

Report on an unannounced follow-up  
inspection of the detainee unit at  
HMP Long Lartin

4 – 6 April 2011

by HM Chief Inspector of Prisons

Crown copyright 2011

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

# Contents

|          |                                |    |
|----------|--------------------------------|----|
|          | <b>Introduction</b>            | 5  |
| <b>1</b> | Background and methodology     | 7  |
| <b>2</b> | Progress since the last report | 11 |
| <b>3</b> | Summary of recommendations     | 29 |
| <br>     |                                |    |
|          | <b>Appendices</b>              |    |
| <hr/>    |                                |    |
|          | I Inspection team              | 32 |
|          | II Detainee interview schedule | 33 |



# Introduction

The Detainee Unit at HMP Long Lartin is a prison within a high security prison. It holds a small number of individuals suspected, but not convicted, of involvement in international terrorism and held under immigration or extradition law. Some have been held for many years as they fight removal from the United Kingdom and all are held in the highest security conditions.

We have previously raised concerns about holding a small number of detainees, who already inhabit a kind of legal limbo, in a severely restricted environment for a potentially indefinite period. We were therefore concerned to find that the detainees were no longer able to mix with the wider prison population. These restrictions had apparently been made on security grounds, although the rationale appeared obscure as sentenced terrorists faced no such restriction in the main prison and not all detainees posed the same level of risk. The prison governor had recently offered to allow some mixing but only with vulnerable prisoners. This had been rejected by the detainees as stigmatising. The situation required an informed review.

It was also of concern that many of our recommendations from the previous inspection had not been achieved. In particular, there were still no operating standards specific to category A detainees and we were not assured that additional restrictions on movement around the unit and on the regime imposed since our previous inspection were appropriate and proportionate. More positively, some new staff training had begun and the Muslim chaplain provided some useful cultural awareness briefings, although there was still too little mentoring and support for staff working in this specialised environment.

The unit itself remained clean but basic. Detainees reported that they felt safe and interactions between staff and detainees were observed as being mutually respectful. Given the isolated nature of the unit, time out of cell was insufficient. Access to purposeful activity was limited but fitness facilities on the unit were good. Faith services were very good. Access to legal advice was excellent, access to phones and mail was good and detainees said that their domestic visitors were well treated.

The risks to the mental and physical health of detainees of such lengthy, ill-defined and isolated confinement are significant. It was therefore appropriate that health services had improved, although there were still gaps in mental health provision and there remained a need for comprehensive care planning, particularly as increased restrictions on the unit had reduced potential protective factors to mental wellbeing.

The Long Lartin Detainee Unit holds individuals considered a serious threat to national security and it is inevitable that they will face rigorous controls and restrictions. Nonetheless, while detainees' treatment and conditions were satisfactory in some respects, too little attention was paid to their uniquely isolated and uncertain position. In particular, it was of concern that additional restrictions had been imposed, for example over mixing with the main prison population, without apparent individualised risk assessment. The Prison Service needs to ensure a better balance is struck between security and humane care, and between separation and integration.

**Nick Hardwick**  
HM Chief Inspector of Prisons

June 2011



# Section 1: Background and methodology

- 1.1 The Long Lartin Detainee Unit, a former segregation area with space for up to 19 prisoners, opened in 2005. It accommodates people held under immigration or extradition law who are suspected of involvement in international terrorism and considered a threat to national security. All are treated as category A prisoners. At the time of this unannounced follow-up inspection, it held seven detainees, most of whom had been held without charge for long periods. Two men had been detained for more than 11 years and the longest detained British citizen had been held for seven years awaiting extradition. The detainees had only returned to the Long Lartin unit in January 2011, after a three-month stay at HMP Manchester during completion of building works in the unit immediately above the detainee unit.
- 1.2 Three detainees in the unit at the time of the inspection were being held under provisions of the Immigration Act 1971 and appealing against deportation. A further four people were awaiting the outcome of legal proceedings to challenge extradition to the United States. Appeals against deportation were heard by the Special Immigration Appeals Commission (SIAC), which deals with cases involving national security. It is presided over by senior judges but not all of its hearings and judgements are disclosed to the public, detainees or their legal teams. This is because they include testimony that could compromise the security services. However, applicants are allocated a 'special advocate', who has the right to see all of the restricted evidence available to the Secretary of State.
- 1.3 The detainee unit has been inspected twice as part of whole prison inspections since it opened in 2005, but the only detailed report on the unit to date followed a dedicated inspection in 2007. A 10-point 'framework for inspection' was specifically developed for that exercise, bearing in mind the particular circumstances of these detainees. This comprised the following headings:
1. *Management decisions.* These should reflect the different risks and needs of detainees.
  2. *Staffing.* Staff should be specifically selected and equipped to work with this particular group of people, and have good interpersonal skills, strong cultural awareness and sensitivity to detainees' needs.
  3. *Treatment and conditions.* The living environment should be respectful and meet daily needs.
  4. *Systems and procedures.* These should be safe, humane, fair and relevant to this particular population.
  5. *Access to legal support.* Detainees should have access to legal advice and receive visits and communications from their representatives without difficulty.
  6. *Communication about detention.* Detainees should understand why they are detained, what might happen to them and their avenues for appeal.
  7. *Daily regime.* There should be a full regime of activities.
  8. *Support for social identities of detainees.* Family contact should be at least as good as that for remand prisoners.
  9. *Mental and physical health care.* Detainees should have access to good quality health care, and neither mental nor physical health should not be adversely affected by living on the unit.
  10. *Religious needs.* Detainees should be able to practise their religions.
- 1.4 The current inspection used the same framework to assess outcomes and followed up the 31 recommendations made in 2007, including 10 main recommendations. We spoke to the detainees throughout the inspection but a structured questionnaire (see Appendix II) was used for initial in-depth interviews with all seven of them. One detainee was interviewed with the

help of a professional Arabic interpreter. We also spoke to staff on the unit and to managers, and reviewed relevant documentation, including medical records.

