



Annual Report
of the
Independent Monitoring Board

at

Tinsley House
Immigration Removal Centre

for reporting Year
2017

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Monitoring fairness and respect for people in custody

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A Sections 1 - 3

1 STATUTORY ROLE OF THE IMB

The Immigration and Asylum Act 1999 requires every Immigration Removal Centre (IRC) to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the establishment or centre is situated.

The Board is specifically charged to:

- (1) satisfy itself as to the humane and just treatment of those held in detention within its establishment
- (2) inform promptly the Secretary of State, or any official to whom she has delegated authority as it judges appropriate, any concern it has.
- (3) report annually to the Secretary of State on how well the establishment has met the standards and requirements placed on it and what impact these have on those in detention

To enable the Board to carry out these duties effectively, its members have right of access to every detainee and every part of the establishment and also to the establishment's records.

2 EXECUTIVE SUMMARY

This report presents the findings of the Independent Monitoring Board at Tinsley House IRC for the period May 2017 to 31 December 2017. Tinsley House was closed for refurbishment during the months prior to 22 May 2017. It was also closed for quarantine, as a result of an influenza outbreak, from 7 August to 29 August.

IMB evidence comes from observations made on visits, scrutiny of records and of data, informal contact with detainees and staff, surveys and detainee applications (requests to the IMB). In addition, in December members of the IMB randomly surveyed 25 detainees, representing around a fifth of those in residence at the time, to seek their views on safety, fairness and life at Tinsley House.

Main judgements

Are detainees treated fairly?

In the main, detainees are treated fairly. However, the removal of one multi-faith room, which existed prior to the refurbishment, has resulted in unfair access to prayer and worship for some groups of detainees. The introduction of restricted movement around the centre at certain times of the day has also limited detainees' access to prayer rooms.

Are detainees treated humanely?

Detainees are treated humanely within the Centre. Predominantly good relationships between staff and detainees support this. For some detainees, Healthcare staff could portray a more humane approach when dealing with their concerns.

Are detainees prepared well for their return or release?

Preparation for return or release is of variable quality. Much depends upon detainees' access to good legal advice and support. The IMB are concerned that lack of access to transferable certificated learning may hinder repatriation or reintegration.

Main Areas for Development

TO THE MINISTER

We ask the Minister to:

- request a re-evaluation and justification of the need for the periods of restricted movement for detainees. We question the value of these in terms of safety, detainee well-being and access to religious worship
- consider allowing the provision of Skype or similar facilities.

TO THE CONTRACTOR

We urge the contractor to:

- create equality of worship opportunities for detainees of all faiths
- improve the range of education and leisure opportunities for all detainees
- increase access to voluntary advice and support.

TO THE PROVIDERS OF HEALTHCARE AND CATERING

We ask the Healthcare provider to build upon the positive steps already taken to improve, and hence be able to demonstrate, raised detainee confidence in healthcare provision and staff.

We ask the Catering provider to take action to address the long-standing dissatisfaction with food in the Centre.

Major outstanding issues from previous reports

Recommendation 1

That staff and management work with detainees and the IMB to increase detainee involvement both in meetings and in engaging more fully with the IMB where appropriate, so that all have an increased awareness of issues concerning the detainee population. This should include increased dialogue between Healthcare staff and detainee representatives.

Progress made

Despite the efforts of the Equality and Diversity and Safeguarding teams, attendance at their meetings and at detainee consultative meetings remains patchy, with between three and five detainee attendees being the norm.

Recommendation 2

That there is a concerted effort to encourage and extend opportunities for detainees to broaden their learning and artistic experiences while in the Centre.

Progress made

There has been disappointingly little progress in this area. During staff absences, some efforts have been made to provide cover from officers and a teacher from another IRC within the Gatwick estate. However, detainees remain negatively affected by this lack of provision. Our hope that they may be given increased opportunities in other areas, such as participation in group music, has so far not been realised.

