managed through assessment, care in detention and teamwork (ACDT) arrangements. If they were considered vulnerable in other ways, their cases were discussed at the multidisciplinary meetings (see suicide and self-harm section).
- 9.15 A new Skills for the Future programme, which included business start up, was delivered by the education department to help detainees due for removal to gain work-related skills and prepare for release (see activities section).
- 9.16 A representative from the IOM attended the centre most weeks to conduct a full-day surgery with any detainees who wished to see him. Referrals came from the welfare officer and up to a dozen detainees could be seen each week. The IOM worker advised detainees of options for voluntary return to their home country and helped them to complete the relevant documentation. The worker had developed links with embassies, which were helpful to detainees requiring travel documents before removal. He estimated that about 25-30% of detainees whom he helped to apply were successfully returned under an IOM return scheme. Any detainees who wished to return under the facilitated returns scheme were referred to the UK Border Agency.
- 9.17 There was a good store of clothing for removed or released detainees travelling to different climates, including underwear and shoes. Good quality unmarked bags were also available for detainee use. Detainees being removed were not routinely provided with assistance to get from the airport of arrival to their homes, but befriending groups helped some detainees in this way. The welfare officer told us that he had tried on several occasions to get flights changed so that detainees could be taken to destinations closer to their homes, but he had never succeeded.

Recommendations

- 9.18 Detainees given removal directions at weekends should be seen and assessed as soon as possible by one of the welfare team.

- 9.19 One of the welfare team should interview detainees before transfer or release to check that they have no outstanding needs.
- 9.20 Detainees being transferred should be given as much notice as possible, told the reasons for the transfer and given information about the centre to which they are being transferred.
- 9.21 Removed detainees should receive assistance with travel from the airport of arrival to their final destination.

Housekeeping point

- 9.22 The welfare log should include more detail and demonstrate why cases are marked as being successfully resolved.

Good practice

- 9.23 *Systematic pre-removal assessments by the welfare officer and health services staff helped to ensure that the needs of detainees were met before removal. This minimised the potential for distress and reduced the likelihood of use of force on removal.*
- 9.24 *The new Skills for the Future programme helped detainees to gain relevant work-related skills that would be useful on release.*
- 9.25 *The regular IOM surgery provided useful advice and assistance to detainees wishing to return home voluntarily.*

Section 10: Recommendations, housekeeping and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendation

To the Chief Executive, UKBA

10.1 Detainees arriving from prisons should always be accompanied by their prison files. (HE.41)

Main recommendation

To the Chief Executive, UKBA & escort contractor

10.2 Detainees should have more opportunities for paid work or volunteering. (HE.43)

Main recommendation

To the centre manager

10.3 The centre's diversity policy should cover all strands of diversity including needs of women and detainees with disabilities. (HE.42)

Recommendations

To the Chief Executive, UKBA

10.4 Detainees should be held in police cell accommodation for the shortest possible time. (1.8)

10.5 Detainees should be advised of their bail rights and given a bail application form during their induction interviews with UKBA. (3.18)

10.6 UKBA staff should attend ACDT reviews. (4.13)

Recommendations

To the UKBA and the escort contractor

10.7 Detainees should not be subjected to exhausting overnight journeys. (1.6)

10.8 Detainees should not be subject to excessive moves around the detention estate. (1.7)

10.9 The reception area should be large enough for purpose and the reception waiting rooms should be well ventilated. (1.15)

10.10 Accurate and complete Rule 35 report logs should be kept by the UKBA contact management and health care staff. (3.19)

10.11 A written procedure for handling age dispute cases should be agreed between the on-site contact management team, G4S, health care and South Lanarkshire social services. (4.19)

- 10.12 Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (9.21)

Recommendation

To the UKBA and centre manager

- 10.13 The authorisation of separation under Rule 40 or 42 should be signed in person by a senior manager. (7.25)

Recommendations

To the centre manager

Arrival in detention

- 10.14 Night staff should be informed of the location of detainees spending their first night at the centre and be required to make regular checks on their well-being. (1.23)

Environment and relationships

- 10.15 Female detainees should have access to single and double rooms. (2.13)
- 10.16 The modified accommodation on Loudoun should be properly ventilated and brightened up. (2.14)
- 10.17 Detainees should be issued with keys to their rooms. (2.15)
- 10.18 There should be sufficient washing facilities for the population on Loudoun. (2.16)
- 10.19 History sheets in Loudoun House should be completed thoroughly and staff should make regular use of professional interpretation to establish needs and concerns. (2.21)

Casework

- 10.20 Detainees should be able to download and read important documents attached to emails and from the internet. (3.8)
- 10.21 There should be sufficient consultation rooms, fitted with telephones, for solicitors to meet detainees in private. (3.9)

Duty of care

- 10.22 Interventions should be developed to help non-English speaking detainees deal with the frustrations of detention. (4.12)
- 10.23 Staff working directly with detainees should receive training on all strands of diversity. (4.30)
- 10.24 Professional interpretation should be used in all cases involving initial assessment and suicide and self-harm. (4.31)

- 10.25 The procedures for assessing disability on admission should be reviewed to ensure that they are effective. (4.32)

Health services

- 10.26 The physical environment in the health centre should support an appropriate and confidential service for detainees. (5.7)
- 10.27 Health centre staff should be trained to recognise signs of and treat trauma and torture. (5.8)
- 10.28 Nurse-led clinics should be introduced to relieve pressure on GPs. (5.20)
- 10.29 Pharmacists should visit the centre regularly and scrutinise the use of medicines. (5.27)
- 10.30 All SOPs and protocols under review, including the risk assessment and in-possession protocols, should be ratified and put into practice as soon as possible. (5.28)
- 10.31 The centre should introduce patient group directions or non-medical prescribers to enhance patient access to appropriate prescription medication in the absence of a GP. (5.29)
- 10.32 Female detainees should have dedicated counselling facilities. (5.39)
- 10.33 Mental health awareness training should be provided for uniformed staff on reception and the residential units. (5.40)

Activities

- 10.34 The LRC should introduce more opportunities for higher level learners, including advanced ESOL classes. (6.14)
- 10.35 There should be a broader range of certificated programmes. (6.15)
- 10.36 Staff should introduce more interactive learning methods into their teaching to improve engagement and develop skills more effectively. (6.16)

Rules and management of the centre

- 10.37 Access to the internet, to a mobile phone and to paid work should not be forfeited through reduction to the standard IEP level. (7.23)
- 10.38 Downgrade to standard level should always be on the grounds of behaviour and not on the grounds of separation alone. (7.24)
- 10.39 Detainees placed in temporary confinement under Rule 42 should leave this accommodation as soon as they cease to be violent or refractory. (7.26)
- 10.40 A systematic approach should be taken to ensure all detainees are aware of the complaints process. (7.27)
- 10.41 Complaints about clinical issues should be handled through health care governance channels to protect medical confidentiality. (7.28)

- 10.42 Responses to complaints should be full enough to cover all substantive points raised, but couched in simple, clear language. (7.29)