## Summary

---

- 1.5 Of the 31 recommendations made at the previous inspection of the detainee unit, eight had been achieved, six partially achieved and 17 not achieved. We have made 15 further recommendations.
- 1.6 Despite the unit's unique purpose, there was still no guidance from the National Offender Management Service (NOMS) on specific operating standards and procedures to help to manage it effectively. Managers had the difficult task of identifying and balancing risks and deciding on the degree of separation that was appropriate for the detainee population. The balance had not been struck well. For most of the time, detainees were confined to the unit and largely deprived of contact with the range of people that was possible for convicted prisoners in the main prison. This had resulted in frustration and feelings of claustrophobia. Some detainees told us that they no longer felt they had anything to talk to each other about and spent a lot of time sitting in their cells.
- 1.7 The former governor had imposed a more restrictive regime in December 2008, mainly on the basis of risks posed by one of the seven detainees. This had been challenged in court and a judicial review<sup>1</sup> had concluded that the governor's approach was lawful. The judicial review did not prevent changes to the regime but was consistently cited as a justification for maintaining the status quo.
- 1.8 The current governor had made some attempts to promote integration and mitigate isolation but the detainees had refused an offer to mix with vulnerable prisoners for some activities, on the basis that they would be further stigmatised and put at risk in future through being identified with prisoners who had mostly committed sexual offences. No alternatives were provided to this offer. Detainees were not separately risk assessed to attend activities. It was unclear why at least some of them were not suitable to be tested in mainstream conditions, given, for example, that they had done so before the change of regime in December 2008 few reported difficulties, and that convicted terrorist prisoners who might pose similar risks were managed effectively in the main prison.
- 1.9 Another restriction had been imposed on the unit without any evidence of increased risk: the central courtyard gate was now locked and opened only on request. Detainees said that this had impacted considerably on their feelings of being enclosed, given the already confined environment. Mechanisms such as mandatory drug testing and an incentives and earned privileges scheme were unnecessary for this compliant detainee population.
- 1.10 There had been no use of force over the previous year and detainees reported feeling very safe with each other and with staff. Staff and detainees spoke politely and respectfully to each other. However, detainees reported poorer individual relationships with staff since their return from Manchester and interactions on the unit appeared to be distant.
- 1.11 Staff were appropriately concerned about the risk of conditioning by detainees. However, they did not receive formal individual mentoring support and guidance that could have helped to

---

<sup>1</sup> <http://www.bailii.org/ew/cases/EWHC/Admin/2010/587.html>



manage the risk of conditioning without unnecessarily affecting their relationships with detainees. Attempts had been made to bring in more diverse staff, as recommended at the previous inspection, but with no outcome to date.

- 1.12 Staff were not sufficiently well trained in the particular issues relating to the detainee population. This situation was improving through the delivery of a new and comprehensive six-day course developed by staff at HMP Manchester but no one had yet completed this training. We noted some useful cultural awareness briefings by the Muslim chaplains.
- 1.13 The accommodation was clean but basic. Showers were now screened but toilets were not. When detainees took exercise, the lagging around the fence meant that they had no opportunity to see into the distance. Detainees were critical of the quality of the food provided and several took advantage of the opportunity to prepare their own meals.
- 1.14 Detainees were content with the induction they received for life on the unit but there was no specific written induction information. The number of complaints had increased by about a third since their return from Manchester but there was no obvious pattern to them. Most related to practical matters such as PIN telephone numbers, access to television channels and property. Complaints were generally responded to quickly and the quality of responses was usually reasonable, but in some cases a clear explanation of decisions was lacking. It was not possible to tell whether applications were always responded to within reasonable time frames, as recording was inconsistent. There was no process equivalent to the category A prisoner review that could have allowed detainees to make representations about level of risk.
- 1.15 Detainees reported a high level of legal representation and good access to representatives through telephone contact, letters and visits. They had good access to computers to undertake legal work. All detainees appeared to understand their legal positions. There were no legal textbooks on the unit and time in the library was too limited to read texts in detail.
- 1.16 Detainees had insufficient time out of cell. They were out for about 9.5 hours a day for four days and 7.5 hours for the other three days, when they were locked up at 5.15pm. There was a long period of lock-up at lunchtimes. Detainees could not attend education classes, workshops or the gym with main location prisoners. They could only do cleaning work, and fewer education hours were delivered on the unit than at the time of the previous inspection. All detainees said that they missed the social contact they obtained through mainstream activities. They had good access to fitness equipment on the unit. There was currently no sports hall and no team activities. Detainees were able to grow herbs and vegetables in the courtyard.
- 1.17 Detainees reported positively on the way that they and their visitors were treated in the visits hall. However, there were still long delays in approving visitors. Prison staff were not proactive in chasing police checks. Telephone and mail access was good. Systems for processing letters had improved considerably.
- 1.18 Health care governance arrangements were in place and health services were generally appropriate. Detainees had sufficient access to health care staff and most were happy with the treatment they had received. Detainees had regular mental health assessments and appreciated the support they had from a psychiatrist. However, there were no regular clinical psychology services in the prison. Only one health care professional based in the prison had received specialist training in the recognition of post-traumatic stress disorder and working with victims of torture. Care planning was underdeveloped and multidisciplinary team meetings to assess and help to meet complex needs did not take place. The increased isolation and limits

on meaningful activities had reduced protective factors that can help to prevent deterioration of mental well-being.

