An inspection of the category A detainee unit at HMP Long Lartin

July 2007

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Introduction

In May 2005, a specialist unit opened at Long Lartin high security prison to hold people who were suspected of involvement in international terrorism and held to be a threat to national security. At the time of the inspection, the unit held six detainees, who were not charged with offences but were held under immigration law powers and were appealing against deportation. A seventh was held under an extradition warrant, which he was also challenging.

Holding a small number of people in a severely restricted environment for an indefinite period carries a number of risks, both to security and to the mental and physical health of those held. This inspection examined all aspects of the treatment and conditions of those detained, with particular regard to the findings of the European Committee for the Prevention of Torture (CPT), which examined the situation of such detainees in 2005.

As the report shows, in general the balance between security and care was being properly managed. In general, detainees were allowed access to facilities and a regime that was appropriate to their particular status, and were able to discuss issues in formal meetings with staff. There are, however, further adjustments that we believe could be made without prejudicing security, and we believe that the best way of achieving this would be to draw up specific operating standards for category A detainees. We also found that staff needed more training and support to deal with and respond to the specific issues presented by such detainees. As all the detainees were Arabic-speaking Muslims, the Muslim chaplain played a very important role, though there was scope to extend and further support his contribution.

The most glaring gap in provision was the absence of sufficient and appropriate physical and mental healthcare support for detainees who were held in an extremely isolated and confined environment for an indeterminate period, often with a fear, or even experience, of torture or mistreatment overseas. Our own screening, using a well-recognised assessment tool, showed that the majority of detainees had diagnosable mental health problems, in some cases severe. Money earmarked for their healthcare was not actually being spent on it – partly because detainees were suspicious of healthcare staff, who lacked specialist expertise.

The Long Lartin detainees are in a uniquely isolated and uncertain position within the prison system, and this report into their treatment and conditions shows the challenges this poses, and the additional support that is needed both for detainees and staff. That is, of course, only part of the challenge the Prison Service faces, as it seeks to develop strategies for dealing effectively and safely with the growing number of prisoners held because of actual or alleged terrorist activity.

Anne Owers
HM Chief Inspector of Prisons January 2008

1 Background

1.1 The Long Lartin detainee unit provided accommodation for up to 20 detainees in a small unit designed originally as a segregation unit. It opened in May 2005 to accommodate detainees who were believed to be involved in terrorist activity and to be a threat to national security.

1.2 Six of the seven detainees in the unit at the time of the inspection were held under provisions of the 1971 Immigration Act,[1] which allows the Secretary of State to detain those he or she has decided to deport, prior to their deportation. This decision carries a right of appeal and the detainees were at various stages of the appeal process. While their appeals were being heard they could also apply for bail. Both appeals against deportation and applications for bail are heard by the Special Immigration Appeals Commission (SIAC), which hears cases involving national security where there are limitations on the disclosure of evidence. The seventh person was not an immigration detainee, but held under an extradition warrant. He was going through legal proceedings to challenge his extradition. An eighth detainee arrived during the inspection.

1.3 Some of those regarded as a threat to national security, including one of the current detainees, had been detained under the Anti-Terrorism, Crime and Security Act 2001 (ACTSA) and/or subject to control orders in the past. During this period, the European Committee for the Prevention of Torture (CPT) made a number of visits to detainees. Noting that some of those detained initially under ACTSA were subsequently committed to Broadmoor high security mental health hospital, the CPT expressed concern that successive periods of detention for indefinite periods, uncertainty of outcome and past experience of torture, combined with a current fear of torture if deported, might impact upon mental and physical health.

1.4 A number of studies have examined the treatment of alleged terrorist detainees within high security settings.[2] A primary finding is that indefinite detention can have a negative impact on both the mental and physical health of detainees if it corresponds with a significantly restricted regime and loss of control over their lives. High rates of mental distress have been found in studies examining the impact of small group confinement and, independent of a previous history of mistreatment which carried its own risks, detention in high security settings was shown to constitute a separate challenge to mental health.

1.5 Against this background, Long Lartin was asked to prepare a small unit for category A 'extremist' detainees, many of whom had already been detained in the UK, and who would necessarily be subject to a combination of restrictions associated with their category A status and their separation from mainstream prisoners.

1.6 The holding of detainees in a high security prison requires a careful balancing of risks and needs. Integrating them with mainstream high security prisoners carries a risk of hostility towards them, and even assault, or the possible radicalisation of mainstream prisoners by detainees; both serious risks that the Prison Service must manage. The fact that they were held separately acknowledges their difference from mainstream prisoners, yet necessarily involves isolation and a restricted regime. It also risks the conditioning of staff. It does, however, allow for some modification of prison procedures that are inappropriate or unnecessary for detainees.

[1] See Appendix 1 for an explanation of the legislative background.
[2] Amnesty International. *Special security units: Cruel, inhuman or degrading treatment*. Amnesty International, March 1997.

A framework for inspection

1.7 Bearing in mind the particular circumstances of these detainees and the findings of research, we examined their treatment and conditions under the following 10 headings.

1. *Management decisions* that reflected the different risks and needs of detainees.
2. *Staffing:* whether staff were specifically selected and equipped to work with this particular group of people, had good interpersonal skills, strong cultural awareness, and were sensitive to their needs.
3. *Treatment and conditions* that were respectful and met daily needs.
4. *Systems and procedures* that were safe, humane and fair.
5. *Access to legal support*.
6. *Clear communication*: so that detainees understood why they were there, what might happen to them and their avenues for appeal.
7. *A full regime of activities*.
8. *Support to maintain the social identities of detainees* with family contact at least as good as that for remand prisoners.
9. *Mental and physical healthcare* that was not unnecessarily compromised by restrictions on the unit
10. *Religious needs:* that detainees could practise their religion in a manner comparable to mainstream prisoners of the same faith.

Methodology

1.8 In-depth structured interviews were conducted with all seven detainees in the unit on 17 and 18 July 2007. Detainees were asked about their previous and current detention histories, their current experiences in terms of custodial factors, healthcare, social contact, safety and relationships with staff. In some instances, they were asked about the importance of issues on a scale of one to five (see Appendix II). Interpreters were offered, but the one detainee needing an interpreter preferred another detainee to fulfil this role. All the other interviews were carried out in English.

1.9 In-depth interviews were also conducted with eight unit staff and four non-unit staff who had contact with this group of detainees. Staff were asked about the main problems and needs of detainees and the main difficulties they faced in their day-to-day work with them. Staff were also asked to rate the importance of issues on a scale from one to four (see Appendix III). In addition, the unit manager, a member of the Independent Monitoring Board (IMB), the head of education, the head of PE and the Muslim chaplaincy were interviewed.

1.10 The findings from these interviews were triangulated with documentary analysis and observation.

2 Summary and recommendations

2.1 At the time of the inspection, the unit housed seven Arabic-speaking Muslim detainees subject to deportation and held under immigration law. They were held in single cells within a self-contained unit in the middle of the prison around a small central courtyard. The cells received direct light from the courtyard, but the corridors did not, and although the unit was clean and recently decorated, it was a claustrophobic living environment.

2.2 The unit aimed to provide 'safe, secure and decent care of category A detained persons', though there had been no systematic and separate risk assessments of policies and procedures that had been developed for mainstream prisoners. On the whole, detainees were treated the same as high security prisoners. Some concessions, such as free access to the central courtyard and unit gym during hours of unlock and wearing of own clothes, had been agreed, but mandatory drug testing and incentives and earned privileges systems were applied, even though they did not appear appropriate or necessary for detainees.

2.3 The regime was continuing to evolve, and managers were in a position to develop operating standards that recognised the different status, needs and behaviour of a detainee population.

2.4 The original unit staff had been specially selected for their suitability for the unit, but they had received no training in the legal background, detention histories, or cultural and religious needs of the detainees, and there were no Arabic speakers among them. Despite this, staff-detainee relationships were good, though they had experienced a setback when the staff group was amalgamated with visits staff who had not volunteered for this role. Detainees felt vulnerable when they were off the unit, and both staff and detainees spoke of antagonism towards them from non-unit staff.

2.5 The facilities for detainees included an association room with a pool table and TV, which received Arabic channels, a small gym, a prayer/meeting room, an interview room, a telephone room, a kitchen and a laundry. There were two shower rooms and a bathroom. In addition to the central courtyard, there was a small adjacent exercise yard with a lagged fence. Sight lines and natural light were limited. The seven detainees had organised a cleaning, cooking and laundry rota for themselves. Some cooking ingredients were disallowed or unavailable, and detainees were sceptical that they were being supplied with halal meat.

2.6 Escorting arrangements involved detainees being handcuffed inside a cellular vehicle, without any assessment of their risk of violence or escape, and comfort stops were not provided.

2.7 On arrival, detainees were allowed to make a telephone call to let their families or solicitors know where they were, but this could be delayed by the lack of cleared numbers or PIN (personal identification number) credit. Concerns about family were dominant on arrival. An induction pack had been produced in Arabic, and this was supplemented by notices in Arabic and French as well as English.

2.8 There was a steady flow of both formal complaints and informal requests for various regime changes, raised with staff and managers. Formal complaints were logged and dealt with appropriately, though it was not clear from the log that detainees had been informed of the outcome. Racist incident complaints seemed to take some time to be resolved, and detainees were dissatisfied with the time it took, and the slow pace of change as a result of the monthly committee meetings. There had been little recorded use of force against detainees.

2.9 The uncharged status of the detainees meant that it was not possible for them to demonstrate that they had progressed or reduced their perceived risk to the public, though they retained a right of appeal to the Special Immigration Appeals Commission (SIAC).