Recommendation 3

The practice of more than two officers congregating in corridors while on duty is stopped unless operational demands require it. Individual officers should be more visible while on duty around the centre.

Progress made

We see groups of officers congregating in corridors less often than we used to, and detainees say that this practice has decreased. However, it has not yet stopped completely and on some occasions the group has moved to other areas, such as the classroom when empty. Although it is not possible to attribute this practice directly to the success of a detainee escape it may be worth noting that on the day before it took place a monitoring visit by one of the IMB recorded that large groups of detainees were left unattended while small groups of officers gathered elsewhere.

Recommendation 4

That IT issues are resolved promptly and detainees have increased access to other language web-sites and the use of social media such as Skype.

Progress made

The length of time taken to resolve IT issues has decreased still causes some frustration for detainees and staff. We note that the request for the use of visual communication, such as Skype, was rejected but hope that it can be considered more favourably this year.

3 DESCRIPTION OF THE ESTABLISHMENT

Tinsley House is predominantly used to hold male detainees who are awaiting decisions on their immigration status and possible removal. In 2016 Tinsley House had a full operational capacity of 119 male and 33 family member detainees. Following refurbishment, it reopened in May 2017 with capacity for 162 male detainees accommodated in two, four or six bedded rooms. A separate, dedicated suite provides accommodation for one family group at a time. These are usually in transit and due to fly within 24-48 hours.

Tinsley House is managed and operated under contract by G4S on behalf of the Home Office in accordance with Detention Centre Rules (2001), Operating Standards and Detention Service Orders. The Home Office Immigration Enforcement (HOIE) Team maintain a permanent presence at Tinsley House and are responsible for ensuring contractual requirements are met from its sub-contractors. G4S have operational responsibility, including for detainees' welfare and the security of the IRC. Another G4S subsidiary is responsible for the provision of healthcare on behalf of NHS England. Sub-contracted by G4S, Aramark provides cleaning and catering services. Tascor delivered escort and transportation services.

During 2017 G4S held the contract for the Gatwick Immigration Estate, comprising Tinsley House, Brook House and the Gatwick PDA. In September Brook House was featured in a Panorama programme which did not place it in a good light. Later that month the overall director of the estate left the company and a new manager subsequently took over.

A number of voluntary organisations may provide assistance to detainees. These include: Gatwick Detainee Welfare Group; the Samaritans; and Migrant Help.

At the end of the year, Bangladeshi was the highest represented nationality, with Islam being the most common religion. Eight families were reported as resident at separate times during the year, most commonly for less than 24 hours.

B. Evidence sections 4 – 11

4 SAFETY

1. Detainees' views

When surveyed, 95% of the detainees who were asked stated that they felt safe at Tinsley House and that relationships between detainees and G4S staff were positive and respectful. Comments made included:

'I honestly feel safe.'

'I'm safe here all the time.'

'I have no worries about feeling safe.'

'I have no real worries about being bullied or attacked.'

'I feel very safe all the time.'

'Security is good. I feel safe.'

'I feel very safe. I would like to express my gratitude to the officers.'

A few qualified this by saying that there was a small number of staff to whom this did not apply. However, the generally positive atmosphere in the Centre reinforces a feeling of safety and security. It was unexpected, therefore, when, at the very end of the reporting year, one detainee successfully escaped.

2. Support for Vulnerable Detainees.

The Duty of Care is delivered through the use of Assessment Care in Detention and Teamwork (ACDTs) as well as effective implementation of the Adults at Risk policy. The number of ACDTs opened remained low relative to the Tinsley House population as a whole. There were 5 to 8 per month with the exception of a spike in October (17) and November (13). No reasons for that increase have been suggested.

IMB monitor regularly the quality of the ACDT documentation, which is found to be clear and largely comprehensive. Following the re-opening all staff were trained or updated in the use of ACDTs and a further round of training has been planned for January 2018, including for IMB members.