- 1.19 Detainees reported positively on the level and quality of faith provision. Muslim chaplains were well integrated into the life of the unit, visiting it every day and leading prayers twice a week. They attended management meetings and participated in briefings for security staff. There had been much positive activity on a national level to support Muslim chaplains, including training on extremism.

## Main recommendations

---

- 1.20 Detainees should be able to leave the unit to take part in appropriate regime activities subject to individualised risk assessments. There should be a full review of current balance between separation and integration of the unit and the main prison.
- 1.21 Operating standards specific to category A detainees should be developed, based on appropriate risk assessments.
- 1.22 Staff on the unit should complete training to help them understand the particular circumstances of detainees held on the unit and receive specialist mentoring and support.
- 1.23 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.

## Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

### Recommendations

---

#### Management information

---

- 2.1 **The balance of the risks associated with separation and integration should continue to be monitored closely and managed appropriately. (3.9; see also main recommendation 2.)**

**Not achieved.** There was a more restrictive regime than at the time of the previous inspection and there were greater limitations on meaningful activities. This changed approach was not based on individualised risk assessments and lacked fairness and proportionality. Detainees on this small unit effectively had little outside stimulation. Some attempts had been made to mitigate isolation through an offer to participate in some activities with vulnerable prisoners but with no outcome to date. The detainees had refused the offer on the basis that they would be further stigmatised and put at risk in future through being identified with prisoners who had mostly committed sexual offences. No alternatives had been considered (see additional information).

See main recommendation 1.20.

- 2.2 **Operating standards specific to category A detainees should be developed, based on appropriate risk assessments. (3.10; see also main recommendation 1.)**

**Not achieved.** No such operating standards existed and managers received minimal central guidance on how to manage this unique population. This contributed to the inconsistent and disproportionate approach to the management of the unit.

See main recommendation 1.21.

- 2.3 **Drug testing should only take place where there are grounds for suspicion. (3.11)**

**Not achieved.** The detainees were still subject to random drug testing, although none had been selected for a test during the previous year. There was no evidence of any drug use among a group that appeared to have a strong aversion to such activity. As with the incentives and earned privileges scheme, this was a wasteful and unnecessary provision.

**We repeat the recommendation.**

- 2.4 **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. (3.12)**

**Not achieved.** The incentives and earned privileges scheme was still in place. The detainees were considered to be a very compliant group. Most of the incentives and sanctions under the scheme applied to a sentenced population and were irrelevant to them, although managers were attempting to increase the differences between the levels. Staff we spoke to felt that the scheme had little impact on behaviour, given the size and nature of the unit, and the detainees

agreed. Up until the move to Manchester (see paragraph 1.1), they had all been on the enhanced level of the scheme but only two remained so at the time of the inspection. Most expressed annoyance at this, given that some of them had previously been on the enhanced level for several years. However, they had little idea of the differences between the levels in any event and were mostly ignorant of the provisions of the scheme.

**We repeat the recommendation.**

### **Additional information**

---

- 2.5 It was unclear why at least some detainees were not considered suitable to be tested in mainstream conditions. While managers had appropriate concerns about risks to detainees from other prisoners, and the risks of some detainees sending messages through the prisoner population, the lack of individual risk assessment made little sense. This was highlighted by a number of factors, including: a) the fact that detainees had, at the time of the previous inspection, mixed with main location prisoners with few reported difficulties; b) there were convicted terrorist prisoners in mainstream conditions who posed similar risks but were managed safely; and c) some detainees continued to spend periods on normal location at other prisons when they were transported there for legal hearings. The decision to offer detainees the opportunity to mix with vulnerable prisoners, but not those on main location, was also odd, given that they included Muslims at least as susceptible to be influenced as prisoners on main location.
- 2.6 The former governor's decision to impose a more restrictive regime had been challenged by judicial review and the decision had been found to be lawful. The judgement was consistently used as a justification for maintaining the status quo, as evidenced in the minutes of consultation meetings. However, it did not prevent changes to the regime, and in fact encouraged regular review.
- 2.7 The already claustrophobic nature of the unit meant that apparently small additional restrictions had a disproportionate impact on detainees. They were particularly upset at a recent decision to close off free access to the small central courtyard (see section on treatment and conditions).
- 2.8 Two monthly consultation meetings were held, one chaired by the governor and one by the unit manager. These meetings provided detainees with the opportunity to speak to managers and voice their concerns. Minutes showed some useful discussions and they helped to promote a calm atmosphere on the unit.