Preparation for release

- 10.43 Detainees given removal directions at weekends should be seen and assessed as soon as possible by one of the welfare team. (9.18)
- 10.44 One of the welfare team should interview detainees before transfer or release to check that they have no outstanding needs. (9.19)
- 10.45 Detainees being transferred should be given as much notice as possible, told the reasons for the transfer and given information about the centre to which they are being transferred. (9.20)

Housekeeping points

Arrival in detention

- 10.46 The male toilet in reception should be redecorated, maintained in a good state of repair, and should have a lock. (1.16)
- 10.47 Detainees should be given a photocopy of their passport or other identity documents when handing them in to reception. (1.17)
- 10.48 The induction DVD should be updated and available in different languages. (1.18)
- 10.49 All detainees arriving at the centre should be offered a shower. The offer, and whether it was refused or accepted, should be recorded. (1.19)

Staff-detainee relationships

- 10.50 Staff should knock before entering detainees' rooms. (2.22)

Legal rights

- 10.51 Notices, information and complaints forms for the Scottish Legal Complaints Commission (SLCC) should be readily available to detainees. (3.10)

Duty of care

- 10.52 The composition of the Friends of Dungavel should reflect the population of the centre. (4.14)
- 10.53 Monitoring and analysis of diversity should be extended to cover all relevant areas. (4.33)
- 10.54 The smaller prayer rooms should be re-decorated. (4.40)

Health services

- 10.55 All reference books should be up to date. (5.30)
- 10.56 The medicines and therapeutics committee should be supplied with data showing trends in prescribing. (5.31)
- 10.57 An up to date controlled drugs register should be obtained. The supplementary use of ward administration records should continue as good clinical practice. (5.32)
- 10.58 A small cabinet should be provided for the storage of Schedule 2 and appropriate Schedule 3 controlled drugs. (5.33)

Activities

- 10.59 Activities for detainees should be advertised in residential areas in languages other than English. (6.17)
- 10.60 Health care staff should make staff in the gym aware of detainees' health conditions. (6.18)

Rules and management of the centre

- 10.61 Staff entries in the logs of separated detainees should briefly describe their mood and condition, and summarise any conversation. (7.30)
- 10.62 Positive commendations by staff for notably constructive or helpful behaviour should be added to the IEP scheme. (7.31)
- 10.63 The need for clear, calm and coordinated communication with a detainee under restraint should be included in use of force training. (7.32)
- 10.64 Daily entries should be made by the visiting senior manager in the file of each separated detainee. (7.33)
- 10.65 Window surrounds in the Rule 42 rooms should be painted. (7.34)

Services

- 10.66 Cookers and cupboards in the cultural kitchen should be kept clean. (8.9)

Preparation for release

- 10.67 The welfare log should include more detail and demonstrate why cases are marked as being successfully resolved. (9.22)

Good practice

Duty of care

- 10.68 The 'Dealing with Situations' workshop helped a number of detainees to manage the emotional challenges and frustrations of detention. (4.15)
- 10.69 The introduction of non-English speaking discussion groups and flash cards showed a committed and thoughtful approach to accommodating the needs of detainees who did not speak English. (4.34)

Rules and management of the centre

- 10.70 Telephone interpretation was routinely used to explain the precise reasons for separation. (7.35)
- 10.71 Respondents to complaints almost always met the complainant before formulating the reply. (7.36)
- 10.72 When complaints submitted in another language were replied to in English, telephone interpretation was used to read the response to the complainant. (7.37)

Preparation for release

- 10.73 Systematic pre-removal assessments by the welfare officer and health services staff helped to ensure that the needs of detainees were met before removal. This minimised the potential for distress and reduced the likelihood of use of force on removal. (9.23)
- 10.74 The new Skills for the Future programme helped detainees to gain relevant work-related skills that would be useful on release. (9.24)
- 10.75 The regular IOM surgery provided useful advice and assistance to detainees wishing to return home voluntarily. (9.25)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team Leader
Martin Kettle	Inspector
Colin Carroll	Inspector
Ian Macfadyen	Inspector
Angela Johnson	Inspector
Paul Tarbuck	Health services inspector
Adam Altoft	Research officer
Amy Pearson	Research trainee
Peter Connelly	Her Majesty's Inspector of Education
Peter McNaughton	Her Majesty's Inspector of Education

Appendix II: Detainee population profile

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

(i) Age	No. of men	No. of women	Total	%
18 years to 21 years	15	1	16	8
22 years to 29 years	63	7	70	35
30 years to 39 years	64	2	66	33
40 years to 49 years	34	2	36	18
50 years to 59 years	12		12	6
Total	188	12	200	100

(ii) Nationality	No. of men	No. of women	Total	%
Afghanistan	1		1	1
Albania	1		1	1
Algeria	2		2	1
Bangladesh	10		10	5
Barbados	1		1	1
Chad	1		1	1
China	34	9	43	22
Colombia	1		1	1
Congo Democratic Republic (Zaire)	3		3	3
Eritrea	10		10	5
Ethiopia	1		1	1
Gambia	3		3	2
Georgia	2		2	1
Ghana	2		2	1
Guinea/Bissau	1		1	1
India	13		13	7
Iran	9		9	5
Iraq	5		5	3
Italy	1		1	1
Ivory Coast	2		2	1
Jamaica	1		1	1
Kuwait	3		3	2
Liberia	1		1	1
Malawi	2		2	1
Malaysia	5	1	6	3
Mauritius	1		1	1
Mexico	1		1	1
Moldova	1		1	1
Morocco	1		1	1
Nepal	1		1	1
Netherlands	1		1	1
Nigeria	17		17	9
Not known	1		1	1
Pakistan	18	1	19	10
Palestine	1		1	1

Philippines		1	1	1
Romania	1		1	1
Somalia	4		4	2
South Africa	4		4	2
Sudan	4		4	2
Turkey	1		1	1
Vietnam	13		13	7
Zambia	1		1	1
Zimbabwe	1		1	1
Total	188	12	200	100

(iv) Religion/belief	No. of men	No. of women	Total	%
Buddhist	14	1	15	8
Roman Catholic	6	5	11	6
Orthodox	2		2	1
Church of England	1		1	1
Other Christian religion	50	2	52	26
Hindu	5		5	3
Muslim	66	1	67	34
Sikh	8		8	4
Atheist	2		2	1
No religion	33	3	38	18
Jewish	1		1	1
Total	188	12	200	100

(v) Length of time in detention in this centre	No. of men	No. of women	Total	%
Less than 1 week	15	2	17	9
1 to 2 weeks	44	2	46	23
2 to 4 weeks	19	2	21	11
1 to 2 months	62		62	31
2 to 4 months	28	3	31	16
4 to 6 months	7	3	10	5
6 to 8 months	4		4	2
8 to 10 months	3		3	2
More than 10 months	6		6	3
Total	188	12	200	100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	Total	%
Another IRC	34		34	17
A short-term holding facility (e.g. at a port or reporting centre)	63	2	65	33
Police station	36	3	39	20
Prison	55	7	62	31
Total	188	12	200	100

Appendix III: Safety and staff-detainee relationship interviews

Twenty detainees were approached by the research team to undertake structured interviews regarding issues of safety and staff detainee relationships at Dungavel IRC. Individuals were randomly selected.