2.10 Monthly reviews of detention status were generally provided by the Border and Immigration Agency (BIA), though only in English. Both these and the monthly reviews carried out locally were largely paper exercises that became repetitive over time with no additional information. Personal officer entries in history sheets were regular and mostly concerned detainees' concerns about their families.

2.11 The IMB visited the unit and shared our concerns about the inability of detainees to progress within the system, the poor communication with the BIA, and the difficulty of maintaining family links.

2.12 The legal support provided to detainees was generally good. They all had specialist solicitors representing them and were able to receive regular visits, make legal telephone calls, and fax documents to their legal advisers. There were no relevant legal books in the library, but no requests for them either. There was no access to computers, though this had been repeatedly requested. Detainees complained that their legal mail was sometimes opened.

2.13 The regime allowed detainees to be unlocked for about nine and a half hours a day on a weekday and seven and a half hours at the weekend, though the actual time unlocked was not recorded and was sometimes less. They were able to leave the unit for education, the gym, a weekly visit to the library, and social or legal visits. They were not pressing for any greater level of integration with mainstream prisoners, as they feared hostility or disapproval when off the unit. There had only been one incident a year previously in which conflict had arisen with prisoners in the gym, and this seemed to have been successfully overcome.

2.14 Only two detainees were attending education to support external learning courses. They said they found it difficult to concentrate because of their mental state, and felt vulnerable leaving the unit. The education department was concerned that it might not be able to continue funding external open learning courses for detainees through the Prisoners' Education Trust, which was meant for sentenced prisoners.

2.15 On the unit, detainees completed domestic routines, pursued their legal cases, used the small gym and/or exercise yard, read Arabic newspapers or watched TV, carried out regular prayers and associated together. They generally got on well and supported one another.

2.16 There was good entitlement to visits, though it was difficult for detainees' families to manage public transport and fund travel without help. There were also long delays in getting family members cleared to visit. Telephone calls were limited by cost, and letters were often delayed for long periods.

2.17 A generous amount had been provided for detainees' healthcare, but it was not actually deployed for their benefit. Detainees suffered from a range of both physical and mental health problems, but did not trust healthcare staff or approach them readily with their problems. There was no translated healthcare information, and one detainee with severe health problems was still awaiting an MRI scan, having refused to attend outside hospital four months previously.

2.18 A mental health professional attended the unit three times a week but was rarely approached, and none of the permanent healthcare staff at Long Lartin were aware of the detainees' histories of mistreatment or their fear of being tortured again if deported. Healthcare staff had

received no specific training in identifying signs of torture or appreciating the health implications of small group isolation, uncertain detention length and a restricted environment.

2.19 Detainees claimed their mental health was deteriorating due to a number of factors: the lack of information about their cases; constant daily frustrations; the lack of open space, distant horizons and natural light; limited family contact; restricted movement; poor sleep; and the cumulative effect of always seeing the same people and the same places, and having the same conversations. Five of the seven detainees who completed a mental health screening tool scored over a threshold of clinical need, with four scoring at levels that suggested persistent psychological problems. Four detainees had been subject to suicide and self-harm monitoring in the previous 12 months.

2.20 Detainees were well supported in practising their faith. They had daily access to a Muslim chaplain dedicated to the unit and to a prayer room on the unit. The chaplain had a good understanding of the culture and faith of the detainees, and was able to speak to them in their own language. In our view he could be more involved in the training of staff, daily briefings with staff, liaison with families, and the possible facilitation of assisted visits where eligible. In general, there could be a more strategic approach within the Prison Service to draw on and support the work of Muslim chaplains, particularly in the high security estate.

Main recommendations

1 Operating standards specific to category A detainees should be developed, based on appropriate risk assessments.

2 The balance of the risks associated with separation and integration should continue to be monitored closely and managed appropriately.

3 The Prison Service should take a more strategic approach nationally to deploying the skills of Muslim chaplains and providing support for their work.

4 Staff working in the unit should be selected for their suitability to work with alleged terrorist detainees, and trained to understand:

- the legal framework relating to terrorist prisoners
- the political situation in their countries of origin
- the cultural and religious differences
- the signs and symptoms of post-traumatic stress disorder.

5 Staff support should be built into the operation of the unit.

6 A health needs assessment should be completed to inform a review of the service level agreement. It should be informed by existing physical and mental health needs, and the impact of small group isolation.

7 The performance measures stipulated in the service level agreement should be monitored by the primary care trust and there should be clinical governance arrangements, including regular clinical audit. There should be separate documentation of all healthcare services taken up by detainees.

8 Training should be provided for healthcare professionals on the unit, including: signs and symptoms of previous torture; emotional reactions, including post-traumatic stress disorder and depression; and the impact of small group isolation on mental and physical health.

9 Detainees receiving regular psychiatric assessment should have care plans in accordance with the care programme approach (CPA) to managing serious and enduring mental illness, detailing their ongoing care. All detainees should have access to primary mental health services in line with National Institute for Health and Clinical Excellence (NICE) guidance for post-traumatic stress disorder and other anxiety disorders.

10 Detainees should have individual care and management plans. These should cover their health needs, activities and family support, and should be reviewed monthly by a multidisciplinary team that includes personal officers.

Other recommendations

11 Detainees should only travel handcuffed in a cellular vehicle if there is intelligence advising that this level of security is required, or if there is a history of violence.

12 Comfort breaks should be scheduled for journeys that exceed two and a half hours.

13 Lock-up times should be minimal given the status of the detainees. Time out of cell figures for the unit should be recorded.

14 The disabled-designated cell should be made suitable for wheelchair users.

15 Drug testing should only take place if there are grounds for suspicion.

16 The incentives and earned privileges scheme should be withdrawn and only re-introduced if the unit grows in number, and if it offers real incentives and is administered in a fair and transparent way.

17 Showers should be individually screened.

18 Regular briefings should include discussion of detainees' wellbeing.

19 Lagging to the fence in the outer exercise yard should be removed.

20 Detainees should be provided with reasonable guarantees that suppliers provide halal food.

21 Attempts should be made to recruit Muslim staff and to recruit or train Arabic speakers.

22 The Muslim chaplain in the unit should be invited to become involved in management meetings, staff briefings and unit training, and to carry out a formal pastoral role in family liaison.

23 Staff in the main prison should receive awareness training about the circumstances and needs of the detainees held in the unit.

24 Applications should be logged and both applications and complaints should be responded to within reasonable timeframes, and the outcomes of general complaints reported back to detainees.

25 Detainees should have access to suitably secure computer facilities to undertake legal casework, and relevant legal textbooks should be available on the unit.

26 Where detainees would benefit from external open learning, the Prison Service should provide funding if it is not otherwise available.

27 There should be a review of the system to approve social visitors, to reduce delays.

28 The 10 minutes per month free international telephone call for foreign nationals who have not had recent domestic visits should be routinely available to all detainees.

29 The time taken for mail to be processed should be significantly reduced.

30 There should be input from clinical psychologists and occupational therapists.

31 With the level of funding now provided, medical specialists should visit on site.

Good practice

32 *A formal joint staff/detainee meeting was held monthly to discuss unit issues.*

33 *When detainees were unlocked, they had free access to the unit kitchen to cook their own food, and to the central courtyard where they were able to grow some flowers and vegetables in planters.*

34 *A relatively good regime was available to detainees, despite their confinement in a small unit.*

35 *The governor had authorised several hundred pounds to supplement the small stock of Arabic language material.*

3 Findings

Management decisions

3.1 There was a careful balance to be struck between separation from and integration with mainstream prisoners. Co-locating the detainees in a small community acknowledged their difference from mainstream prisoners. They were able to associate and practise their religion together, share cooking and cleaning, speak their own language and feel protected from possible antagonism from mainstream prisoners. However, too complete a separation would result in an impoverished regime and overly restricted living conditions.

3.2 A formal joint staff/detainee meeting was held monthly to discuss unit issues, and this had become a forum for slowly agreeing regime developments. One detainee had been nominated as a spokesperson and he brought their concerns to the meeting, which was attended by other detainees, the unit governor and staff, with actions minuted. From this meeting, there had been developments such as the relocation of the TV and the provision of certain Arabic-speaking channels, the permanent unlocking of the door to the inner courtyard to allow free access to the outside, and the introduction of planters to grow flowers and some vegetables.

3.3 Minutes showed that progress was slow, and to a certain extent this was because detainee requests were challenging to normal security procedures. It was our view that more flexibility could be exercised in allowing, for example, benches in the courtyard, which could be bolted to the floor. The slow pace of change had caused frustrations.

> *'Most of the issues discussed are about what has not happened. You can't change the treatment as there are rules they have to follow. The meetings are a delay tactic to give the governor more time.'*
>
> *'They don't do anything; they can't do anything – purposeless.'*

A number of staff also expressed their frustration with the effectiveness of these meetings.

> *'Nothing gets done; they ask the same questions and the answer is always 'no'. It takes months to sort it out.'*

3.4 Many of these frustrations would have been avoided had there been separate operating standards in place, appropriately balancing security needs with a recognition of the status and unique circumstances of the detainees. Nevertheless, the meetings also served the purpose of providing a formal context for detainees to express their views and have them considered. As such, they provided a safety valve for tensions and allowed detainees a sense of some control over their lives:

3.5 Detainees were subject to the same random mandatory drug testing (MDT) as mainstream prisoners. This was inappropriate given their uncharged status, and had resulted in avoidable conflict. One of the detainees, who had documented mental health problems, had refused a test and been subject to adjudication, which had caused a further deterioration in his mental state. We were told that no tests on this group of detainees had ever been positive, and in

common with the Muslim chaplaincy we felt that MDT testing of this group of detainees was inappropriate unless there were good grounds for suspicion.