### **Staffing**

---

- 2.9 **Attempts should be made to recruit Muslim staff and to recruit or train Arabic speakers. (3.22)**
- Achieved.** Attempts had been made to recruit Muslim staff and Arabic speakers, and a member of staff originating from the Middle East was due to start work on the unit imminently. In the meantime, much responsibility lay with Muslim chaplains to understand and interpret both religious and cultural concerns. They had given useful advice and informal training on such matters to staff.
- 2.10 **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. (3.23) (Main recommendation)

**Partially achieved.** New and more rigorous procedures for selection and training had been introduced. A notice to staff in January 2011 had stated that staff selected for the unit were required to help establish and support the development of a positive ethos within the unit. A new tranche of staff had been selected on that basis. Most staff working on the unit during the inspection had undergone training in self-harm and suicide prevention, mental health awareness, diversity and the legal framework for detention of those on the unit; we met one officer who had been working on the unit for about two years without any specific training for this work. A six-day training programme was currently under way for all staff but no one had yet completed it. Two days of training recently undertaken by about 16 staff at HMP Manchester had covered aspects of extremism, and linked political and religious issues, and had also included in-depth analysis of the detainee population as well as conditioning, dynamic security, reporting and documentation, staff resilience and staff health. Further sessions were scheduled on post-traumatic stress disorder and Asperger's syndrome, and the effects of torture, isolation and separation.

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

**Not achieved.** No training had been given to the wider staff group about the circumstances and needs of the detainees.  
See main recommendation 1.22.

**2.13 Staff support should be built into the operation of the unit. (3.25; see also main recommendation 5.)**

**Not achieved.** Apart from normal line management oversight by the senior officers, and informal support from the unit manager, there was no systematic mentoring or support. Experience of small units managing specific risks has shown that properly facilitated peer support, or support provided by professionals with relevant qualifications and experience, is helpful both to the well-being of staff and to the healthy functioning of the unit.  
See main recommendation 1.22.

**2.14 Regular briefings should include discussion of the detainees' well-being. (3.26)**

**Achieved.** Briefings at the beginning of the morning and afternoon shift each day covered not only operational matters, but also the well-being of the detainees, noting any concerns about particular individuals. These briefings were mostly kept short, to avoid delaying unlock.

## **Additional information**

---

- 2.15 A manager had overall responsibility for the unit, and two senior officers alternated in day-to-day leadership. They had recently been allocated to the unit, although one had previously worked there. They shared a shift in the middle of each week, enabling a full handover to ensure consistency of practice. Additionally, there were three officers on duty at all times during the day. Staff were courteous towards the detainees, although conversation was limited. Detainees said that staff had been more remote and less willing to enter into spontaneous conversation since their return from HMP Manchester in January 2011. Several detainees reported that staff had been told to be cautious about speaking naturally with them since that time and they were aware that staff had been warned about the possibility of conditioning. Staff themselves were concerned about conditioning, and had received many warnings about this risk; however, in the absence of individual supervision and mentoring to help them reflect on their own interactions with detainees, their concern was not clearly or constructively focused. The life of the unit was strengthened by some practical cooperation between staff and detainees – for example, some staff trained with the detainees in the establishment fitness suite, some supported them in their horticultural endeavours, and the kitchen provided opportunities for comparing approaches to cooking.

## **Treatment and conditions**

---

- 2.16 **The disabled-designated cell should be made suitable for wheelchair users. (3.34)**

**Not achieved.** The cell designated for detainees with disabilities had been decommissioned. Since the introduction of the more restrictive regime in December 2008, the cell had been used as an education room.

- 2.18 **Showers should be individually screened. (3.35)**

**Achieved.** The shower room contained two showers which were adequately screened.

- 2.19 **Detainees should be provided with reasonable guarantees that suppliers provide halal food. (3.36)**

**Not achieved.** Detainees complained that they had not seen halal certificates and were unconvinced that all processed meat in particular was halal. The Muslim chaplains were aware of these concerns and were seeking further assurances.

**We repeat the recommendation.**

- 2.20 **Lagging to the fence in the outer exercise yard should be removed. (3.37)**

**Not achieved.** The fence surrounding the exercise yard was clad, therefore preventing detainees from seeing into the distance. Staff told us that it was not possible to remove the cladding as it allowed detainees to see people entering the visits area. However, this was clearly not an insurmountable problem, as visits did not take place constantly. All detainee unit

cells overlooked the inner courtyard and detainees therefore had no opportunities to see into the distance, and some complained of deteriorating eyesight.

**We repeat the recommendation.**

### **Additional information**

---

- 2.21 The detainee unit was located in the prison's former segregation unit, on one floor around a central courtyard. During the inspection, seven detainees were being held in single cells. The accommodation was clean and well decorated. Detainees were involved in cleaning duties. Cells were clean and detainees kept them in good order. They contained a metal bed, table, chair, noticeboard, bookshelf, television, a fluorescent strip light, cupboards, and a metal integral toilet and sink. The toilet was inadequately screened; detainees using it could clearly be seen from the cell door observation panel.
- 2.22 Access to the open air was more restricted than at the time of the previous inspection, as detainees no longer had unrestricted access to this courtyard. Detainees told us that this additional restriction on space and freedom of movement had increased their feelings of being enclosed. While they could ask a member of staff to open the courtyard for them, this depended on a staff member being available and led to problems when they wanted to go back inside for a short time to use the toilet. We could identify no evidence of increased risk to justify the more restricted access. The whole courtyard was covered by a wire meshing, increasing the sensation of confinement. It was monitored by two closed-circuit television cameras and was overlooked by the integrated drug treatment system (IDTS) suite on the first floor. This lack of access to space, combined with the more restrictive regime, impacted on detainees' sense of well-being (see section on mental and physical health care).
- 2.23 There was a small servery, where meals cooked in the main prison kitchen were served. Detainees could preselect their food. A food comments book was available to, and used by, detainees. Detainees complained about the food provided but had the opportunity to prepare their own meals. The kitchen contained an electric grill, rings and ovens. Detainees pooled their money to buy ingredients from the prison shop. The kitchen was located with the servery and was clean and hygienic.
- 2.24 The association room was also used as a prayer room by detainees. It contained soft chairs, a bookshelf, a television, communal DVD facilities and a CD player. Board games were also available. The room contained windows sited just below the ceiling. Detainees could not look directly out of the windows without standing on chairs.
- 2.25 There was a single payphone, accessible through a PIN number which debited money from detainees' telephone accounts. Foreign national detainees could make a monthly application for additional telephone credit to speak with family and friends abroad (see section on support of social identities of detainees). The door to the room containing the telephone could be closed, allowing detainees to make calls out of earshot of other detainees. Notices displayed in the telephone room reminded them that all calls were monitored unless they were legally privileged. A soft chair allowed detainees to make calls in comfort.
- 2.26 Notices were clearly displayed around the unit. Some were translated into French and Arabic. Minutes from the detainee unit meetings were also clearly displayed, although some detainees complained that the minutes did not accurately reflect what was said at the meetings. Artwork by some of the detainees was displayed around the unit.