3. Incidence of Self Harm

Overall the number of incidents of self-harm requiring treatment has been relatively low at 17 over the seven month period. However that overall picture is not always easy to understand, as the data presented does not always easily distinguish between occasions of actual self-harm and self-harm requiring treatment, and risks and threats of self-harm.

4. Violence and the Use of Force.

There were no recorded assaults by detainees on G4S staff until December when four were recorded, although they referred to four detainees and one incident.

The number of recorded detainee assaults on other detainees is also very low at one in each of four months (out of seven).

There were no recorded assaults on visitors or on HOIE staff.

The use of Control and Restraint by staff on detainees was similarly very low at 1 in each of 5 months (out of 7).

5. Drugs and Alcohol

Reports from detainees attending the Safer Community meetings suggest that neither drugs nor alcohol is any sort of issue at Tinsley House.

There are no residential facilities at Tinsley House to address issues of known alcohol and drug dependency and identified detainees are either not placed there or are transferred to other centres. No doubt partly as a consequence of that, synthetic drugs such as Spice and Black Mamba unusually, and very fortunately, have not posed a major problem.

There is a general consensus that drugs of any kind are not a problem at Tinsley House. While we are aware that there is a strategy in place for keeping it that way the IMB have not so far investigated the statistics that are gathered as part of that strategy.

6. The Samaritans and other Voluntary Support for detainees

Since the re-opening there has been some confusion among detainees about how they can contact the Samaritans. New mobile phones have been introduced for this specific purpose although these still require detainees having to ask for them, removing any anonymity within the Centre.

From time to time detainees contact the Gatwick Detainees Welfare Group for emotional or material support. As they are only able to meet under the usual visiting arrangements, it is difficult to comment on how effective this support can or could be.

7. Safety of families in detention

The Board has had no concerns about the safety of families while in detention. Younger children enjoy playing both inside and outside the suite. Older ones, and their parents, appreciate the opportunity to rest and recuperate after and also before what can be very long journeys.

8. General issues

As in previous years, detainee involvement in terms of consultation and presence at, and participation in, meetings including the Safer Community and Diversity meetings, remains greatly underdeveloped.

The frequent last minute changes of the dates and times of scheduled meetings, is unhelpful and frustrating to both detainees and Board members.

5 EQUALITY AND FAIRNESS

1. Free association

Before Tinsley House was closed for refurbishment, detainees were allowed to freely associate from 06.00 to 23.00. However, this was changed when the Centre re-opened. Free association time was significantly reduced and detainees are now restricted within corridors from 08.00 to 21.00. Furthermore, on a further twice a day, corridors are locked for around 30 minutes while a count of detainees is made. In our last report, we expressed concern about the possible impact of this step that we regard as retrograde.

It is very difficult for an IMB to acquire specific evidence for any negative effect that this reduced association time may have on the well-being of the detainees. However, officers have informally reported that they believe the increased 'lock-down' time is contributing to higher levels of stress among the population. It does seem likely that removing freedoms for a longer period of time would be likely to have a negative impact on levels of stress. One detainee commented, 'It's very boring. I hate being locked up at 9 o'clock', another, 'I feel safe every day but get disturbed and worried at night.'

The periods of restricted movement have also had an impact on worship. Muslim detainees have complained that it has negatively affected their early morning prayers since the multi-faith room is out of bounds at that time. Other detainees do not like their Muslim roommates taking space in their rooms or the corridors to pray at different times of the night or early morning.

In terms of effectiveness, it is worth noting that during a restricted movement period the detainee count had to be carried out four times before an accurate view of numbers following a suspected (and actual) escape could be determined.

2. Multi-faith room

Prior to Tinsley House being refurbished, there were three rooms allocated for worship: a Chapel, a Mosque and a multi-faith room. It was brought to our attention in 2016 by the Head of Religious Affairs that in the new configuration, there would only be two rooms for worship: a Chapel and a Mosque which would also serve as a multi-faith room. This decision had been made by G4S. The Head of Religious Affairs raised strong concerns about this since the mosque is used extensively and he was of the opinion that tension would be bound to arise from detainees of various faiths trying to worship in this one facility. We raised this concern with G4S managers and the Home Office and they were of the view that careful scheduling and coordination by the religious team would manage it. There was an intention that both remaining rooms would be seen as multi-faith rooms but in practice this has not happened; the Chapel looks and functions as a 'Christian' resource.