Location of interviews

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency and all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff detainee relationships.

The demographic information of interviewees is detailed below followed by the results from each section.

Demographic information

- 18 of those who took part were male and two were female.
- The average length of time in detention was approximately four months and three weeks; of those interviewed, this ranged from one week to 18 months.
- Length of time at Dungavel ranged from one week to 12 months. The average length of time spent at Dungavel was approximately three months.
- For 13 interviewees, this was their first time in detention.
- Ages ranged from 19 to 51 years, the average being 31 years.
- Three interviewees were Nigerian, and one interviewee was from each of the following nations: Iran; Jamaica; Zimbabwe; Algeria; Ivory Coast; Italy; Ghana; Hong Kong; Bangladesh; Eritrea; Sri Lanka; India; Uganda; Guinea; Britain. The two females interviewed were Chinese and Pakistani.
- All interviewees spoke English but only nine spoke English as their first language.
- Seven interviewees identified their religion as Christian, four Muslim, three Catholic, one had no religion and the remaining detainees identified as Church of England, Jehovah's Witness, Buddhist, Hindu and Sikh.
- One interviewee stated they had a disability.

Safety

All interviewees were asked to identify areas of concern with regard to safety at Dungavel as well as rating the problem on a scale of 1-4 (1 = a little unsafe, 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Uncertainty/insecurity because of immigration case	<u>11</u>	<u>3.3</u>	<u>36</u>
Aggressive body language of detainees	<u>6</u>	<u>3</u>	<u>18</u>
Isolation (within the centre)	<u>5</u>	<u>2.2</u>	<u>11</u>
Gang culture	<u>3</u>	<u>3</u>	<u>9</u>
Staff behaviour with detainees	<u>3</u>	<u>2.6</u>	<u>8</u>
Lack of communication with family/friends	<u>4</u>	<u>1.5</u>	<u>6</u>
Aggressive body language of staff	<u>2</u>	<u>3</u>	<u>6</u>
Response of staff with regards to fights/bullying in the centre	<u>3</u>	<u>1.7</u>	<u>5</u>
Number of staff on duty during the day	<u>2</u>	<u>2.5</u>	<u>5</u>
Access to legal advice	<u>1</u>	<u>4</u>	<u>4</u>
Overcrowding	<u>1</u>	<u>4</u>	<u>4</u>
Layout of the centre	<u>2</u>	<u>1</u>	<u>2</u>
Healthcare facilities	<u>2</u>	<u>1</u>	<u>2</u>
Surveillance cameras	<u>1</u>	<u>2</u>	<u>2</u>
Response of staff to self harm incidents in the centre	<u>1</u>	<u>2</u>	<u>2</u>
Lack of trust in staff	<u>1</u>	<u>2</u>	<u>2</u>
Lack of confidence in staff	<u>1</u>	<u>2</u>	<u>2</u>
Lack of information about centre regime	<u>1</u>	<u>2</u>	<u>2</u>
The way meals are served	<u>0</u>	<u>0</u>	<u>0</u>
Availability of drugs	<u>0</u>	<u>0</u>	<u>0</u>
Lack of information in translation	<u>0</u>	<u>0</u>	<u>0</u>
Existence of an illegal market	<u>0</u>	<u>0</u>	<u>0</u>

The top five issues were:

1. Uncertainty and insecurity about their immigration case
2. Aggressive body language of detainees
3. Isolation
4. Gang culture
5. Staff behaviour with detainees

Overall rating

Interviewees were asked to give an overall rating for safety at Dungavel IRC, with 1 being very bad and 4 being very good. **The average rating was 3.3.**

A breakdown of the scores given are shown in the table below:

1	2	3	4
0 (0%)	3 (15%)	9 (45%)	8 (40%)

Staff-detainee relationships

All interviewees were asked to rate their relationship with staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
12 (60%)	7 (35%)	1 (5%)	0 (0%)

The average rating was 1.5.

2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
14 (70%)	5 (25%)	1 (5%)	0 (%)

The average rating was 1.4.

3. How often do wing staff address you by your first name or by Mr/Ms?

1 Always	2	3	4 Never
15 (75%)	3 (15%)	2 (10%)	0 (0%)

The average rating was 1.4.

4. How often do wing staff knock before entering your room?

1 Always	2	3	4 Never
10 (50%)	4 (20%)	2 (10%)	2 (10%)

The average rating was 1.8.

5. How helpful are staff generally with questions and day-to-day issues?

1 Very helpful	2	3	4 Not at all helpful
11 (61%)	6 (33%)	1 (6%)	0 (0%)

The average rating was 1.4.

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
13 (65%)	5 (25%)	2 (10%)	0 (0%)

The average rating was 1.5.

7. Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
13 (65%)	6 (30%)	1 (5%)	0 (0%)

The average rating was 1.4.

8. Would staff take it seriously if you were being victimised or bullied?

Yes	No	Depends who you approach
17 (85%)	1 (5%)	2 (10%)

9. How often do staff interact with you?

1 Always	2	3	4 Never
13 (65%)	6 (30%)	1 (5%)	0 (0%)

The average rating was 1.4.

10. Do you have a member of staff to turn to if you have a problem?

One (5%) detainee stated they did not. One detainee said that they had never had any problems. Of the 18 (90%) detainees who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
9 (50%)	3 (17%)	5 (28%)	1 (6%)

The average rating was 1.9.

11. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
13 (68%)	4 (21%)	0	2 (11%)

The average rating was 1.5.

12. Do staff actively encourage you to take part in activities within the centre?

1 Always	2	3	4 Never
7 (35%)	7 (35%)	2 (10%)	4 (20%)

The average rating was 2.2.

13. Interviewees were asked if they had ever been discriminated against by staff because of: ethnicity, nationality, religion, age, disability, or sexual orientation. No detainees felt they had been discriminated against by staff in any of these ways.

Overall rating

Interviewees were asked to give an overall rating for staff detainee relationships at Dungavel IRC, with 1 being excellent and 4 being poor.

The average rating was 1.6.

A breakdown of the scores given is shown in the table below:

1	2	3	4
10 (50%)	8 (40%)	2 (10%)	0 (0%)

Appendix IV: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 7 – 8 June 2010, the detainee population at Dungavel was 204. The questionnaire was offered to all detainees.

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit. Two centre officers helped to arrange the multi-faith chapel as a temporary classroom, so that detainees could be called to a central location throughout the course of the day.

Questionnaires were offered in 23 different languages.

Completion of the questionnaire was voluntary. If a detainee could not read, or required a language that we could not provide, an interpreter was used via telephone to communicate the purpose and aims of the survey and complete it through an interview.