## Further recommendations

### Systems and procedures

---

- 2.30 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. (3.50)

**Achieved.** All detainees reported being handcuffed while travelling in cellular vehicles, except for one, who had had his handcuffs removed on a return escort to the establishment. His risk assessment could not be examined, as it had been undertaken and retained by another establishment. The general procedure was for a risk assessment to be undertaken for each detainee before escort, covering key areas such as medical concerns, history of violence, self-harm history, motivation to escape and escape history.

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

**Not achieved.** It was a security policy to schedule comfort breaks only for journeys exceeding four hours because of the security arrangements for category A detainees, such as informing the relevant constabulary of the proposed route. This could result in prolonged periods of travel without a break.

**We repeat the recommendation.**

- 2.32 Applications should be logged and both applications and complaints should be responded to within reasonable time frames, and the outcomes of general complaints reported back to detainees. (3.52)

**Partly achieved.** An applications log was kept, although it was difficult to ascertain whether applications were responded to within reasonable time frames, as recording was inconsistent. A detailed complaints log was kept, recording the subject matter of the complaint, the due date and the return date. Between January 2010 and March 2011, 61% of complaints had been responded to within three days; the remaining 39% had been responded to shortly thereafter. Of the complaints made under confidential access, 98% had been responded to within the time frame set by the prison (usually seven to 10 days). The quality of responses varied, with some being very good and others short and abrupt and providing an insufficiently detailed explanation of the decision made.



## Further recommendation

### **Additional information**

---

- 2.35 In our interviews, detainees did not raise concerns about their treatment by escort staff but they were unhappy about their journey to and from Manchester prison during the refurbishment of the area above the detainee unit (see paragraph 1.1). They reported that it had been uncomfortable and that they had not been able to use a toilet. The cellular vehicles had all recently been replaced with newer models, each of which had seatbelts fitted.
- 2.36 Detainees did not undergo the same induction as prisoners. Staff were unsure what induction information was provided to detainees, where to find it or how many languages it was available in. Once this information had been located, it was evident there were two separate packs: one for prisoners in the main population and one for vulnerable prisoners. Neither of these packs was appropriate for detainees, as the information was not specific to the unit and therefore regime details were not relevant. In spite of this, detainees generally reported positively about their induction to the unit, saying that staff had spoken to them on a one-to-one basis to explain the regime and that other detainees had been instrumental in helping them to settle in. A basic first night questionnaire was completed, which asked questions around suicide and self-harm, language and literacy needs, disability and special requirements. Staff had access to a telephone interpreting service but had not used it recently, as all detainees could understand spoken English.
- 2.37 The number of applications had increased considerably in the first three months of 2011, with 253 having been made, compared with 308 between mid-February 2010 (the first date in the applications log) and mid-October 2010. However, 90 of the applications made between January and March 2011 related to requests to have legal and social telephone numbers reapplied to PIN telephone accounts following their removal by staff at HMP Manchester. Even discounting these, the number of applications had increased slightly compared with the previous year. Some detainees felt that since their return from temporary location, they had been required to submit an application in situations for which previously staff would have helped to resolve the matter more informally.
- 2.38 Thirty-one complaints had been submitted between January and March 2011, compared with 46 between April and October 2010. There was no obvious increase in any one particular subject area or any discernible pattern. There had been no racist incident complaints in the previous year. There had been no recorded use of force incidents in the previous year, and in our interviews detainees reported no use of force, restraint or segregation in the unit.
- 2.39 Most of the detainees said that they had received written confirmation of their category A status and the reasoning behind it, although it had been some time ago, and some did not understand the reasoning. Unlike convicted prisoners, who have their category A status reviewed annually, there was no mechanism through which the detainees could have their status reviewed. One detainee described how, in a previous establishment, he had brought a

legal challenge against his categorisation through his solicitor, as this had been the only option available to him. Detainees were unaware of all the evidence that lay behind both their detention and their categorisation.

- 2.40 A designated member of the Independent Monitoring Board (IMB) regularly visited the unit, and all the detainees spoke extremely positively about access to the IMB and the help provided.