3.6 An incentives and earned privileges (IEP) system operated in an opaque way and arguably offered little management benefit. In practice there was little difference in entitlements between standard and enhanced privilege levels. Two of the detainees were on the standard level and the other five were on enhanced. Staff told us that the reason that two were on standard were that they were less friendly in their interaction with staff, but the most recent written reviews for both men were positive and recommended that they should move to enhanced, yet this had not happened. The written feedback to both these detainees did not describe why they had remained at standard or what they needed to do to move to enhanced. More important than these anomalies, however, was that the IEP scheme was of little practical value and divisive in a small community.

3.7 The Muslim chaplain stressed the fragility of the mental state of the detainees and expressed concern about a number of issues, including the impact of strip searching, mandatory drug testing, whether meat supplied to the prison was halal, the disallowing of some essential cooking ingredients, delays in clearing books and mail, and the impact of some inexperienced, untrained staff.

3.8 Our view was that the balance between separation and integration was currently about right, but needed to be monitored closely. Alleged terrorist detainees were in a small minority in the prison, and the occurrence of ongoing terrorist incidents in the country could render them vulnerable to retaliatory action in prison. There were large gaps in culture, behaviour and belief between the detainees and prisoners which naturally set them apart, but this had not prevented some involvement in prison activities that offset the effects of confinement in a small and claustrophobic living environment. We concluded, however, that there was a need for a separate set of operating standards for the unit that took into account the particular circumstances, risks and needs of detainees.

Recommendations

3.9 The balance of the risks associated with separation and integration should continue to be monitored closely and managed appropriately.

3.10 Operating standards specific to category A detainees should be developed, based on appropriate risk assessments.

3.11 Drug testing should only take place where there are grounds for suspicion.

3.12 The incentives and earned privileges scheme should be withdrawn and only re-introduced if the unit grows in number, and if it offers real incentives and is administered in a fair and transparent way.

Good practice

3.13 *A formal joint staff/detainee meeting was held monthly to discuss unit issues.*

Staffing

3.14 Staff-detainee relationships on the unit were respectful and the original unit staff felt they had developed skills to work with these detainees, though no specific training had been provided. The original staff had been selected for the unit, but this was no longer the case. A recent merger with the visits staff group had, in the view of both staff and detainees, undermined the good relationships that had built up. One member of staff said:

> *'We had built up trust, but because of this merger this has deteriorated. If you don't have the trust, you are going to start to have some problems.'*

3.15 A number of detainees said that the main unit staff were sensitive towards their needs and relationships were generally good, and our observations supported this. They did, however, refer negatively to the recent changes.

> *'Now that the visits and unit staff have merged into one group we are having difficulties. The visits staff are less respectful and some make it obvious they don't want to be here. The atmosphere is not as good now. But it takes time – and they are probably not happy with change being forced on them.'*

3.16 A concern was that (apart from the Muslim chaplaincy) there were no Muslim or Arabic-speaking staff who had first-hand appreciation of important cultural differences or who could understand what the detainees were saying to each other. This made it more difficult to manage the detainees on a daily basis, as well as presenting some security concerns, as staff could never be certain what was being discussed between detainees.

3.17 There was currently no training for unit staff, though staff, managers and the Muslim chaplaincy all said they felt training was essential. Managers had taken steps to raise cultural awareness by taking staff to a mosque and funding Arabic lessons. This was creditable, but a small step given the size of the cultural and language gaps. Staff interviews raised the problems faced in relation to lack of knowledge of immigration issues, the challenge of building trust, understanding religious and cultural needs, and language barriers.

3.18 Staff were not aware of detainees' current legal situations and the extent of the challenges they were facing, nor did they have any knowledge of their past experiences of mistreatment in custody. Some of those we spoke to felt it was not their responsibility to know this, and some felt it might be too difficult to deal with if they did know, though some said that having more information would help them fulfil their role. When detainees reacted badly to being kept awake at night by noise, for example, staff did not connect this with the possibility of previous sleep deprivation under interrogation, or appreciate that noises such as keys in heavy doors and boots in corridors might recall bad memories.

> *'I suffer from PTSD [post-traumatic stress disorder]; just hearing steps when I am alone in my cell brings back memories and bad feelings of the things I suffered whilst in X. You are so isolated and segregated – you feel that they can do anything without anyone knowing – there is no safety.'*

3.19 Detainees consistently reported that many staff around the rest of the prison had little understanding of their issues and treated them like prisoners. Some detainees felt that staff were discriminatory towards them as Muslims, and they did not feel safe going off the unit.

> *'I don't leave the unit. I have nothing to do with people in prison. I am scared of getting into trouble – there are prison rules, gangs and fighting and I don't want to get involved or do the wrong thing.'*

3.20 Some staff in the unit found the negative comments made by other prison staff about the unit tedious to manage, and felt it demonstrated their lack of understanding of detention issues. One member of staff said:

> *'Unit staff get a lot of stick from the rest of the prison for the way detainees are treated; other staff think they get too good a deal, for instance, the low roll and the access to the inner yard. It can make staff on the unit feel isolated from the rest of the prison.'*

Staff and managers agreed that awareness training for the main prison was necessary.

3.21 Support for staff was necessary to prevent their conditioning by a strong and united detainee group. At the time of the inspection, such support was minimal, although three-monthly one-to-one sessions with a trained discipline grade officer were due to be established. Daily briefings were not built into the operation of the unit. One member of staff said:

> *'Most briefings are not about the unit. Two minutes in the morning and two minutes after lunch – more briefing time would be useful… At the moment I do not feel part of a team. Regular team briefings would build solidarity.'*

Recommendations

3.22 Attempts should be made to recruit Muslim staff and to recruit or train Arabic speakers.

3.23 Staff working in the unit should be selected for their suitability to work with alleged terrorist detainees, and trained to understand:

- the legal framework relating to terrorist prisoners
- the political situation in their countries of origin
- the cultural and religious differences
- the signs and symptoms of post-traumatic stress disorder.

3.24 Staff in the main prison should receive awareness training about the circumstances and needs of the detainees held in the unit.

3.25 Staff support should be built into the operation of the unit.

3.26 Regular briefings should include discussion of the detainees' wellbeing.

Treatment and conditions

3.27 The statement of purpose for the unit was: 'to provide for the secure, safe and decent care of category A detained persons.' The unit was managed by a governor who reported to the head of residence and was staffed by two senior officers and 18 officers. It was located in the middle of the prison and constructed over two floors in a square around a central courtyard. As it was integral to the main prison, the only natural light was from the cell windows that gave on to the central courtyard. Detainees had recently been given unrestricted access to this courtyard during unlock, and supplied with a number of planter tubs for flowers and vegetables. Access to this yard represented a significant improvement in quality of life on the unit.

3.28 The accommodation had recently been refurbished and was clean and well decorated. It had 20 single cells, plus one safer cell and one cell for a disabled person. There was no cell sharing. There were seven detainees at the time of our inspection, and an eighth arrived on the second day. The disabled-designated cell was two cells knocked into one, but a wheelchair would not go under the sink, the toilet had no rails, and it would be difficult to open the cell door if the toilet was in use. It did not have showering facilities, and the unit showers were not accessible for wheelchair users.

3.29 There was an association room with a pool table and satellite TV which received Arabic channels, and non-satellite TVs in cells. There was also a prayer/meeting room. The unit had its own laundry facility to which detainees had free access. They were able to wear their own clothes. There was one bathroom and two shower rooms, each with two showers, but as they were unscreened only one detainee would shower at a time. There was also a small gym with unrestricted access during unlock hours. Despite significant efforts to make it fit for purpose, the unit remained a claustrophobic living environment.

3.30 Detainees consistently expressed concern that the meat supplied was not halal, and the Muslim chaplain shared their concerns. Consequently, a number of them had stopped eating meat, which restricted their menu options. However, this was mitigated to some extent by their unrestricted use of the unit kitchen, which they used daily to cook their own food. They were frustrated that they were not able to obtain all the ingredients they wanted. They said they had submitted lists of what they needed, but changes had not been made, often for security reasons – such as a ban on cooking oil as a potential weapon. Such restrictions developed for the safe management of prisoners should be risk assessed for their applicability to detainees.

3.31 All important notices were clearly displayed on boards around the unit in Arabic and French as well as English. A representative from the unit attended the prison race equality action team and foreign nationals meetings.

3.32 There was a poverty of visual stimulation. The corridors and many of the communal areas did not have natural light, and the sight range within the unit, the courtyard and the outside exercise yard was limited. The fence of the outside exercise yard was lagged, so detainees had no view beyond it.

> *'It's very claustrophobic on here. You can't see very far on either yard and it affects your eyesight…. Now I can't do courses because I can't read or concentrate for more than 10 minutes maximum.'*
>
> *'…There is nothing to see except tarmac and walls; it does not feel like you are outside at all.'*

3.33 It was explained to us that the lagging dated from the days when the unit had been a segregation unit and was to prevent prisoners passing anything or talking to other prisoners. Given that the yard did not overlook any prisoner accommodation or an area to which prisoners now had access, the lagging was redundant. Evidence accruing from medical studies into the effects of confinement in small units suggests that the lack of opportunities for long range vision may have a deleterious effect on eyesight.[3]

Recommendations

3.34 The disabled-designated cell should be made suitable for wheelchair users.

3.35 Showers should be individually screened.

3.36 Detainees should be provided with reasonable guarantees that suppliers provide halal food.

3.37 Lagging to the fence in the outer exercise yard should be removed.

Good practice

3.38 *When detainees were unlocked, they had free access to the unit kitchen to cook their own food, and to the central courtyard where they were able to grow some flowers and vegetables in planters.*

Systems and procedures

First night and induction

3.39 Detainees did not undergo the same induction as prisoners, although some of the process was followed. The induction process for the detainee unit had evolved slowly, as the unit had settled into its role. The prison had recently had relevant material translated into Arabic, though there had been no new arrivals since this, until a new detainee arrived during the inspection. The information pack in English and Arabic was supplemented by various notices, some in both languages and French. Information included a compact which the detainee and unit manager were expected to sign, a description of the main rules and regime, the IEP scheme, the core day, telephone access, education, library, gym, visits, healthcare, complaints, race relations, anti-bullying, IMB, Samaritans, basic advice on coping with stress, and contact details of some voluntary advice organisations.