Tensions have arisen and detainees signed a petition in November 2017 expressing an opinion that it is not possible for all to share the room for worship since it is often the case that different faiths wish to use the room at the same time. We are not surprised that tensions have arisen. The Muslim faith is invariably the most represented by proportion within the population. It is the case that both the Mosque in the previous configuration of Tinsley, and the multi-faith room in the new configuration, is widely used for Muslim worship. Followers of other faiths, such as Hinduism and Sikhism, complain that they are allocated times, such as during breakfast, when it is impracticable for them to use the room. G4S managers reiterated at the time of the petition that the situation should be managed by co-ordination between the religious team. We do not feel that this has been effective and urge the Centre managers and Religious Affairs team to resolve it fairly.

There is a small multi-faith room for use by families. This is appropriate and has been used by family members of different faiths.

6 REMOVAL FROM ASSOCIATION/TEMPORARY CONFINEMENT (rule 40/42)

1. Use of Rule 40

The statistics show that the use of Rule 40 at Tinsley House is very low. In five out of seven months Rule 40 was used either not at all or no more than twice, and in each of the remaining two months it was used on five and eight occasions. It was not used on any occasion with a family member. When Rule 40 was used it was usually for medical reasons in order to isolate a detainee with an infectious disease from the rest of the community, as was the case with an outbreak of a flu epidemic in July and August. However, there have been a few occasions when detainees have been removed from others in order to prevent expected disruption prior to removal. The Board has questioned each of these and on one occasion reversed the decision to extend the removal beyond 24 hours by questioning its validity with the Home Office.

2. Use of Rule 42

There was no use of Rule 42 at all during the 7 months of 2017.

3. General issues

Before Tinsley House was renovated, only one room for 'Removing from Association' was available. In 2016, we reported our feeling that the use of an isolation room to contain an ill person is not appropriate even though it was the only room available. The new facility for medical or care and separation accommodation is a lot more appropriate for this purpose.

1. Views of detainees

When 25 detainees were surveyed, 21 comments were recorded regarding officers and in summary:

- 15 comments expressed entirely positive opinions describing officers as: friendly, helpful, fair and respectful.
- five comments described 'most officers' in a positive fashion but with the caveat that that 'some officers' are: rude disrespectful and unfair.
- one comment was entirely negative about the relationship with officers.

The prevalent finding from the survey was that in general, detainees have positive relationships with officers and indeed, detainees considered this to be one of the best aspects of Tinsley House. The positive detainee-officer relationship indicated by the survey is consistent with our observations. We have also been impressed by the time taken by some members the welfare team to respond to detainees' queries and listen to their problems, despite long queues gathering outside their room.

Unfortunately, the opinions that detainees expressed with regard to Healthcare were much less favourable (see section 8 Healthcare).

2. IT Issues

Fewer problems with broken equipment have been reported or observed during this reporting year. However, recently, detainees have informally raised frustrations with the facilities provided for the electronic communication of documents to external parties. A single fax machine is provided for this purpose in the library. Many detainees in the centre are involved in legal processes in relation to their immigration status and this requires them to communicate large documents to legal professionals dealing with their cases. Staff and detainees report that long queues often develop at the fax machine. As a Board, our opinion is that facilitating the communication of such documents in order that they can be delivered easily and in a timely fashion is of utmost importance.

3. Food and catering

This formed one of the major concerns that detainees have raised within the Centre and shared informally with the IMB. Comments have included:

- 'Food is rubbish. Even fried food is so dry. We feel excluded by the kitchen staff.'
- 'The food is very bad and we complain but nothing happens.'
- 'I am not happy with the food – very poor quality and not enough. Most people don't eat properly.'
- 'The food is not cooked properly. Many detainees do not like the food. Many people put it in the bin.'