In total, one respondent was interviewed, with the use of an Arabic telephone interpreter.

Methodology

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

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

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

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

Response rates

In total, 129 respondents completed and returned their questionnaires. This represented 63% of the detainee population. The response rate was 63%. In total 61 questionnaires were not

returned or returned blank, and 14 refused to complete one. Sixty questionnaires (47%) were returned in English; 25 (19%) in Chinese; 11 (9%) in Urdu; eight (6%) in Vietnamese; six (5%) in Bengali and Farsi; two (1%) in French, Turkish, Kurdish Sorani and Pashtu; and one each in Albanian, Arabic, Romanian, Russian and Spanish.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2006.
- The current survey responses in 2010 against the responses of detainees surveyed at Dungavel IRC in 2006.
- A comparison within the 2010 survey between the responses of non-English speaking detainees with English speaking detainees.
- A comparison within the 2010 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

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

Section 1: About you

Q1	Are you male or female?	
	Male.....	116 (91%)
	Female	12 (9%)
Q2	What is your age?	
	Under 18.....	0 (0%)
	18-21.....	13 (11%)
	22-29.....	49 (40%)
	30-39.....	35 (28%)
	40-49.....	19 (15%)
	50-59.....	7 (6%)
	60-69.....	0 (0%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	38 (31%)
	North America	1 (1%)
	South America.....	1 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	26 (21%)
	China	25 (20%)
	Other Asia	17 (14%)
	Caribbean	2 (2%)
	Europe.....	5 (4%)
	Middle East.....	9 (7%)
Q5	Is English your first language?	
	Yes	23 (18%)
	No	102 (82%)
Q6	Do you understand spoken English?	
	Yes	83 (67%)
	No	40 (33%)
Q7	Do you understand written English?	
	Yes	81 (64%)
	No	45 (36%)
Q8	What would you classify, if any, as your religious group?	
	None	12 (11%)
	Church of England	5 (5%)
	Catholic	9 (9%)
	Protestant.....	4 (4%)
	Other Christian denomination	16 (15%)
	Buddhist.....	11 (10%)
	Hindu	1 (1%)
	Jewish	1 (1%)
	Muslim.....	43 (41%)
	Sikh	3 (3%)

Q9 Do you consider yourself to have a disability?
 Yes 10 (10%)
 No 92 (90%)

Q10 Do you have any children under the age of 18?
 Yes 31 (29%)
 No 77 (71%)

Section 2: Immigration detention

Q11 When being detained, were you told the reasons why in a language you could understand?
 Yes 92 (79%)
 No 24 (21%)

Q12 Following detention, were you given written reasons why you were being detained in a language you could understand?
 Yes 80 (73%)
 No 30 (27%)

Q13 Were you first detained in a police station?
 Yes 90 (78%)
 No 26 (22%)

Q14 Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?
 One to two 67 (58%)
 Three to five 41 (36%)
 Six or more 7 (6%)

Q15 How long have you been in detention here?
 Less than 1 week 11 (9%)
 More than 1 week less than 1 month 35 (29%)
 More than 1 month less than 3 months 34 (28%)
 More than 3 months less than 6 months 24 (20%)
 More than 6 months less than 9 months 5 (4%)
 More than 9 months less than 12 months 4 (3%)
 More than 12 months 8 (7%)

Section 3: Transfers and escorts

Q16 Did you know where you were going when you left the last place where you were detained?
 Yes 62 (50%)
 No 53 (43%)
 Do not remember 9 (7%)

Q17 Before you arrived here did you receive any written information about what would happen to you in a language you could understand?
 Yes 41 (34%)
 No 70 (59%)
 Do not remember 8 (7%)

Q18	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	<i>Less than one hour</i>	13 (10%)
	<i>One to two hours</i>	18 (14%)
	<i>Two to four hours</i>	32 (25%)
	<i>More than four hours</i>	54 (42%)
	Do not remember	11 (9%)

Q19	How did you feel you were treated by the escort staff?	
	<i>Very well</i>	29 (23%)
	<i>Well</i>	54 (44%)
	<i>Neither</i>	28 (23%)
	<i>Badly</i>	6 (5%)
	<i>Very badly</i>	3 (2%)
	Do not remember	4 (3%)

Section 4: Reception and first night

Q21	Were you seen by a member of healthcare staff in reception?	
	<i>Yes</i>	116 (91%)
	<i>No</i>	8 (6%)
	Do not remember	3 (2%)

Q22	When you were searched in reception, was this carried out in a sensitive way?	
	<i>Yes</i>	95 (77%)
	<i>No</i>	18 (15%)
	Do not remember/not applicable	10 (8%)

Q23	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	39 (31%)
	<i>Well</i>	60 (48%)
	<i>Neither</i>	21 (17%)
	<i>Badly</i>	2 (2%)
	<i>Very badly</i>	1 (1%)
	Do not remember	2 (2%)

Q24	On your day of arrival, did you receive any of the following? (Please tick all that apply to you.)	
	<i>Information about what was going to happen to you</i>	56 (54%)
	<i>Information about what support was available to people feeling depressed or suicidal</i>	26 (25%)
	<i>Information about how to make applications</i>	30 (29%)
	<i>Information about healthcare services at this centre</i>	52 (50%)
	<i>Information about the religious team</i>	40 (38%)
	<i>Information on how to make a bail application</i>	31 (30%)
	<i>Information about how people can visit you</i>	39 (38%)
	Did not receive anything	23 (22%)

Q25	Was any of this information given to you in a translated form?	
	Do not need translated material	28 (28%)
	<i>Yes</i>	25 (25%)
	<i>No</i>	46 (46%)

Q26	On your day of arrival were you given any of the following? (Please tick all that apply to you.)	
	<i>Something to eat.....</i>	92 (83%)
	<i>The opportunity to make a free telephone call.....</i>	62 (56%)
	<i>The opportunity to have a shower.....</i>	82 (74%)
	<i>The opportunity to change into clean clothing.....</i>	84 (76%)
	<i>Did not receive anything.....</i>	2 (2%)
Q27	Did you feel safe on your first night here?	
	Yes.....	76 (67%)
	No.....	25 (22%)
	<i>Do not remember.....</i>	12 (11%)
Q28	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Not had any problems.....</i>	58 (55%)
	<i>Loss of property.....</i>	5 (5%)
	<i>Housing/accommodation.....</i>	5 (5%)
	<i>Contacting employers.....</i>	6 (6%)
	<i>Contacting family.....</i>	9 (8%)
	<i>Ensuring dependants were being looked after.....</i>	4 (4%)
	<i>Access to phone numbers.....</i>	12 (11%)
	<i>Access to legal advice.....</i>	11 (10%)
	<i>Access to your immigration case papers.....</i>	12 (11%)
	<i>Money/debt problems.....</i>	8 (8%)
	<i>Feeling depressed or suicidal.....</i>	21 (20%)
	<i>Drug problems.....</i>	3 (3%)
	<i>Alcohol problems.....</i>	3 (3%)
	<i>Health problems.....</i>	14 (13%)
	<i>Needing protection from other detainees.....</i>	4 (4%)
Q29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems.....</i>	58 (56%)
	Yes.....	27 (26%)
	No.....	18 (17%)