3.40 During our inspection, a new arrival came late in the evening, after lock up. He was given a meal, but was not able to use the telephone until the next day, when his PIN credit had been transferred. This new detainee had been held in the unit previously, but he confirmed he had been taken through the induction process, shown translated materials, and been assisted by other detainees.

[3] Amnesty International, 1997; M Jackson, *Prisoners in Isolation: Solitary confinement in Canada.* Toronto, Canada: University of Toronto Press, 1983; R Slater, Psychiatric intervention in an atmosphere of terror. *American Journal of Forensic Psychiatry, 1986, 7*(1), 5-12; Sir Donald Acheson, The effects on health of the regimes in special secure units at Full Sutton, Whitemoor and Belmarsh prisons. Unpublished report, December 1997.
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Transfers

3.41 Detainees rated their treatment by the escorting staff as two on a scale of one (poor) to four (very good). As category A detainees, they were not told of their destination in advance. In addition, comfort breaks were not provided and five detainees, including the new arrival during the inspection, said they had been transferred in a cellular vehicle with their hands cuffed together. Handcuffing in a cellular vehicle is undertaken when there is a concern about the possibility of escape or if the detainee is violent, neither of which applied in this case. No risk assessments indicating that either of these was the case had been undertaken.

> *'I was sick in the van, but they did not stop and because I was cuffed the sick went everywhere.'*
>
> *'There was nowhere to go to the toilet so I had to wet myself'.'*

One detainee refused to attend a necessary hospital appointment because he found the level of security, particularly the conspicuous suit, degrading.

> *'I was taken to reception to get an MRI scan at the hospital, and was told that I had to get into a jumpsuit and would be handcuffed at all times in the hospital. There is no way I was going. I don't care about my health. . .'*

Applications and complaints

3.42 Records showed that 25 complaints were submitted in the nine months between September 2006 and June 2007. The average length of time it took to close a complaint was four days, though there was no clear indication of when, if at all, detainees were informed of the outcome. In relation to racist incident complaints, the average number of days to close the case was 41, ranging from 15 to 107. All detainees were informed of the outcome. In the year before our inspection, eight racist incident complaint forms had been completed by staff and/or detainees relating to the unit – six by detainees, one by an officer, and one by an officer on behalf of a detainee. Five related to staff behaviour towards detainees, three related to procedures, and one was about detainee behaviour towards staff. All complaints were acknowledged and acted upon by the race relations liaison officer. Six of the cases were subject to further investigations. None of the forms were signed off by the area manager, and the date that they were closed was unclear in two cases. In addition, 20 complaints had been made to healthcare: 12 of these were from one individual who left the unit in May 2007. Responses were generally perfunctory and did not give much information.

3.43 Six detainees interviewed reported making a complaint; of these only one said the response was prompt and fair. A common concern about applications was the length of time it took to get a response. Most said it took months, and some said that applications were often lost. There was no formal system for logging or monitoring applications.

> *'I have made a complaint a few times; it takes up to a month to get a response and then it is brushed off.'*
>
> *'Some complaints are over their head – they are simply unable to sort them out. It takes weeks to respond.'*

3.44 Three uses of force on detainees had been recorded in the previous year. They all concerned the same incident, when an altercation had broken out between detainees and orderlies in the gym on 20 September 2006. Two incidents took place in the gym, and one was a planned removal from the detainee unit to the segregation unit later that day. Only one of the incidents related to a detainee who was on the unit during our inspection. This detainee did not indicate at interview that he had been subject to physical restraint by staff, though another detainee did report being physically restrained, and this was not in the prison records. This level of the use of force confirmed that these detainees were not a control problem.

Category A reviews

3.45 Given their situation, detainees were inevitably unaware of all the information that lay behind both their detention and their continued category A status. Unlike prisoners, therefore, they were unable to challenge these decisions or make effective representations at reviews.

> *'… there's nothing I can do to not be category A.'*

3.46 For most detainees, this had been an ongoing situation for some years with no clear resolution in sight, resulting in a sense of loss of control over their lives and hopelessness about the future.

> *'…we don't know why we are cat A; the process is unclear and hidden. If you have the evidence then put me in a court room and charge me. I just can't see a future. There is no rebuilding here; you are just destroying peoples' lives.'*
>
> *'I was told by an officer that I would never come off category A; I find this very distressing.'*

Independent Monitoring Board (IMB)

3.47 The IMB visited the unit weekly, and six of the seven detainees stated that they knew how to contact them. Approximately one application a month was received from detainees, although they reported that many issues were resolved informally on the unit. Applications mainly concerned food, canteen, visits or different practices at different prisons. The IMB's concerns included:

- the restrictions that applied to those classified as category A, even though they were uncharged, such as the impact on their visitors and the lack of opportunity to progress
- poor communication with BIA
- the challenge of providing a meaningful regime, though they felt that this had improved in the last six months.

Positive aspects of the unit were seen as:

- the availability of an Muslim chaplaincy dedicated to the unit
- the cooking facilities
- notices translated into Arabic and French

- good staff-detainee relationships, although they recognised that continuity in staffing had recently been lost, which was a concern.

Wing files

3.48 Documents in wing files included:

- initial cell sharing risk assessments and subsequent reviews
- three-monthly reviews of IEP status
- a monthly detention review board (involving a governor, healthcare, senior officer, personal officer and detainee), addressing behaviour and attitude, welfare including domestic circumstances, mental health concerns, and targets
- personal officer record of contact, including family contact, current issues, any concerns about targets, and personal objectives.

Entries tended to be repetitive as detainees became long-term residents of the unit with no sentence planning framework and little obvious change in their circumstances. Recorded contributions from the detainee were minimal, and detainees sometimes declined to attend review meetings with staff. Unit staff said these became less important as numbers fell and staff became more easily accessible to detainees to deal with problems as they arose. In recent months, records of contact had been confined to comments in the unit running core record.

3.49 Core records typically had a dozen or more officer entries in a month, of varying content, including personal officer entries. This was considerably more than were found in the last inspection of the main prison. Concern about family contact, and how wives and children were coping, was a recurring entry. There were regular management checks with observations on sufficiency of entries.

Recommendations

3.50 Detainees should only travel handcuffed in a cellular vehicle if there is intelligence advising that this level of security is required, or if there is a history of violence.

3.51 Comfort breaks should be scheduled for journeys that exceed two and a half hours.

3.52 Applications should be logged and both applications and complaints should be responded to within reasonable timeframes, and the outcomes of general complaints reported back to detainees.

Access to legal support

3.53 All the detainees on the unit had complex legal cases. Most were held under the Immigration Act, although one was held under an extradition warrant. Some had claimed asylum in the UK, and said they had been subject to torture in the past and were likely to be at risk if they were returned to their own country. Some had previous convictions, some had been subject to control orders, and some were certified under the Anti-Terrorism, Crime and Security Act 2001.

All of them were appealing legal decisions. High levels of legal support were therefore required.

3.54 All detainees had specialist legal representatives, and all rated ease of access to their solicitors as good or very good, though there were some problems on first arrival associated with getting access to their solicitors' telephone numbers or delays in getting the numbers cleared. One detainee said that his solicitor had been told at the gate that he declined a visit when this was not the case. None of the detainees believed that their contact with their solicitor was confidential, and all thought that their telephone calls were monitored.

3.55 During the previous 14 weeks, the seven detainees had received 33 legal visits between them. Legal visitors often booked both morning and afternoon slots. Legal documents could be faxed to solicitors on application. Solicitors who wanted to speak with their clients called the prison and left a message asking the detainee to call back. One file recorded the unit office being made available to a detainee for an urgent legal telephone conference.

3.56 We found no textbooks on immigration law and procedure in the prison library, though detainees had not made a request for such material, instead relying on their solicitors for information. Five of the detainees expressed concern that they had had legal letters opened in their absence. One said:

> *'…it's impossible to identify who, so complaining is unproductive.'*

Detainees had made a number of requests to have access to computers on the unit so they could work on their cases or their studies, but these had so far been denied. The provision of sufficiently secure computer facilities for detainees was one of the issues being discussed in the staff/ detainee monthly meetings.

Recommendation

3.57 Detainees should have access to sufficiently secure computer facilities to undertake legal casework, and relevant legal textbooks should be available on the unit.

Communication with detainees about their detention

3.58 Five of the detainees claimed on interview that they knew why they were being detained. It was clear that the two who said they did not were referring to the lack of disclosure of the evidence against them. Those with poorer English said that they had not been told about their detention in a language they understood. All were bewildered by the process whereby they were represented by special advocates.