### **Access to legal support**

---

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

**Partially achieved.** Detainees had access to four secure computers connected to a printer. The printer was in a sealed wooden box, which could be accessed only by a member of staff. All printouts were reviewed by officers and, if in Arabic, by a Muslim chaplain. There were no legal textbooks available on the unit. Detainees had limited access to the prison library (see paragraph 2.57). They were not allowed to borrow legal textbooks from the library but could browse them; however, there was insufficient time to do this adequately.

### **Additional information**

---

- 2.43 Detainees had good access to competent legal representatives. Three detainees faced deportation to their country of origin and four faced extradition to the United States. Five of the detainees' cases were waiting to be heard by the European Court of Human Rights, while two other cases were being dealt with domestically. Some cases involved novel and untested points of law. All were represented by a single firm of solicitors with many years' experience in national security law. Detainees understood their legal position; they had a detailed understanding of what was happening in relation to their cases.
- 2.44 Detainees were able to communicate easily with their lawyers by telephone, letter and in person, and were in regular contact with them. Some detainees reported that, on occasion, letters from lawyers had been opened by staff in contradiction of Rule 39 (legal and confidential access correspondence) of the prison rules. Staff in the security team were adamant that Rule 39 correspondence was only ever opened in error or before it had reached the prison. The security team logged 'breaches' of Rule 39 mail. Detainees signed a separate log book to confirm receipt of such mail and noted if the mail had been opened. The log book showed that in the calendar year to date, out of approximately 80 letters, detainees claimed that three had been opened.

### **Communication with detainees about their detention**

---

*No recommendations were made under this heading at the previous inspection.*

### **Additional information**

---

- 2.45 Those detainees facing deportation received a monthly review letter (IS151F) from the UK Border Agency, which often changed little from month to month. This was not surprising, given the legal situation of the detainees.
- 2.46 None of the immigration detainees had recently made bail applications. The nature of the allegations made against them meant that any bail application had little chance of success. One detainee whose deportation appeal was being heard by the special immigration appeals commission (SIAC) had little faith in the process and was particularly frustrated that he was unable to see all the evidence against him or attend the closed hearings of his case.

### **Daily regime**

---

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

**Partially achieved.** Detainees spent too little time out of their cells, given the length of time that they were on the unit and the confinement they experienced. The regime allowed for nine hours and 35 minutes on four days a week, and seven hours and 35 minutes on the other three days. Time out of cell figures for the unit were not recorded.

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

**Not achieved.** Detainees were told that no funding was available for Open University courses because they were not convicted prisoners. One detainee was funding his own correspondence course. Some detainees would have been keen to participate in correspondence courses if the funding had been available. One detainee wanted to study for a degree. Another wanted to complete short modules of 10 weeks or so.  
**We repeat the recommendation.**

### **Additional information**

---

- 2.50 Lockdowns of the main prison led to the detainee unit being locked down. In 2010, detainees had been locked in their cells for four days because of an incident in the main prison. In December 2009, a 48-hour lockdown had been triggered when a computer screensaver in Arabic had been discovered in the education room. The computers had been taken away for three months but nothing untoward found.
- 2.51 Isolated prisoners were occasionally held in the health care unit located above the detainee unit. The unit was routinely locked down when isolated prisoners were taken to the detainee unit exercise yard; this lockdown was brief but disruptive. One prisoner had been kept on the health care unit for a six-month period.

- 2.52 Access to education and work was poor. Work consisted of a cleaning rota, which detainees organised for themselves. They were paid £16.50 a week for this work.
- 2.53 Detainees had no access to mainstream education. Under the previous regime, they had been able to attend education workshops and the gym with mainstream prisoners. Under the current regime, a tutor from Manchester College visited the unit for two days a week. The tutor provided support with some projects – for example, card making and Koestler submissions. Some art materials, such as paper and cardboard, were available from the education department. Other materials had to be obtained privately or purchased by the Prison Service, and were in short supply. A plan to have an art teacher visit the unit had foundered when the teacher had no longer been available. All detainees felt that exclusion from education was isolating.
- 2.54 Detainees grew herbs and a few vegetables in the yard in raised beds, although there was a requirement for officer supervision of the courtyard (see paragraph 2.22).
- 2.55 The unit contained a small room which was well-equipped with fitness and exercise equipment. This was not supervised by a PE instructor (PEI) and contained equipment including free weights, which meant that there was a risk of accident or injury. The room was open during all unlock times. There was also an 'outdoor' gym, accessed through the door to the courtyard. It contained a rowing machine and two treadmills – one for running and one for walking. This could only be used when supervised by an officer. Access to fitness equipment was good and there was some supervised fitness training. Detainees were offered one session a week on Tuesday afternoons in the prison gym with a PEI. At least three detainees used the gym and cardiovascular rooms daily. Detainees had been offered the opportunity for team or other sports hall-based activity with vulnerable prisoners but had turned down this offer.
- 2.56 The pool table which had been present at the time of the previous inspection had been moved to make way for the gym, which had been created following the December 2008 change in regime. Staff told us that the detainees had been consulted over whether they wanted to retain the pool table or have gym equipment. The pool table was stored in another part of the prison and could be reinstated if detainees requested it.
- 2.57 Detainees could visit the library for two sessions a week: on Thursdays for 45 minutes and on Sundays for 30 minutes. Four detainees visited the library regularly. They had to stay for the full session, which inhibited one detainee from attending. Detainees described the librarian as very good. A wide range of books was available and requests were routinely met. DVDs and CDs were available. Prisoner orderlies were sent away when detainees came in, which they said made them feel like pariahs. Detainees could not join reading groups.