Section 5: Legal rights and immigration

Q31	Do you have a solicitor/legal representative?	
	<i>Do not need one.....</i>	6 (5%)
	Yes.....	108 (86%)
	No.....	12 (10%)
Q32	Do you get legal aid (free advice under the legal aid scheme)?	
	<i>Do not need legal advice.....</i>	15 (13%)
	Yes.....	80 (68%)
	No.....	23 (19%)
Q33	How easy or difficult is it to communicate with your solicitor or legal representative?	
	<i>Very easy.....</i>	25 (21%)
	<i>Easy.....</i>	38 (32%)
	<i>Neither.....</i>	19 (16%)

	<i>Difficult</i>	11 (9%)
	<i>Very difficult</i>	8 (7%)
	Not applicable	18 (15%)
Q34	Are you able to send a fax to your legal representative free of charge?	
	Yes	90 (74%)
	No	2 (2%)
	Do not know /not applicable	30 (25%)
Q35	Are you able to send letters to your legal representative free of charge?	
	Yes	73 (61%)
	No	6 (5%)
	Do not know/not applicable	41 (34%)
Q36	Have you had a visit from your solicitor/legal representative?	
	Do not have one	18 (16%)
	Yes	76 (66%)
	No	21 (18%)
Q37	Can you get hold of books about your legal rights?	
	Yes	53 (44%)
	No	38 (32%)
	Do not know/not applicable	29 (24%)
Q38	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	16 (14%)
	<i>Easy</i>	26 (23%)
	<i>Neither</i>	19 (17%)
	<i>Difficult</i>	22 (19%)
	<i>Very difficult</i>	22 (19%)
	Not applicable	8 (7%)
Q39	Can you get access to official information reports on your country?	
	Yes	34 (30%)
	No	53 (47%)
	Do not know/not applicable	26 (23%)
Q40	How easy or difficult is it to see immigration staff when you want?	
	Do not know/have not tried	33 (28%)
	<i>Very easy</i>	21 (18%)
	<i>Easy</i>	22 (19%)
	<i>Neither</i>	16 (14%)
	<i>Difficult</i>	15 (13%)
	<i>Very difficult</i>	10 (9%)
Q41	Have you had a review of your detention every month? (You should have had a review if you have been in detention anywhere for over one month.)	
	Not been in detention for over a month	31 (26%)
	Yes	55 (47%)
	No	14 (12%)
	Don't know	18 (15%)

Q42	If yes, was the review written in a language you could understand?	
	<i>Have not had a review</i>	46 (42%)
	Yes	43 (39%)
	No	20 (18%)

Section 6: Respectful detention

Q44	Are you normally offered enough clean, suitable clothes for the week?	
	Yes	75 (66%)
	No	39 (34%)
Q45	Are you normally able to have a shower every day?	
	Yes	115 (98%)
	No	2 (2%)
Q46	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	90 (71%)
	No	37 (29%)
Q47	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	89 (72%)
	No	16 (13%)
	<i>Do not know</i>	19 (15%)
Q48	What is the food like here?	
	<i>Very good</i>	16 (13%)
	<i>Good</i>	35 (28%)
	<i>Neither</i>	37 (30%)
	<i>Bad</i>	22 (18%)
	<i>Very bad</i>	14 (11%)
Q49	Does the shop sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet</i>	15 (12%)
	Yes	68 (54%)
	No	43 (34%)
Q50	Do you feel that your religious beliefs are respected?	
	Yes	94 (76%)
	No	12 (10%)
	<i>Not applicable</i>	17 (14%)
Q51	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	68 (57%)
	No	18 (15%)
	<i>Do not know/not applicable</i>	33 (28%)
Q52	How easy or difficult is it for you to contact the Independent Monitoring Board?	
	<i>Do not know who they are</i>	61 (51%)
	<i>Very easy</i>	7 (6%)
	<i>Easy</i>	11 (9%)

<i>Neither</i>	19 (16%)
<i>Difficult</i>	10 (8%)
<i>Very difficult</i>	12 (10%)

Q53 How easy or difficult is it to get a complaint form?

<i>Very easy</i>	29 (23%)
<i>Easy</i>	19 (15%)
<i>Neither</i>	11 (9%)
<i>Difficult</i>	9 (7%)
<i>Very difficult</i>	6 (5%)
Do not know	53 (42%)

Q54 Have you made a complaint since you have been at this centre?

<i>Yes</i>	20 (16%)
<i>No</i>	88 (72%)
Do not know how to	14 (11%)

Q55 If yes, please answer the following questions about complaints:

	Yes	No	Not made a complaint
Do you feel complaints are sorted out fairly?	5 (4%)	9 (8%)	102 (88%)
Do you feel complaints are sorted out promptly?	4 (4%)	7 (6%)	102 (90%)

Section 7: Staff

In order to assess how well you are being treated by staff, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and centre staff will not have access to them.

Q57 Do you have a member of staff at the centre that you can turn to for help if you have a problem?

<i>Yes</i>	90 (77%)
<i>No</i>	27 (23%)

Q58 Do most staff at the centre treat you with respect?

<i>Yes</i>	99 (87%)
<i>No</i>	15 (13%)

Q59 How often do staff normally speak to you?

<i>Never</i>	8 (7%)
<i>Rarely</i>	28 (25%)
<i>Some of the time</i>	43 (38%)
<i>Most of the time</i>	20 (18%)
<i>All of the time</i>	15 (13%)

Q60 Have any members of staff physically restrained you (C&R) in the last six months?

<i>Yes</i>	11 (10%)
<i>No</i>	98 (90%)

Q61 Have you spent a night in the separation/isolation unit in the last six months?

<i>Yes</i>	4 (4%)
<i>No</i>	106 (96%)

Section 8: Safety

In order to assess how safe this centre is, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and centre staff will not have access to them.