Monthly reviews of the reason for detention

3.59 All but one of the detainees were being held under Immigration Act powers following service of a notice of decision to deport by the Border and Immigration Agency (BIA) (formerly the Immigration and Nationality Directorate, IND). Their appeals against deportation were at various stages of the determination process. Although they were not held under detention centre rules, in conformity with normal BIA practice they were issued, most months, with monthly reviews of detention, although managers told us that there were between 10 and 15

monthly reports missing for the detainees as a group. The reviews provided a minimal summary of the stage of the determination process and reasons for maintaining detention,

3.60 Detainees were cynical about this process. Three stated that they received the same letters month after month and they were not even signed any more, and this was verified on inspection. A local immigration officer had visited the main prison in the past and detainees were aware of these surgeries since one of them was a representative on the foreign nationals committee, but no appointments had been requested from the detainee unit. There was a clear sense of hopelessness about their situation. Detainees rated their involvement in the development and progress of their cases as two on a scale of one (none) to five (very high).

> *'All happening without me being there.'*
>
> *'We are sometimes given newspapers and you can get reports from lawyers but the most information you get is from the news.'*

Daily regime

3.61 Detainees had voluntary access to a range of activities, including: up to five sessions a week of gym and unrestricted use of gym equipment on the unit; education five days a week; visits seven days a week; library on Saturday. In addition to the basic pay of £16.50 per week, detainees could do up to five sessions a week of cleaning and earn bonuses, which made the pay up to £22.50 per week. According to the timetable, detainees were out of their cells for nine hours and 35 minutes (locking up at 7pm) on a weekday and seven hours 35 minutes (locking up at 5pm) at the weekend. Actual unlock hours were not recorded, so we were unable to establish the impact of lock-downs and other regime disruptions. On the day we arrived, detainees were not unlocked until after 3pm due to a full lock-down search in the prison.

Education

3.62 All detainees could attend education, although only two said that they were attending currently. One was pursuing an Open University course and another an open learning course. English-language levels varied but they helped each other with any difficult text. English for speakers of other languages (ESOL) was available if needed, as was English, computing, art, food hygiene or first aid, and woodwork classes. Like prisoners, they could attend up to five days a week, subject to normal security clearance for the courses selected (none had not been cleared) and subject to normal entry tests (literacy and ability to speak adequate English). They moved to activities within normal free flow (that is, within the same restricted areas and observation as applied to other prisoners). The education department reported no problems of integration.

3.63 The deputy head of education regarded detainees as high end learners, giving rise to the fear that they might not qualify for funding for external open learning when they had completed their current courses begun at their previous prisons. At Long Lartin, open learning was funded by the Prisoners' Education Trust, which did not normally fund unconvicted prisoners since the duration of their time in custody was uncertain.

Gym

3.64 Detainees were provided with three dedicated sessions in the gym each week and were able to attend a further two open sessions each week. With numbers falling, the dedicated sessions had been expanded to include other selected prisoners so that team games could be undertaken. There had been a serious altercation between detainees and gym orderlies a year previously that had undermined the confidence of detainees and managers. The gym staff managed this closely and reported no further problems of integration, though detainees were now wary of going off the unit, and attendance at the gym had fallen.

> *'I stopped going to the gym for nearly a month, and always watch my back now.'*

3.65 Some preparatory work had been undertaken to translate a first aid course into Arabic, but numbers had dropped and the course had not gone ahead.

3.66 A small gym was also available on the unit with cardiovascular machines and weights, to which detainees had free access during unlock. This was a positive opportunity for exercise that benefited mental and physical health.

Library

3.67 The unit had a Saturday morning slot in the main prison library, and the governor had authorised several hundred pounds to supplement the small stock of Arabic language material. Some purchases (mainly religious texts) were located in the unit. As Arabic stocks in Worcestershire libraries were limited, the librarian had made arrangements to borrow from Manchester City Library and the Bright Books rental scheme. Requests had to be cleared by security, which caused varying delays.

3.68 Most detainees received their own copy of a mainstream Arabic language newspaper, although it usually took a day to arrive and a day to be checked by security. French language materials, including films, were used by some detainees.

3.69 Some adaptations to the unit regime had evolved, but, in the view of detainees, progress did not go far or fast enough. Meetings with staff and managers were a positive development, and although detainees were not particularly positive about their value they had contributed to the development of the unit and their wellbeing within it. Detainees also had some access to mainstream prisoners in the gym, education and visits, and although they did not identify with prisoners, this at least provided a wider social group than was available in the unit.

Recommendations

3.70 Lock-up times should be minimal given the status of the detainees. Time out of cell figures for the unit should be recorded.

3.71 Where detainees would benefit from external open learning, the Prison Service should provide funding if it is not otherwise available.

Good practice

3.72 *A relatively good regime was available to detainees, despite their confinement in a small unit.*

3.73 *The governor had authorised several hundred pounds to supplement the small stock of Arabic language material.*

Support for the social identities of detainees

3.74 Research indicates that feelings of loss of identity and alienation are common among people held in small groups away from their families.[4] We were concerned, therefore, that family contact and contact with members of their own cultural group should be facilitated.

3.75 A dedicated unit allowed detainees to practise their own language and culture together, cook their own food and practise their religion. But family relationships were under substantial strain. Five detainees had families living in the UK who were in financial difficulties and isolated, and this caused considerable anxiety.

> *'The worst things are happening to them. They are being deprived; they try to hide it from me, but I can tell. I can't really speak to them as I am being monitored, and I just want to spare them from any more trouble than they are already going through. People stopped visiting them, so they are totally isolated. They are frightened that the security will come and visit them, so they feel pressured all the time.'*
>
> *'All the negative effect on me is due to the negative effect on my family. My wife's mental health has suffered. She is very upset. She has difficulty sleeping and has a lot of fear. There are still a lot of difficult practical problems. Wife and two small children; they are under NASS.[5] They are in a damp flat with gas leaks and the youngest child (under two) has developed pneumonia and both children are covered in bites from bedbugs.'*

3.76 Visits were allowed seven days a week, on both mornings and afternoons, except for Wednesday afternoons. Social visits took place in the main visits hall with other prisoners and their families. Detainees had no limit on their visits entitlement, and those with children could receive family visits that spanned both morning and afternoon. There was no evidence of any difficulty booking visits, but the process was frustrated by the length of time it took to get visitors cleared. Although no record was kept, the security department estimated that it took an average of three to four months per visitor, though there had been instances where it had taken over a year. One detainee claimed that he had had his visitors fully cleared at Belmarsh prison, but when he came to Long Lartin he had to begin the process again as he was told that the paperwork had not transferred with him. Detainees were able to have discretionary visits while waiting for clearances, but this involved the completion of applications and paperwork every 28 days.

> *'The police went to our old address to confirm the identity of my wife; so they had to start process all over again. But they are quite good at giving discretionary visits.'*
>
> *'When my daughter reached 16 years she had to be cleared as an adult. Both this and the clearance of my parents have taken time.'*

[4] C Haney, Mental health issues in long-term solitary and 'supermax' confinement. *Crime & Delinquency, 2003, 49*(1), 124-156.
[5] National Asylum Support Scheme

3.77 Detainees' families lived in major cities all over the UK, and visits by public transport were complicated and expensive. Wives were often not confident using public transport in the UK, and often had no English. Neither did they have the benefit of probation service involvement, or family liaison services to assist them. Most relied on friends to bring them by car, though friends could fear attracting the attention of the authorities and be reluctant to help out, resulting in a relatively high number of cancelled or non-attended visits. Families were even more socially marginalised than other prisoners' families because of their alleged terrorist affiliations, language barriers, immigration status, ethnicity and, in many cases, poverty. There was scope for the prison to provide assistance with family liaison, information about how to visit, the completion of forms for visits clearance, and applications for assisted visits where eligible.

> *'The cost of visits is preclusive – they rely on friends to drive as public transport is too expensive and they have been subject to harassment – spat on and pushed…'*

The unit Muslim chaplain commented:

> *'Prison visits arrangements are good … the problems are outside. Their wives do not speak English and cannot cope with [railway] station. The prison could assist more with telephone calls, to enable detainees to speak with their mothers in their home countries, because they wonder if they will ever see them again.'*

3.78 The IMB was concerned that it had received fewer complaints in recent months about the lack of family contact, not because the difficulties had been solved, but because detainees had become resigned to the frustrations. The number of visits received by each detainee during the three and a half months before our inspection was as follows:

Table 1. Number of visits received in the 3.5 months before inspection.

Detainee	Social visits received	Social visits cancelled or not attended	Family visits received	Family visits cancelled or not attended
1	5	6	0	0
2	7	6	1	0
3	0	0	0	0
4	3	0	0	0
5	0	0	2	3
6	2	18	1	1
7	6	1	0	1
Totals	23	31	4	5

Social visits were almost always from the same visitors – immediate family. One detainee had no family from this country visiting him.

3.79 Detainees had unrestricted access to the unit telephone when they were unlocked, although use was limited by cost. As all the detainees were foreign nationals, telephone contact with families was expensive. There was only one telephone on the unit, in a small room next to the unit office that afforded quiet and privacy. This was adequate when there were only eight on the unit, but if numbers increased it would be insufficient. Some detainees said that this was the cause of most arguments on the unit when there were higher numbers.

3.80 If detainees were not getting domestic visits they were eligible for free five minutes of international calls per month. If they had not had a domestic visit for six months, they could apply for this to be increased to 10 minutes, and one of the detainees had benefited from this. Most of the detainees who received domestic visits also had close family members living abroad with whom they wanted to maintain contact, but this was very difficult to fund when they were not able to receive incoming calls.

3.81 All detainees reported significant delays in sending and receiving mail. Staff agreed that it was a problem, but no records were kept to confirm how long it took for incoming and outgoing mail to be processed. While we were on the unit we witnessed one detainee handed a letter which was stamped five weeks earlier. Records were kept of how long translations took. Although this could be up to two weeks, it did not explain delays of five weeks and more. As a result of these delays, detainees said they rarely used the mail.