In contrast, we have received a few more positive comments..

- 'The food is good and I eat it regularly.'
- 'It's not bad.'
- 'It's alright most of the time.'

IMB members have sampled the food on a regular basis and found it acceptable. We appreciate that is not possible to satisfy all tastes all the time. However, we feel that more positive steps could be made to listen to and address detainees' views. Holding irregular, sporadically advertised, and hence poorly attended food forum meetings does, not, in our view, constitute enough to fulfil this.

4. Cultural Kitchen

We applaud the introduction of a 'cultural kitchen' to Tinsley House. This facility was developed during the renovation works. The 'cultural kitchen' is a small kitchen where groups of detainees can arrange to cook for each other. Detainees register for a time slot and request ingredients which are supplied by staff. In principle, we are of the opinion that this provides a valuable and meaningful experience for the detainees. In practice, we have observed a very positive response from detainees to the opportunity to cook their own meals and enjoy a sociable time with friends.

8 HEALTHCARE (including mental health and social care)

1. Healthcare provision

NHS England continues to commission G4S Healthcare to provide the healthcare provision for all detainees across the Gatwick estate. The local specialist NHS mental health trust, Sussex Partnership NHS Foundation Trust, is seconded for the provision of secondary mental health services.

2. Healthcare issues

Healthcare has been one of our major concerns since Tinsley House reopened. 40% of IMB applications related to Healthcare during 2017-2018 making it the joint most frequent category of complaint we receive. We also received many negative comments on the subject as we walked around Tinsley House on our visits during 2017. Our own survey suggested that Healthcare was perceived as one of the worst aspects of Tinsley House. 10 comments were recorded relating to the relationship between detainees and healthcare and of those:

- nine were negative, describing healthcare as: unhelpful, rude, not willing to listen, slow to respond.
- one comment was positive.

The findings from the survey are consistent with our observations. The majority of the complaints refer in some way to the way in which healthcare staff communicate with detainees. The attitude of nursing/medical staff has been noted in a number of applications to us. For example:

- ‘They are treating me like I am not a human being’ – detainee Mr A waiting 12 weeks for a scan.
- during an IMB visit, Mr B complained that he had fallen over and thought that healthcare was not taking the injury to his hand seriously.
- during another IMB visit, IMB members who accompanied a distressed detainee with health problems to the nurse were surprised to be asked ‘What do you want me to do about it?’ Despite the ensuing apology, members were concerned that this could be a prevailing attitude even in their presence.

A number of detainees expressed concern to us that they are often prescribed Paracetamol or Ibuprofen for all ailments and they do not understand why this is. For example:

- detainee Mr C said he had complained about kidney pain and a perforated eardrum for two and a half months but was just given Ibuprofen. [For some reason he did not want to make an official complaint to Healthcare]. Eventually he was given referrals to external medical services.
- the following week the IMB visit report said ‘several detainees approached with general complaints about healthcare. For example, claiming that healthcare are unhelpful, that they ‘just prescribe Paracetamol for everything’ and questioning what they perceive to be ineffectual medication for various ailments.

We appreciate that misunderstandings can occur and that detainees are stressed but we were concerned at the number of such complaints and the fact that detainees did not feel listened to.

3. Healthcare improvements

In the latter part of the year, we were pleased that the practice manager, who expressed surprise at the number of complaints made to us by detainees, treated seriously our concerns. We have discussed with her the ways in which detainees can be encouraged to use the official Health Complaint System if they have problems, and also how we may open up lines of communication between the IMB and Healthcare. Healthcare staff now attend our Board Meetings, and duty IMB members make regular arrangements to talk to the nursing staff.