- Q63 Have you ever felt unsafe in this centre?**
 Yes 33 (26%)
 No 92 (74%)
- Q64 Do you feel unsafe in this centre at the moment?**
 Yes 18 (15%)
 No 100 (85%)
- Q65 Has another detainee or group of detainees victimised (insulted or assaulted) you here?**
 Yes 20 (17%)
 No 99 (83%)
- Q66 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)**
- | | |
|--|--------|
| <i>Insulting remarks (about you or your family or friends)</i> | 6 (5%) |
| <i>Physical abuse (being hit, kicked or assaulted)</i> | 4 (3%) |
| <i>Unwanted sexual attention</i> | 1 (1%) |
| <i>Your cultural or ethnic origin</i> | 3 (3%) |
| <i>Because of your nationality</i> | 5 (4%) |
| <i>Having your property taken</i> | 2 (2%) |
| <i>Because you were new here</i> | 0 (0%) |
| <i>Drugs</i> | 1 (1%) |
| <i>Because of your sexuality</i> | 0 (0%) |
| <i>Because you have a disability</i> | 1 (1%) |
| <i>Because of your religion/religious beliefs</i> | 4 (3%) |
- Q67 Has a member of staff or group of staff victimised (insulted or assaulted) you here?**
 Yes 7 (6%)
 No 108 (94%)
- Q68 If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)**
- | | |
|--|--------|
| <i>Insulting remarks (about you or your family or friends)</i> | 2 (2%) |
| <i>Physical abuse (being hit, kicked or assaulted)</i> | 0 (0%) |
| <i>Unwanted sexual attention</i> | 0 (0%) |
| <i>Your cultural or ethnic origin</i> | 0 (0%) |
| <i>Because of your nationality</i> | 1 (1%) |
| <i>Because you were new here</i> | 0 (0%) |
| <i>Drugs</i> | 1 (1%) |
| <i>Because of your sexuality</i> | 0 (0%) |
| <i>Because you have a disability</i> | 0 (0%) |
| <i>Because of your religion/religious beliefs</i> | 0 (0%) |

Q69	If you have been victimised by detainees or staff, did you report it?	
	Yes	7 (6%)
	No	11 (9%)
	Not been victimised	99 (85%)
Q70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	12 (11%)
	No	99 (89%)
Q71	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	1 (1%)
	No	112 (99%)

Section 9: Health care

Q73	Is health information available in your own language?	
	Yes	56 (49%)
	No	37 (32%)
	Do not know	22 (19%)
Q74	Do you know whether counselling is available at this centre?	
	Yes	48 (44%)
	No	61 (56%)
Q75	Are you able to see a doctor of your own gender?	
	Yes	53 (46%)
	No	21 (18%)
	Do not know	40 (35%)
Q76	Is a qualified interpreter available if you need one during health care assessments?	
	Do not need an interpreter/do not know	56 (50%)
	Yes	21 (19%)
	No	36 (32%)
Q77	Are you currently taking medication?	
	Yes	54 (46%)
	No	64 (54%)
Q78	If you are taking medication, are you allowed to keep possession of your medication in your own room?	
	Not taking medication	64 (56%)
	Yes	29 (25%)
	No	21 (18%)
Q79	What do you think of the overall quality of the health care here?	
	Have not been to health care	8 (7%)
	Very good	24 (21%)
	Good	45 (39%)
	Neither	20 (17%)
	Bad	9 (8%)
	Very bad	10 (9%)

Section 10: Activities

Q81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	
	Yes	77 (66%)
	No	40 (34%)
Q82	Are you doing any education here?	
	Yes	37 (31%)
	No	82 (69%)
Q83	Is the education helpful?	
	<i>Not doing any education</i>	82 (67%)
	Yes	40 (33%)
	No	0 (0%)
Q84	Can you work here if you want to?	
	<i>Do not want to work</i>	20 (17%)
	Yes	76 (66%)
	No	20 (17%)
Q85	Is there enough to do here to fill your time?	
	Yes	78 (68%)
	No	36 (32%)
Q86	How easy or difficult is it to go to the library?	
	<i>Do not know/do not want to go</i>	8 (7%)
	Very easy	73 (61%)
	Easy	31 (26%)
	Neither	4 (3%)
	Difficult	2 (2%)
	Very difficult	1 (1%)
Q87	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	11 (9%)
	Very easy	71 (60%)
	Easy	32 (27%)
	Neither	2 (2%)
	Difficult	2 (2%)
	Very difficult	1 (1%)

Section 11: Keeping in touch with family and friends

Q89	How easy or difficult is it to receive incoming calls?	
	<i>Do not know/have not tried</i>	14 (13%)
	Very easy	46 (41%)
	Easy	34 (31%)
	Neither	6 (5%)
	Difficult	5 (5%)
	Very difficult	6 (5%)

Q90	How easy or difficult is it to make outgoing calls?	
	<i>Do not know/have not tried</i>	11 (10%)
	<i>Very easy</i>	43 (38%)
	<i>Easy</i>	37 (33%)
	<i>Neither</i>	7 (6%)
	<i>Difficult</i>	5 (4%)
	<i>Very difficult</i>	10 (9%)
Q91	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	12 (10%)
	<i>No</i>	78 (67%)
	<i>Do not know</i>	26 (22%)
Q92	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	41 (36%)
	<i>No</i>	72 (64%)
Q93	Have you had a visit since you have been here from volunteer visitors?	
	<i>Do not know who they are</i>	25 (22%)
	<i>Yes</i>	23 (21%)
	<i>No</i>	64 (57%)
Q94	How do you feel you are treated by visits staff?	
	<i>Not had any visits</i>	50 (46%)
	<i>Very well</i>	27 (25%)
	<i>Well</i>	23 (21%)
	<i>Neither</i>	6 (6%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	1 (1%)



Detainee survey responses Dungavel IRC 2010

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

Key to tables

		Dungavel IRC 2010	IRC comparator	Dungavel IRC 2010	Dungavel IRC 2006
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in detainees' background details				
	No significant difference				
Number of completed questionnaires returned		129	1,019	129	85
SECTION 1: General information					
1	Are you male?	91%	87%	91%	93%
2	Are you aged under 21 years?	11%	12%	11%	16%
5	Is English your first language?	18%	27%	18%	18%
6	Do you understand spoken English?	68%	75%	68%	78%
7	Do you understand written English?	64%	68%	64%	69%
8	Are you Muslim?	41%	38%	41%	
9	Do you consider yourself to have a disability?	10%	20%	10%	
10	Do you have any children under the age of 18?	29%	42%	29%	41%
SECTION 2: Immigration detention					
11	When being detained, were you told the reasons why in a language you could understand?	79%	69%	79%	
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	73%	62%	73%	
13	Were you first detained in a police station?	78%	61%	78%	
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	12%	6%	
15	Have you been here for more than one month?	62%	69%	62%	54%
SECTION 3: Transfers and escorts					
16	Did you know where you were going when you left the last place where you were detained?	50%	42%	50%	57%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	35%	31%	35%	
18	Did you spend more than four hours in the escort van to get to this centre?	42%	28%	42%	57%
19	Were you treated well/very well by the escort staff?	67%	49%	67%	64%