Recommendations

3.82 There should be a review of the system to approve social visitors, to reduce delays.

3.83 The 10 minutes per month free international telephone call for foreign nationals who have not had recent domestic visits should be routinely available to all detainees.

3.84 The time taken for mail to be processed should be significantly reduced.

Mental and physical healthcare

Clinical governance

3.85 There was a separate service level agreement (SLA) to provide funding for the unit between Worcestershire Primary Care Trust (PCT) on behalf of the prison and the Department of Health (DH). The funding, £209,925 for 2007-08, was to be utilised to provide 'high quality and accessible healthcare', to be reviewed annually. The agreement was drawn up assuming that 20 detainees were held. The SLA stipulated that a full health needs assessment (HNA) would be undertaken on an annual basis to ensure that appropriate services were being delivered. During our visit, we were informed that there had been no HNA at the prison for some time, but one was due to be completed for the PCT board within the following few weeks. The lack of an HNA had been identified in the last SLA review in January 2007, with a recommendation that this should be carried out. The SLA also required monthly performance management statistics to be collated, but it was unclear to whom these were to be sent, and they had never in fact been collected.

3.86 None of the waiting lists or other health service information collected identified detainees separately from prisoners, so it was not possible to determine the level of service they actually received. The SLA stipulated that services provided should comply with all relevant NHS standards, with particular reference to the primary care trust's clinical governance framework. But the clinical governance report, dated February 2007, had only one mention of detainees – in relation to the problem of one detainee requiring an MRI scan and refusing to attend hospital in handcuffs.

3.87 The SLA also stated that there should be two whole-time equivalent registered mental health nurses (RMNs) specifically for the 20 detainees, but these posts were, in effect, being used for the prison as a whole. A standard monthly memo to the governor stated that hourly sessions

were provided by an RMN to the unit three times a week. However, a detainee logbook in the healthcare office indicated that of the previous 45 visits to the unit, in 31 there had been 'no requests for contact', in six visits nothing had been recorded, and in seven visits physical health issues had been addressed. The logbook also indicated that none of the visits had been as long as an hour. This represented an unproductive use of the time of a mental health professional, and an ineffective service to detainees.

3.88 Of equal concern was the fact that detainees did not receive any services from a psychologist, although this was also specified in the SLA. Access to a GP was through the normal prison application system, with a three to four day wait. Similarly, detainees could apply to see other health professionals, but no separate monitoring data was kept of their access to these services beyond the individual clinical records.

3.89 Outside hospital appointments were arranged and coordinated by a registered general nurse. She recalled only one detainee requiring outside hospital treatment, who had 'refused' to go for an MRI scan. When questioned further, she stated that no more appointments had been made for him, though she had not told him this or documented it in his clinical records. The possibility of using a mobile MRI scanner had been investigated, but one prison gate was too low to allow access, and nothing more appeared to have been arranged.

3.90 There was no translated material in the healthcare department and no translation services had been used in any medical consultations. Detainees interviewed reported limited trust in healthcare staff.

> *'I think they are corrupt and are used by the prison. I avoid contact with them whenever possible.'*

Most detainees interviewed cited specific healthcare needs, but only one stated that his needs were met at Long Lartin.

> *'They try to do the minimum; to keep you quiet and they solve all problems by giving you drugs. You just become addicted. They understand what you say to them, but don't listen to you. You are just a number/file to be filled in.'*

3.91 A detailed review of individual detainees' clinical records by healthcare inspectors was undertaken, with their permission. This covered the whole period of the available records, not just the time in Long Lartin. The main findings were the gap between the wide range of services stipulated in the SLA and required by detainees, and the provision actually made. Examples were documented needs for physiotherapy, podiatry, optician services, and services for diabetes that would routinely be available to diabetics in the community, including access to retinal photography or its equivalent.

3.92 There was a long delay in reporting x-rays in one case which had not been followed up. This would be a suitable area for a clinical audit. In the judgement of the medical inspector, the detainee who refused the MRI scan probably also needed to see a neurologist, which could have been arranged on site.

3.93 Some of the detainees had previously been held in other restricted units where they had routine access to a visiting consultant physician once a quarter to review their medical condition, given the known impact on health of incarceration in restricted conditions. However, there was no such monitoring in the Long Lartin unit

3.94 In general, the SLA needed to provide flexibility to cover individual health needs so that detainees could receive care for any medical condition equivalent to that provided in the community. Underpinning these concerns, there was a need for a proper clinical governance system with routine audit and learning from clinical issues and concerns as they arose.

Mental health and wellbeing

3.95 There were a number of external stressors for detainees over and above the impact of indeterminate detention in restricted conditions and a lack of control over their lives and futures. The impact of their situation on their families remained a significant and ongoing cause of distress that was specifically referred to as a source of concern by the Muslim chaplaincy. Detainees were asked what their main concerns were in relation to their deportation.

Table 2. The number of detainees reporting different concerns about deportation.

	Number of detainees
Torture	5
Facing charges in home country	3
Death warrant in home country	2
Family	2
Police in home country	2
Funding	1

'I have a death sentence on return; I face torture. My family and friends are and would be in worse trouble because of me. I would be taken by the security service and would be incommunicado/incognito until I was given back to the police – that is when I would be tortured. I have applied for asylum against the government in X; they won't forget that, it will be used against me.'

'That I will get sent back to country A and will never get a fair trial and will get tortured again. If I am sent to country B I will commit suicide. I would have done it before if it wasn't against my religion. There is no end to this story and I would like to know where I am going.'

'I am very concerned about my family's safety. Also, they have no home or finances over there and other family are not in a position to support them.'

3.96 Six detainees reported that they felt as though their wellbeing had deteriorated since being on the unit. The causes were described as:

- lack of information on their cases
- the lack of open space/ horizons
- limited family contact
- poor lighting
- same people/ same places/ same conversations
- restricted movement

- constant daily frustrations
- poor sleep.

> *'I used to paint, but I clean twice a week; otherwise I just sleep or watch television and go out into the garden for about 30 minutes.'*
>
> *'I am finding it very difficult to concentrate at the moment, so anything that involves reading is very difficult.'*
>
> *'It is my choice not to do anything – it is better to stay on the unit.'*

The Muslim chaplain was also concerned about mental deterioration.

> *'I can see the mental health issues developing. We do not know how long their cases will take, how long they will be locked up here, what the outcome will be. These fears can lead to suicide, but although I see the detainees regularly I cannot say when something might happen, when a person will break down. It can happen easily'.*

3.97 We assessed the general wellbeing of the detainees using the general health questionnaire (GHQ12), which measures the extent to which an individual departs from his normal functioning on a range of indicators of psychological wellbeing. A cut-off score of four out of a total of 12 is considered to represent a level of clinical need.

3.98 Five of the seven detainees had scores above this threshold, with four having maximum or close to maximum scores. Two of the four high scorers were receiving ongoing psychiatric attention and another had undergone a psychiatric assessment. Three of the high scorers claimed to have experienced previous torture and this was supported in the clinical records of two of them, one of whom was preoccupied by suicide. The third appeared not to have disclosed stress symptoms or his claims of previous torture, possibly because he did not trust healthcare staff (see 3.90) or believe they could help.

3.99 In interview detainees reported poor concentration, disturbed sleep, poor short-term memory, hopelessness, anxiety and depression. Clinical records referred to problems of adaptation, uncertainty about the length of detention and fears of deterioration.

3.100 The two low scorers presented as more self contained and less troubled in interview. One in particular had strong ideological beliefs that allowed him to find meaning in his situation, which may have afforded him some protection.

3.101 A consultant forensic psychiatrist provided one session a week for the whole prison and included the detainees in his overall caseload. Two detainees were receiving ongoing attention, with intermittent input from the unit mental health nurses. However, there were no care plans and neither was under the care of the prison mental health in-reach team, despite being diagnosed with serious psychiatric disorders. Nor was there any input from clinical psychologists – as stipulated in the SLA – or occupational therapists, who could monitor mental state and provide advice and interventions to support mental health.

3.102 Clinical records showed that detainees had received regular bi-annual mental health screens in other prisons, but these were not continuing in Long Lartin. There was minimal input to assist with issues of loss, dealing with past torture, or the development of individual coping

strategies for daily life to assist in the more effective preservation of mental wellbeing. Detainees may well find it hard to describe past experiences in detail or to undertake therapeutic work, but they appeared not to have been offered any psychological therapies or counselling. The visiting RMNs had received no training in identifying signs of torture or appreciating the impact of small group isolation on health.

3.103 We were also concerned about the low level of unit staff's awareness of detainees' mental health issues, and the limitations this placed on their ability to understand and manage detainees. A greater understanding of these issues from staff would help considerably in mitigating detainees' problems.

Suicide and self-harm

3.104 In the last 12 months, five assessment, care in custody and teamwork (ACCT) self-harm monitoring forms had been opened on detainees on the unit. They included two detainees stating their intention to take their own lives, and two displaying mental health problems. Documentation was completed to an acceptable standard. Good background information was provided, regular multidisciplinary reviews took place, there was input from the detainees themselves, and evidence of staff engaging with the detainee. However, some of the action points were too general to be useful, and there was limited evidence of input from specialists other than the RMNs.

3.105 One detainee commented on his experience of being on an ACCT. His comments betray a sense of alienation and hopelessness.

> *'It is all routine and paperwork for them; when I was on ACCT no one came and spoke to me about things; they asked whether I was ok but made it seem as though I was creating more work. They asked me whether I wanted to remain on an open ACCT and I said I didn't care. I assume it was closed – nobody has told me that it is closed though.'*

Recommendations

3.106 A health needs assessment should be completed to inform a review of the service level agreement. It should be informed by existing physical and mental health needs, and the impact of small group isolation.