---

### **Support for social identities of detainees**

---

- 2.59 **There should be a review of the system to approve social visitors, to reduce delays. (3.82)**

**Not achieved.** Detainees reported ongoing delays in approving social visitors, some of up to a year. While much of the approval process was not the responsibility of the prison, no review

had taken place of the areas that were, with the aim of improving efficiency and reducing delays. No robust monitoring of the length of time that it took to approve visitors had been conducted, although a security administrative officer had developed a recording system so that approval applications could be logged and tracked. In spite of the unique levels of isolation experienced by detainees, the officer did not actively pursue delayed responses until the detainee expressly asked for this by way of an application. This was of particular consequence to detainees following the issue of a revised standard by the Prison Service's director of high security in November 2010, which stated that discretionary visits by close relatives awaiting approval could be conducted only in closed conditions. One detainee, whose children were too young to understand the concept of detention, said that he had not seen his family for several months because he did not want to distress his children by expecting them to undertake a closed visit.

**We repeat the recommendation.**

- 2.60 **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 [foreign national] detainees. (3.83)**

**Not achieved.** The qualifying criteria set out in Appendix 3 of the foreign national policy for the provision of a free monthly 10-minute international call restricted this facility to only those registered foreign national detainees who had not received domestic visits in the previous six months. However, some of the foreign national detainees who received domestic visits also had close family living abroad with whom they wished to maintain contact; this was difficult to fund when they were not able to receive incoming calls.

**We repeat the recommendation.**

- 2.61 **The time taken for mail to be processed should be significantly reduced. (3.84)**

**Achieved.** Although some detainees reported ongoing issues with long delays in mail being processed, which was reflected in a small number of complaints, it was evident that measures had been taken to improve the system. A dedicated team of 14 censors was in place, and the prison had mail delivered by 9am, where previously it had arrived as late as lunchtime. Deliveries and collections were also made on a Saturday, which had not previously been the case. It was not possible accurately to determine how much processing times had improved, as records were not kept of standard mail. However, records were kept of mail requiring translation and it appeared that in these cases delays centred around the time taken for security staff to check the mail following translation; while the maximum time recorded was two weeks, some mail was translated and checked within three days.

### **Additional information**

---

- 2.62 Visits took place in the visits hall with rest of the prison, although detainees were escorted to and from the hall before the main population. Social visits were permitted every day except Monday and Wednesday, and there were no restrictions on the number of visits that a detainee could have. However, information displayed on a noticeboard in the unit related to the statutory visits entitlement of convicted prisoners and was not relevant to the detainees. Detainees on the enhanced level of the incentive and earned privileges scheme could apply for family visits.
- 2.63 All but one of the detainees was receiving social visits. Two detainees felt that some staff lacked cultural awareness after a drug dog had licked the clothing of family members, and another had submitted a complaint after one of his female visitors had been asked to remove her hijab in front of a camera so that her hair could be checked. Overall, however, detainees

reported appropriate treatment by visits staff toward themselves and their families. One detainee told us that he had been very concerned about his wife when she was about to undergo her first visit but that visits staff, on learning of this, had been particularly helpful towards her.

- 2.64 There was one telephone on the unit, in a small room next to the office that afforded quiet and privacy, and detainees had unrestricted access to it when they were unlocked. Most complained of delays in adding telephone numbers to their approved list. Before the temporary relocation of detainees, telephone numbers had been approved by staff on the unit. On their return, this had changed and requests were required to be considered by the security department, which had prolonged the process. The emailprisoner.com facility was available to the family and friends of detainees, although staff told us that it was not widely used.



### **Mental and physical health care**

---

- 2.67 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. (3.106; see also main recommendation 6.)

**Partially achieved.** A health needs assessment (HNA) for 2011 was being finalised by Worcestershire NHS Primary Care Trust (PCT). It contained detailed analyses of the prison population, their physical and mental health needs, and indications for service developments to ensure more sophisticated planning and development. The focus was on the implementation of SystemOne and the validity of its application in the prison. The HNA acknowledged the existence of the detainee unit. It indicated that social isolation could be a contributory factor to mental ill health in prisoners but did not directly discuss the physical and mental health implications of the extended social isolation of the small group of detainees in the detainee unit.



- 2.69 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 health care services taken up by detainees. (3.107; see also main recommendation 7.)

**Achieved.** There was regular monitoring of performance and clinical governance indicators in compliance with the Service Level Agreement and the prison health performance and quality framework. The prison participated in the PCT schedule of clinical auditing. Data relating to the use of health care services by detainees were documented separately.

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

**Achieved.** Medical specialists, including general surgeons, orthopaedic surgeons, and ear, nose and throat surgeons, visited regularly, and mobile MRI scanning was available in the prison car park by arrangement. We were assured that access to medical specialists, external to the prison, was not impeded by security considerations.

**2.71 There should be input from clinical psychologists and occupational therapists. (3.109)**

**Not achieved.** Access to clinical psychology was limited to assessment on a case-by-case basis. Funding for a cognitive behavioural therapist had been withdrawn by the PCT in 2010 and the treatment of one detainee, who valued cognitive behavioural therapy (CBT), had been curtailed because of this change, and his treatment remained incomplete. Mental health practitioners, including the consultant psychiatrist, mental health team leader and nurses, indicated that care provision required enhancement with clinical psychology to improve individual case management and ensure the opportunity for regular clinical multidisciplinary review and discussions on therapeutic options for detainees and prisoners with complex needs. Negotiations had started with the PCT about the provision of clinical psychology on a sessional basis, although there was no start date. Before the inspection, a health care assistant (HCA) had provided diversional activities for detainees, who had valued his input. He had subsequently left the prison, leaving behind a gap in approaches that provided meaningful activities and engendered a sense of purpose for detainees. The mental health lead nurse had identified this gap and was considering the use of a mental health occupational therapist or another worker from a health or educational background with the required competence to provide activities that reinforced mental well-being.