Key to tables

		Dungavel IRC 2010	IRC comparator	Dungavel IRC 2010	Dungavel IRC 2006
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in detainees' background details				
	No significant difference				
SECTION 4: Reception and first night					
21	Were you seen by a member of healthcare staff in reception?	92%	86%	92%	86%
22	When you were searched in reception was this carried out in a sensitive way?	77%	64%	77%	77%
23	Were you treated well/very well by staff in reception?	79%	55%	79%	79%
24a	Did you receive information about what was going to happen to you on your day of arrival?	54%	30%	54%	25%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	25%	21%	25%	21%
24c	Did you receive information about how to make applications on your day of arrival?	29%	23%	29%	20%
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	50%	41%	50%	
24e	Did you receive information about the religious team on your day of arrival?	38%	31%	38%	
24f	Did you receive information on how to make a bail application on your day of arrival?	30%	22%	30%	
24g	Did you receive information about how people can visit you on your day of arrival?	38%	39%	38%	24%
For those who required information in a translated form:					
25	Was any of this information provided in a translated form?	35%	26%	35%	
26a	Did you receive something to eat on your day of arrival?	83%	72%	83%	66%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	56%	58%	56%	59%
26c	Did you get the opportunity to have a shower on your day of arrival?	74%	56%	74%	
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	76%	49%	76%	
27	Did you feel safe on your first night here?	67%	45%	67%	60%
28a	Did you have any problems when you first arrived?	45%	75%	45%	59%
28b	Did you have any problems with loss of transferred property when you first arrived?	5%	26%	5%	13%
28c	Did you have any housing problems when you first arrived?	5%	13%	5%	15%
28d	Did you have any problems contacting employers when you first arrived?	5%	8%	5%	7%
28e	Did you have any problems contacting family when you first arrived?	8%	22%	8%	23%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	4%	10%	4%	7%
28g	Did you have any problems accessing your phone numbers when you first arrived?	11%	16%	11%	
28h	Did you have any problems accessing legal advice when you first arrived?	10%	21%	10%	
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	11%	21%	11%	
28j	Did you have any money/debt worries when you first arrived?	8%	14%	8%	17%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	20%	28%	20%	25%
28l	Did you have any drug problems when you first arrived?	3%	5%	3%	6%

Key to tables

		Dungavel IRC 2010	IRC comparator	Dungavel IRC 2010	Dungavel IRC 2006
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in detainees' background details				
	No significant difference				
28m	Did you have any alcohol problems when you first arrived?	3%	2%	3%	2%
28n	Did you have any health problems when you first arrived?	13%	30%	13%	23%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	4%	9%	4%	4%
For those who had problems on arrival:					
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	61%	28%	61%	45%
SECTION 5: Legal rights and immigration					
31	Do you have a solicitor or legal representative?	86%	63%	86%	72%
For those who have a solicitor or legal representative:					
33	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	43%	63%	
34	Are you able to send a fax to your legal representative free of charge?	98%	94%	98%	93%
35	Are you able to send letters to your legal representative free of charge?	93%	75%	93%	85%
36	Have you had a visit from your solicitor/legal representative?	78%	54%	78%	68%
32	Do you get legal aid (free advice under the legal aid scheme)?	68%	42%	68%	
37	Can you get access to books about your legal rights?	44%	24%	44%	
38	Is it easy/very easy for you to obtain bail information?	37%	26%	37%	
39	Can you get access to official information reports on your country?	30%	14%	30%	32%
40	Is it easy/very easy to see immigration staff when you want?	37%	17%	37%	47%
41	Have you had a review of your detention every month?	47%	42%	47%	
For those who have had a written review:					
42	Was the review written in a language you could understand?	68%	64%	68%	

Key to tables

		Dungavel IRC 2010	IRC comparator	Dungavel IRC 2010	Dungavel IRC 2006
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in detainees' background details				
	No significant difference				
SECTION 6: Respectful detention					
44	Are you normally offered enough clean, suitable clothes for the week?	66%	47%	66%	50%
45	Are you normally able to have a shower every day?	98%	93%	98%	
46	Is it normally quiet enough for you to be able to sleep in your room at night?	71%	50%	71%	71%
47	Can you normally get access to your property held by staff at the centre if you need to?	72%	50%	72%	62%
48	Is the food good/very good?	41%	22%	41%	46%
49	Does the shop sell a wide enough range of goods to meet your needs?	54%	26%	54%	50%
50	Do you feel that your religious beliefs are respected?	76%	66%	76%	81%
51	Are you able to speak to a religious leader of your own faith if you want to?	57%	54%	57%	69%
52	Is it easy/very easy to contact the Independent Monitoring Board?	15%	15%	15%	12%
53	Is it easy/very easy to get a complaint form?	38%	47%	38%	47%
54	Have you made a complaint since you have been at this Centre?	17%	35%	17%	
For those who have made a complaint:					
55a	Do you feel complaints are sorted out fairly?	36%	19%	36%	46%
55b	Do you feel complaints are sorted out promptly?	35%	15%	35%	38%
SECTION 7: Staff					
57	Do you have a member of staff you can turn to for help if you have a problem?	77%	51%	77%	69%
58	Do most staff treat you with respect?	87%	62%	87%	90%
59	Do staff speak to you most of the time/all of the time?	31%	25%	31%	
60	Have any members of staff physically restrained you in the last six months?	10%	15%	10%	10%
61	Have you spent a night in the segregation unit in the last six months?	4%	17%	4%	12%
SECTION 8: Safety					
63	Have you ever felt unsafe in this centre?	26%	53%	26%	27%
64	Do you feel unsafe in this centre at the moment?	15%	45%	15%	
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	17%	34%	17%	14%
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	5%	14%	5%	5%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	3%	8%	3%	8%
66c	Have you experienced unwanted sexual attention here from another detainee?	1%	4%	1%	3%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	3%	8%	3%	7%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	4%	9%	4%	5%
66f	Have you ever had your property taken since you have been here? (By detainees)	2%	8%	2%	2%

Key to tables

		Dungavel IRC 2010	IRC comparator	Dungavel IRC 2010	Dungavel IRC 2006
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in detainees' background details				
	No significant difference				
66g	Have you ever been victimised because you were new here? (By detainees)	0%	6%	0%	3%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	1%	3%	1%	2%
66i	Have you been victimised here because of your sexuality? (By detainees)	0%	2%	0%	
66j	Have you ever been victimised here because you have a disability? (By detainees)	1%	2%	1%	
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	3%	5%	3%	
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	6%	28%	6%	15%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	2%	11%	2%	3%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	4%	0%	2%
68c	Have you experienced unwanted sexual attention here from staff?	0%	3%	0%	2%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	0%	7%	0%	3%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	1%	9%	1%	3%
68f	Have you ever been victimised because you were new here? (By staff)	0%	5%	0%	2%
68g	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%	1%	0%
68h	Have you been victimised here because of your sexuality? (By staff)	0%	1%	0%	
68i	Have you ever been victimised here because you have a disability? (By staff)	0%	2%	0%	
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	0%	4%	0%	
For those who have been victimised by detainees or staff:					
69	Did you report it?	39%	41%	39%	35%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	11%	23%	11%	
71	Have you ever felt threatened or intimidated by a member of staff in here?	1%	23%	1%	
SECTION 9: Health services					
73	Is health information available in your own language?	49%	33%	49%	21%
74	Do you know whether counselling is available at this centre?	44%	23%	44%	
75	Are you able to see a doctor of your own gender?	47%	38%	47%	
76	Is a qualified interpreter available if you need one during healthcare assessments?	19%	14%	19%	7%
77	Are you currently taking medication?	46%	46%	46%	
For those who are currently taking medication:					
78	Are you allowed to keep possession of your medication in your own room?	58%	57%	58%	
For those who have been to healthcare:					
79	Do you think the overall quality of health care in this centre good/very good?	64%	31%	64%	59%
SECTION 10: Activities					
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	66%	44%	66%	