3.107 The performance measures stipulated in the service level agreement should be monitored by the primary care trust and there should be clinical governance arrangements, including regular clinical audit. There should be separate documentation of all healthcare services taken up by detainees.

3.108 With the level of funding now provided, medical specialists should visit on site.

3.109 There should be input from clinical psychologists and occupational therapists.

3.110 Detainees receiving regular psychiatric assessment should have care plans in accordance with the care programme approach (CPA) to managing serious and enduring mental illness, detailing their ongoing care. All detainees should have access to primary mental health services in line with National Institute for Health and Clinical Excellence (NICE) guidance for post-traumatic stress disorder and other anxiety disorders.

3.111 Training should be provided for healthcare professionals on the unit, including: signs and symptoms of previous torture; emotional reactions, including post-traumatic stress disorder and depression; and the impact of small group isolation on mental and physical health.

3.112 Detainees should have individual care and management plans. These should cover their health needs, activities and family support and should be reviewed monthly by a multidisciplinary team that includes personal officers.

Religious practice

3.113 Support for detainees to practise their faith was generally good. Detainees had daily access to a religious leader of their faith and to a prayer room on the unit. The prison had appointed a second full-time Muslim chaplain, 11 months prior to our inspection to provide a service to detainees on the unit. Detainees were not permitted to join the main prayers but had a service in an appropriate multi-purpose prayer and meeting room on the unit. To prevent isolation of any single member of the chaplaincy, all members of the team regularly visited all areas, including the detainee unit, although the unit Muslim chaplain always took Friday prayers.

3.114 There had recently been an incident in which security requested detainees to be taken out of Friday prayers for screening to detect whether they had items secreted internally. After objections, this was not pursued, but the lack of sensitivity to the timing of this request had undermined much of the trust that had developed between detainees and staff.

3.115 The task of the Muslim chaplain in retaining the respect and confidence of both the detainees and the staff was complex, and his role was a difficult one. His unique appreciation of cultural and religious issues could contribute more effectively to the running of the unit if he were involved in management meetings, staff training and unit briefings. He could also play a valuable role in family liaison, consistent with his pastoral role.

3.116 Within the main prison, as in others we have inspected, there were also clearly tensions which concerned the Muslim chaplaincy as a whole. We were told that Muslim prisoners in general believed they were discriminated against by staff, particularly in the use of segregation. While both Muslim chaplains were well supported by the local chaplaincy team, this did raise broader issues about the need to use and strengthen the role of Muslim chaplains nationally, particularly in the high security estate.

Recommendations

3.117 The Prison Service should take a more strategic approach nationally to deploying the skills of Muslim chaplains and providing support for their work.

3.118 The Muslim chaplain in the unit should be invited to become involved in management meetings, staff briefings and unit training, and to carry out a formal pastoral role in family liaison.

Appendix I - Legislative background

The Anti-Terrorism, Crime and Security Act 2001 (ACTSA) followed the attacks in the USA on 11 September 2001. Part IV of ACTSA allowed the Secretary of State to detain, without trial and for an indefinite period, foreign nationals who were suspected international terrorists. It was meant to deal with the situation where people could neither be prosecuted nor deported. They were not prosecuted under criminal law because of lack of admissible evidence and the need to protect the identify of sources. They could not be deported because of the risk of facing torture on return to their home countries. The European Convention of Human Rights (ECHR), article 3, prohibits torture. States cannot derogate from article 3 and the prohibition is unqualified. The European Court of Human Rights has held that states cannot return people to face torture even when there is a competing public interest, such as national security (*Chahal v UK* [1996] 23 EHRR 413, ECtHR).

Indefinite detention under ACTSA Part IV required a derogation, an opt-out, from parts of article 5 ECHR, which prohibits arbitrary detention. States can only derogate on very limited grounds – a public emergency threatening the life of the nation – and only if not inconsistent with other obligations under international law. The attempt to opt out failed. In December 2004 the House of Lords found the derogation to be unlawful: it was disproportionate, discriminatory, irrational and ineffective (*A and others v SSHD* [2004] UKHL 56). They noted that the subjects were free to leave the country and conduct terrorism in other countries, the same provisions did not apply to British suspected terrorists, and the provisions were thus discriminatory and a violation of ECHR article 14 (which prohibits discriminatory application of other articles) as well as inconsistent with other international law to which the UK is a party.

Following the House of Lords judgment, ACTSA Part IV was repealed. It was replaced, in the 2005 Prevention of Terrorism Act, by control orders – 'an order against an individual that imposes obligations on him for purposes connected with protecting members of the public from a risk of terrorism', applicable equally to foreign nationals or British citizens. People detained under ACTSA Part IV were released on bail and placed under control orders. Control orders generally involved strict curfews to home address and restrictions on communication. The High Court subsequently found that some control orders were so restrictive as to amount to deprivation of liberty and therefore beyond the Secretary of State's powers unless modified.

There was a further development in August 2005, when the Home Secretary announced an intention to revert to the detention powers in the Immigration Act. To overcome the barrier that people likely to face torture could not be deported, and therefore could not be detained pending deportation, the government announced that it was pursuing memoranda of understanding with the relevant countries of the Middle East and North Africa. Deportation with assurances (DWA) would follow undertakings by those governments not to torture the subjects on their return. From August 2005 a number of decisions to deport were issued, in some cases following revocation of control orders, and the subjects were detained under Immigration Act powers pending deportation.

Appendix II - Detainee interview schedule

Background to methodology

Interviews will be held with all detainees held under immigration legislation in HMP Long Lartin. One HMCIP staff member will conduct each interview. Interviews should be scheduled to take approximately two hours.

The detainee should be asked to give their overall perception on the topic area that has just been discussed by using the rating scale provided.

As soon after completion as possible the notes should be typed into the pro forma and sent to Julia (or handwriting permitting, handed over). Original notes taken should be kept as evidence.

Information on interview

Date: ……
HMIP interviewer… ……..
Detainee identifier…… ……..
Length of time in Long Lartin: ……
Age .....

Detention history

1. How long have you been detained under immigration legislation in the UK? Where have you been detained?		
2. Have you been imprisoned (in prison or IRCs) by UK authorities before? If so, how many times?		
3. Have you been subject to a control order in the UK? a) If so, for what length of time? b) What were the conditions under which you were subject to a control order? ▪ Full house arrest ▪ Tagging ▪ Curfews ▪ Controlling access to phone and internet ▪ Restricted social contact		
4. Have you been detained in any other country other than the UK before? If so, when, where and for what length of time?		
5. Have you applied for asylum/ refugee status in the UK? If so, ▪ When? ▪ What was the outcome? ▪ What was the basis of your asylum claim?		

Current detention

6. Are you currently aware of why you are being detained? What is your understanding?		
7. When you were detained, were the reasons for your detention explained in a language that you could understand?		
8. Have you ever been denied access to a legal representative/ solicitor? ▪ When ▪ Why?		
9. Were you provided with an opportunity to speak with your legal representative/ solicitor when you were first detained?		
10. Is your legal representative a specialist in immigration detention?		
11. How easy is it to speak/ contact your legal representative/ solicitor? (letter, phone, visit) ▪ Is this contact always confidential/ in private?		
12. Do you understand proceedings before the Special Immigration Appeals Commission? ▪ Have you been allocated a Special Advocate? ▪ Do you understand the role of the Special Advocate?		
13. Do you know whether the UK has set up a Memorandum of Agreement with your country of origin?		
14. How involved have you been in the development and progress of your case? Rate on a scale of 1 not at all – 4 very involved		
15. Are you provided with sufficient resources to assist you in your case? ▪ Do you have access to a computer/ lap-top ▪ Access to legal and reference books Rate on a scale of 1 – no resources – 4 full availability		
16. Have you received monthly reviews or updates on your case from immigration authorities? If so, is the information always passed to you in a language that you can understand?		
17. Have staff ever opened legal letters without you being present?		

18. Were you informed about the reasons why you have been classified as a category A prisoner? ▪ Verbally and in writing?		
19. Has your Cat A status been reviewed?		
20. What are your main concerns/ needs in relation to your possible deportation? Please give examples (if any): ▪ Funding What other help/ advice do you need/ would like?		

Current experiences

Journey

21. How were you treated by the staff in the escort vehicle? Rate on a scale of 1 – 4 (1-very bad – 4 very good)		
22. When you first arrived here, did your property arrive at the same time as you?		

First days in custody

23. Were you provided with an opportunity to inform family/ friends that you were being detained at HMP Long Lartin within the first 24 hours of arrival?		
24. Did you have any problems, other than your legal case, when you first arrived: ▪ Contacting family, employers, housing, health, money, loss of property, family welfare If so, did you receive any help or support from staff in dealing with any of them?		
25. Were the rules/ regime/ regulations of the unit explained to you when you first arrived? ▪ In a language that you could understand?		
26. Were you provided with an opportunity to see the following people within your first 24 hours on the unit: ▪ Chaplaincy ▪ Healthcare ▪ Listener/Samaritans ▪ A Senior Officer on the unit		

Social contact
Family

27. What effect is your detention having on your family? ▪ How are they coping emotionally, socially and financially		
28. Do you have family/ friends in the UK who can visit you? If so, how many times have you had contact with them since you have been detained here? ▪ Is the prison far from where they live? ▪ Are you able to communicate with them in your own language? If not, are you provided with extra phone-calls/ letters as a result?		
29. If you have children, are you given the opportunity to have family visits/ days?		
30. How long do you have to wait for security clearance before you can contact, or have contact, with family/ friends?		
31. How are your visitors treated by prison officers/ staff? Rate on scale 1 – very badly – 4 very well		
32. How are your visitors treated by other prisoners in the visits hall? Rate on scale 1 – very badly – 4 very well		
33. How often can you contact family/ friends by phone? ▪ Can you speak with them inyour own language?		
34. How often can you contact family/ friends by letter? ▪ Are there any problems/ delays in corresponding by letter?		