9. EDUCATION AND OTHER ACTIVITIES

1. Education

In comparison with another IRC with a similar size population, Tinsley House detainees fare relatively badly. For example, in a comparable centre detainees are provided with opportunities to develop their skills in mathematics, information and communication technology, food hygiene and arts and crafts (which covers sewing, leather and photography). This contrasts with the more limited provision at Tinsley House that covers only English as a Second Language and some Arts and Crafts.

2. Other activities

Tinsley House provides a small range of social and physical activities for its male population. As in previous years, the Board is concerned about the amount and range of activities that were available. When asked what the worst feature of being in Tinsley House was, some detainees mentioned the boredom and we often see them in their rooms lying on their beds during the day. Occasionally small groups of detainees gather to make music together but this is neither structured nor supported by staff or outside providers. The Board is aware that there has been a recruitment exercise for the activities team and hope that this has a beneficial effect upon provision in future.

3. Families

A good range of play and learning equipment is provided for children during their short stays at the Centre. Welfare staff and officers make every effort to engage them in different activities.

1. Legal advice and support

Different detainees have different experiences of release or removal. In many cases this depends upon the quality of communication with their legal advice providers. Comments made by detainees have included: 'I have paid £25,000 to solicitors and now want to change. They do nothing'; 'I have solicitors but they do nothing for me'; 'I have paid £5,000 to solicitors and nothing has happened.'

As mentioned above, the welfare team deals with the consequences of this frustration as best they can. For example, we have observed one team member trying to contact a voluntary agency who might help a detainee being removed to Italy, another ensured that a detainee had all his papers in order for a bail hearing. The long queues that form outside the welfare office are often as a result of detainees having to wait too long to use the fax machine in the library and so trying to access the one in the welfare office. At times they have been because the team had not been working with a full complement. Once again we urge the Centre managers and the Home Office to consider providing Skype or similar facilities so that detainees can have face-to-face conversations with their legal advisers or family members prior to removal. We would also like to see more access for detainees to support or guidance provided by relevant voluntary agencies in relation to, for example, family or legal issues.

2. Work experience or proof of learning

A range of voluntary paid activities exists in areas such as the kitchen or laundrette for detainees who meet the medical and security vetting requirements. This enables the detainees to show a work ethic prior to leaving the Centre. The Board feels that a broader range of certificated learning opportunities would also support detainees who are released in this country or have to make a new life for themselves elsewhere.

Section C – Work of Board

WORK OF THE INDEPENDENT MONITORING BOARD

During the reporting period IMB members made weekly scheduled, unannounced visits to the Centre. We attended meetings held within Tinsley House as observers, and witnessed arrivals and removals of detainees and families. We also responded to Rule 40 notifications and the escape incident. The Board continued to meet and attend external conferences and training events during Tinsley House's closure.

During 2017 the number of IMB Board members remained below the full complement of 12. We started the reporting year with six members. It is a credit to serving members that we were able to fully discharge our monitoring role until two new members joined at the end of the year. A further three new members are due to join in 2018.

During the months of opening, IMB members made 116 visits to the Centre, including for Board meetings. The Board would like to thank our IMB Clerks for their support and assistance during the reporting period. We also appreciate the willingness of detainees, managers and staff to engage with us in a positive manner.

BOARD STATISTICS	
Recommended Complement of Board Members	12
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	8
Total number of visits to the Establishment	116

Section D – Applications (Requests to see the IMB)

Code	Subject	Current reporting year	Previous reporting year not included as not comparable
A	Accommodation including laundry, clothing, ablutions	0	
B	Equality	1 (petition)	
D	Purposeful activity including education, work, training, library, regime, time out of cell	1	
E 1	Letters, visits, phones	2	
E 2	Finance including pay, private monies, spends		
F	Food and kitchens	3	
G	Health including physical, mental, social care	18	
H 1	Property within this establishment	0	
H 2	Property during transfer or in another establishment or location	0	
J	Staff/detainee concerns including bullying	3	
K	Immigration issues and transfers	21	
	Total number of IMB applications	49	