Key to tables

		Dungavel IRC 2010	IRC comparator	Dungavel IRC 2010	Dungavel IRC 2006
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in detainees' background details				
	No significant difference				
82	Are you doing any education here?	31%	28%	31%	29%
For those doing education here:					
83	Is the education helpful?	100%	82%	100%	83%
84	Can you work here if you want to?	66%	50%	66%	
85	Is there enough to do here to fill your time?	68%	32%	68%	62%
86	Is it easy/very easy to go to the library?	87%	72%	87%	
87	Is it easy/very easy to go to the gym?	87%	66%	87%	
SECTION 11: Keeping in touch with family and friends					
89	Is it easy/very easy to receive incoming calls?	72%	50%	72%	61%
90	Is it easy/very easy to make outgoing calls?	71%	47%	71%	61%
91	Have you had any problems with sending or receiving mail?	10%	29%	10%	
92	Have you had a visit since you have been in here from your family or friends?	36%	51%	36%	16%
93	Have you had a visit since you have been here from volunteer visitors?	20%	22%	20%	19%
For those who have had visits:					
94	Do you feel you are treated well/very well by visits staff?	86%	64%	86%	



Key questions (non-English speakers) Dungavel IRC 2010

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

Key to tables

		Non-English speakers	English speakers
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
Number of completed questionnaires returned		40	83
11	When being detained, were you told the reasons why in a language you could understand?	83%	77%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	63%	76%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	6%
15	Have you been here for more than one month?	44%	71%
16	Did you know where you were going when you left the last place where you were detained?	33%	57%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	26%	39%
19	Were you treated well/very well by the escort staff?	66%	65%
23	Were you treated well/very well by staff in reception?	79%	80%
24a	Did you receive information about what was going to happen to you on your day of arrival?	52%	52%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	20%	28%
24c	Did you receive information about how to make applications on your day of arrival?	28%	30%
24d	Did you receive information about health services at the centre on your day of arrival?	48%	51%
24e	Did you receive information about the religious team on your day of arrival?	30%	44%
24f	Did you receive information on how to make a bail application on your day of arrival?	17%	37%
24g	Did you receive information about how people can visit you on your day of arrival?	24%	45%
27	Did you feel safe on your first night here?	65%	68%
28a	Did you have any problems when you first arrived?	36%	48%
31	Do you have a solicitor or legal representative?	72%	92%
40	Is it easy/very easy to see immigration staff when you want?	26%	42%

Key to tables

		Non-English speakers	English speakers
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
41	Have you had a review of your detention every month?	25%	56%
44	Are you normally offered enough clean, suitable clothes for the week?	71%	62%
45	Are you normally able to have a shower every day?	100%	98%
53	Is it easy/very easy to get a complaint form?	20%	45%
54	Have you made a complaint since you have been at this centre?	9%	20%
57	Do you have a member of staff you can turn to for help if you have a problem?	89%	74%
58	Do most staff treat you with respect?	96%	82%
59	Do staff speak to you most of the time/all of the time?	27%	33%
63	Have you ever felt unsafe in this centre?	37%	21%
64	Do you feel unsafe in this centre at the moment?	22%	12%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	11%	18%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	6%	7%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	6%	12%
71	Have you ever felt threatened or intimidated by a member of staff in here?	0%	2%
73	Is health information available in your own language?	33%	56%
76	Is a qualified interpreter available if you need one during healthcare assessments?	32%	13%
82	Are you doing any education here?	32%	31%
84	Can you work here if you want to?	56%	71%
85	Is there enough to do here to fill your time?	60%	71%
86	Is it easy/very easy to go to the library?	85%	89%
87	Is it easy/very easy to go to the gym?	80%	90%
89	Is it easy/very easy to receive incoming calls?	72%	72%
90	Is it easy/very easy to make outgoing calls?	70%	72%
91	Have you had any problems with sending or receiving mail?	10%	11%
92	Have you had a visit since you have been in here from your family or friends?	27%	40%



Key questions (disability analysis) Dungavel IRC 2010

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

Key to tables

	Significantly better than the comparator	Consider themselves to have a disability	Do not consider themselves to have a disability
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
Number of completed questionnaires returned		10	92
5	Is English your first language?	0%	23%
6	Do you understand spoken English?	60%	76%
13	Were you first detained in a police station?	88%	73%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	4%
15	Have you been here for more than one month?	81%	61%
19	Were you treated well/very well by the escort staff?	79%	71%
21	Were you seen by a member of healthcare staff in reception?	81%	91%
22	When you were searched in reception was this carried out in a sensitive way?	60%	76%
23	Were you treated well/very well by staff in reception?	79%	80%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	25%	24%
24d	Did you receive information about health services at the centre on your day of arrival?	75%	51%
27	Did you feel safe on your first night here?	40%	70%
28a	Did you have any problems when you first arrived?	69%	42%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	40%	19%
28n	Did you have any health problems when you first arrived?	13%	12%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	0%	5%
31	Do you have a solicitor or legal representative?	88%	89%
40	Is it easy/very easy to see immigration staff when you want?	50%	34%
41	Have you had a review of your detention every month?	79%	46%
44	Are you normally offered enough clean, suitable clothes for the week?	75%	63%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
45	Are you normally able to have a shower every day?	100%	99%
53	Is it easy/very easy to get a complaint form?	40%	40%
54	Have you made a complaint since you have been at this centre?	21%	17%
57	Do you have a member of staff you can turn to for help if you have a problem?	81%	80%
58	Do most staff treat you with respect?	88%	84%
60	Have any members of staff physically restrained you in the last six months?	0%	10%
61	Have you spent a night in the segregation unit in the last six months?	0%	4%
63	Have you ever felt unsafe in this centre?	0%	25%
64	Do you feel unsafe in this centre at the moment?	0%	13%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	0%	20%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	0%	5%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	0%	12%
71	Have you ever felt threatened or intimidated by a member of staff in here?	0%	2%
74	Do you know whether counselling is available at this centre?	50%	45%
76	Is a qualified interpreter available if you need one during health care assessments?	39%	16%
77	Are you currently taking medication?	87%	40%
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	75%	64%
82	Are you doing any education here?	27%	33%
85	Is there enough to do here to fill your time?	75%	71%
86	Is it easy/very easy to go to the library?	69%	87%
87	Is it easy/very easy to go to the gym?	79%	88%
89	Is it easy/very easy to receive incoming calls?	40%	73%
90	Is it easy/very easy to make outgoing calls?	69%	68%
91	Have you had any problems with sending or receiving mail?	0%	10%
92	Have you had a visit since you have been in here from your family or friends?	25%	37%