Prison

35. Are you happy with the level of contact that you have with other prisoners/ detainees outside of the unit? Rate on scale 1 – not at all – 4 completely happy		
36. What is the relationship like between detainees? Rate on scale 1 – very poor – 4 very good		
37. Do you get enough outside exercise? Rate on scale 1 – not at all – 4 completely happy		

38. Do you get enough access to the main prison gym? Rate on scale 1 – not at all – 4 completely happy 76b) Do you get enough access to the gym on the unit? Rate on scale 1 – not at all – 4 completely happy		
39. What is the food like here? Rate on a scale of 1 very bad – 4 very good		
40. What activities are you involved in on a daily basis? ▪ Education/ jobs/ training/ qualifications/ gym/ cleaning ▪ Are you provided with a choice of the activities that you want/ would like to attend, or are they designated to you? ▪ Is there anything else you would like to do?		
41. Have you ever made a complaint on this unit? If so, ▪ Was it dealt with promptly ▪ Was it dealt with fairly ▪ Was it dealt with in confidence		
42. Have you ever made an application on this unit? If so, ▪ Was it dealt with promptly ▪ Was it dealt with fairly		
43. Do you know how to apply to the Prisons and Probation Ombudsman? Allow for option of not knowing who they are.		
44. Do you know how to contact the Independent Monitoring Board? Allow for option of not knowing who they are.		
45. Are your religious beliefs respected? If so: ▪ Can you attend religious services? ▪ Where do these occur, on the unit, or with other prisoners? ▪ Are activities stopped to allow you an opportunity to practice your religious beliefs, or do you have to miss out on activities? ▪ Can you speak to a religious leader in private if you want to?		

46. Have you been involved in discussions and/ or consultations about your treatment and conditions? If so, ▪ How often do these occur? ▪ What were the outcomes?		

Safety

47. Have you ever felt unsafe since you have been detained? If so, when and where?		
48. Have you ever felt unsafe in this establishment? If so, when and where?		
49. Has another prisoner, or group of prisoners, ever victimised (insulted or assaulted) you here? If so, in what what?		.
50. Have staff ever victimised (insulted or assaulted) you here? If so, in what what?		
51. Have you been physically restrained by staff since you have been here? If so, how often?		
52. Have you ever spent time in isolation as punishment, or been placed in the segregation unit? If so: ▪ How often? ▪ How were you treated by staff?		
53. Have you been involved in an adjudication since you have been in the unit? If so, how fair was the process?		
54. Have you been discriminated against by staff since you have been here? If so, expand ▪ Based on culture/ religion/ race/ status/ age/ disability?		
55. Have you been discriminated against by prisoners since you have been here? If so, expand ▪ Based on culture/ religion/ race/ status/ age/ disability?		

56. How do staff respond with regards to fights/ bullying/ self-harm on the unit? ▪ Do they identify and address actual incidents quickly and responsibly? ▪ Do they act proactively to ensure that bullying does not take place?		

Staff-detainee relationships

57. Are the staff aware of, and sensitve towards your cultural/ religious/ ethnic needs?		
58. Do you feel respected by staff on the unit? ▪ Officers/ healthcare/ non-uniform staff/ psychologists/ psychiatrists		
59. Do you have confidence in the staff on the unit?		
60. Do staff challenge any inappropriate behaviour on the unit?		
61. What is the relationship like between staff and detainees? ▪ Do staff engage in conversations with you? o If not, would you want this? ▪ How do staff address you (first name, pseudonym)? ▪ Are staff helpful (do they provide assistance)? ▪ Do staff enable you to arrive at your activities on time? Rate on a scale 1- very poor – 4 very good		
62. Do you feel that staff place an appropriate amount of trust in you?		
63. Do you have a member of staff that you can turn to for help if you need it?		
64. Have you had contact with psychology? ▪ What for? ▪ Was it helpful?		

Healthcare

65. Have you accessed healthcare at Long Lartin?		
66. Do you know what services are available? Checklist:		
	Accessed?	How Often?
Doctor		
Nurse		

Dentist		
Optician		
Mental Health Team		
Psychiatrist		
Were you given a leaflet about H/C on reception?		
67. Do you trust the healthcare staff? Rate on scale 1 – not at all – 4 completely		
68. Is material available in healthcare in a language you understand? ▪ Have you used translation services at healthcare? ▪ Have you received written medical information in a language that you can understand?		
69. Do you have particular healthcare needs? If so, would you mind telling me what they are? Allow for non-disclosure If not, would you know how to access help?		
70. Do you feel that your healthcare needs are being met? ▪ Do healthcare staff listen and understand what you are telling them? ▪ Do you feel that you are given enough time to describe to healthcare staff what your needs are? Rate on scale 1- not at all – 4 completely		
71. Have you been subject to ill-treatment or torture by authorities in the countries in which you have been detained? ▪ In the UK/ abroad/ both		
72. Are you currently taking medication? If so, can you keep your medication in-cell?		
73. Has your well-being been assessed since you have been on the unit, either by healthcare or a psychologist/ psychiatrist?		
74. Do you feel as though your well-being has deteriorated since being on the unit? What do you think has been the cause of this?		

Background information

Personal information

75. What is your nationality?	

76. What is your main language?	
77. What is your ethnicity?	
78. How long have you been in the UK?	.

Appendix III - Staff interview schedule

Background to methodology

Interviews will be held with all staff on the unit. One HMIP staff will conduct each interview. Interviews should be scheduled to take approximately 30 minutes.

The interviewee should be asked to give her/his overall perception of the topic area that has just been discussed by using the 1-5 rating scale provided.

As soon after completion as possible the notes should be typed into the pro forma e-mailed to JF. Original notes taken should be kept as evidence.

Information on interview

Date: ……
HMIP interviewer .....
Staff location ……
Grade of staff ……

1. How long have you worked on this unit?	

2. How would you describe your role in the unit?	

3. Have you been provided with specialist training in order to work on the unit? If so, ▪ What and when? ▪ Is the training up-dated/ reviewed	

4. What are the main problems/ needs/ concerns distinct to this group of detainees in your experience?	

5. What problems do you face in looking after this group of detainees?	

6a. We particularly want to ask if the following cause *you* difficulties in your day to day work:

6b. How much of a problem are these areas? 1- a little to 5 – a lot

	Existence	Comments
Language barriers A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Lack of specialist help A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Understanding of religious issues A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Understanding of ethnic/cultural differences A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Providing access to a regime A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Queries about immigration/ legal case A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Reducing isolation A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Facilitating family contact A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Individual problems/ concerns about the future A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	
Lack of trust towards staff A little 1 – 2 – 3 – 4 – 5 A lot	Yes/No	

7a. Please tell us which of the following you have access to in helping you to look after this group of detainees? 7b. How important do you feel they are or could be if you had them, in helping you to look after this group of detainees? 1= not important, 2 = not too important, 3 = reasonably important, 4 = important, 5 = very important	
Existence	Comments
Training/Guidance Not imp 1 – 2 – 3 – 4 - 5 Very imp	Yes/No
Language Line/Interpreters Not imp 1 – 2 – 3 – 4 - 5 Very imp	Yes/No
Representative/Orderly from the detainee group Not imp 1 – 2 – 3 – 4 – 5 Very imp	Yes/No
Briefing/ Debriefing Sessions Not imp 1 – 2 – 3 – 4 – 5 Very imp	Yes/No
Individual staff support Not imp 1 – 2 – 3 – 4 – 5 Very imp	Yes/No
Specialist Help (e.g. immigration advice, support groups) Not imp 1 – 2 – 3 – 4 - 5 Very imp	Yes/No
Other	

8. How equipped do you feel in being able to deal with these individuals? Not at all 1 – 2 – 3 – 4 - 5 Completely	

9. Are you aware of the immigration/ deportation issues surrounding each detainee? Yes/No

10a. Have you ever had to use BigWord/Language Line/interpreting services? Yes/No 10b. If so, for what purpose?

11a. Do any of the detainees suffer from mental health/ well-being problems? Yes/No 11b. If so, what procedures are in place to manage this? 11c. What signs would you look out for to indicate a possible deterioration? 11d. What effect does this have on facilitating their access to a full regime?

12a. Do any of the detainees suffer from a disability? Yes/No 12b. If so, what procedures are in place to manage this? 12c. What effect does this have on facilitating their access to a full regime?

13a. What is the relationship like between detainees?

13b. What procedures are in place to manage difficult relationships/ bullying?

Rate relationship between detainees on a scale 1 – very poor to 5 – very good

14a. What is the relationship like between detainees and staff?

14b. What procedures are in place to manage difficult relationships/ bullying?

Rate relationship between staff-detainees on a scale 1 – very poor to 5 – very good

15a. Do you know if any of the detainees suffered mistreatment/ torture/ abuse prior to being detained in this unit?

15b. Do you think it is important that you should know this?

Rate on a scale 1- not important to 5 – very important

16a. Do you know whether each detainee has legal representation? Yes/No

16b. What resources are available for the detainees to enable them to participate in their legal case?

16c. Would you be aware if there had been bad news regarding their legal case/ deportation?

17a. Do you hold consultation meetings with the detainees about their treatment and conditions?

17b. If so, is this effective?

17c. If not, would you think that this would be a good idea on the unit?

18. Can you describe some areas of good practice that is carried out here?