**We repeat the recommendation.**

**2.73 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. (3.110; see also main recommendation 9.)**

**Partially achieved.** At the time of the inspection, there were no detainees subject to the CPA. Health services staff were present on the detainee unit every day, including registered mental health nurses (RMNs), who visited three times a week to offer general support. Some detainees found the daily offer of support to be intrusive, and the vicinity of uniformed officers sometimes deterred confidential discussions. There were visiting general and forensic psychiatrists, whose help the detainees valued. There was access to a variety of primary mental health interventions, including self-help materials, brief solution-based therapies and person-centred counselling. The 'Beating the Blues' self-guided mental health software had

been ordered and was to be installed on the computers on the unit. There was a stepped model of care delivery and treatments accorded with NICE guidance, except for the absence of specialist clinical psychology and CBT sessions (see further recommendation 2.72).

- 2.74 Training should be provided for health care 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. (3.111); see also main recommendation 8.)**

**Not achieved.** Only one health care professional had recently been trained in the signs and symptoms of previous torture; emotional reactions, including post-traumatic stress disorder (PTSD) and depression; and the impact of small group isolation on mental and physical health. There was a plan to provide other clinical health care staff and uniformed officers with cascaded training, starting in May 2011.

- 2.75 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. (3.112; see also main recommendation 10.)**

**Not achieved.** Every detainee had a generic mental and physical well-being care plan, which was reviewed formally each month. The visiting RMNs undertook frequent mental health reviews. Detainees with lifelong or chronic conditions such as diabetes or asthma had care plans or treatment protocols on SystemOne. There were no detailed care plans for detainees with complex or chronic mental health disorders, such as depression or PTSD. There was no evidence of multidisciplinary and multi-departmental monthly meetings at which detainees' individual care and management plans were considered.

See main recommendation 1.23.

### **Additional information**

---

- 2.76** Health services were generally held in high regard by detainees and uniformed officers. Since the previous inspection, the number of health services staff had increased (for the prison as a whole), with a wider skill base. In particular, the prison had developed the mental health team, with 15 RMNs, two registered nurses for the mentally handicapped and two HCAs on staff. There were several models of clinical supervision and receipt of supervision was recorded in staff members' records.
- 2.77** There was an appropriate range of primary care clinics, which offered triage, treatment and efficient access to a GP, within 24 hours if required. Nurses were trained, or in training, to offer nurse-led clinics for lifelong and other conditions, including diabetes and circulatory and respiratory illnesses. There was a lead HCA for health promotion, and wing-based prisoner health champions were in training, although detainees were not involved in this training. There was a relevant health promotion display on the detainee unit which had been produced locally.
- 2.78** Detainees we spoke to were satisfied with the pharmacy service, although one had experienced delays in the resupply of some in-possession medications. Some detainees told us that they had experienced delays in accessing dentists at the establishment. The dentist was said to be sympathetic and treatment was good. At the time of the inspection, there were no detainees on the dental waiting list.
- 2.79** There were concerns about the effects of extended social isolation on the mental well-being of detainees. Mental health risk factors that caused concern included detainees having higher



than average levels of stress; exaggerated emotional responses; worry about personal coping strategies; disrupted familial relationships and marital breakdown because of being held for so long and the indeterminate length of custody; detainees becoming frustrated with each other because of living together in enforced confinement and with limited facilities; and the lack of intellectual stimulation and impoverished life in detention, leading to detainees feeling dispirited, lethargic and depressed. One detainee told us that he was 'losing sense of self'; another said, 'can you imagine being locked up with your family for seven years?'; and another said, 'we have run out of things to talk about'. Detainees with diagnosed complex and/or chronic mental illnesses, including autistic spectrum disorders, depression and PTSD, found the regime to be anti-therapeutic, as it enforced on them more individual time in which to experience and contemplate their symptoms, including negative and intrusive disturbing thoughts.

- 2.80 Detainees had good access to mental health nurses and psychiatrists. Members of the mental health team were on-call between 7.30am and 7pm; staff working on the detainee unit were aware of their availability, although had not had cause to ask for assistance.

---

### **Self-harm and suicide**

---

*No recommendations were made under this heading at the previous inspection.*

### **Additional information**

---

- 2.82 Because of the sometimes long periods of detention, social isolation from the main prison and uncertainty about the future, detainees' health-protective factors were diminished. Several detainees told us that they had excessive time to dwell on their situations and that, but for their faith-related beliefs, they might act on the thoughts of suicide which intermittently occurred to them. Uniformed staff we spoke to appeared vigilant in regard to the potential for self-harm among the detainees. Since their return from HMP Manchester (see paragraph 1.1), one assessment, care in custody and teamwork (ACCT) document had been opened as a result of a detainee saying that he had contemplated suicide, although it had been closed quickly, on determining that the detainee had not been serious. A detainee told us of his regular head banging and there was visible bruising on his forehead, yet management of this injurious behaviour did not form part of his care plan and health services staff we spoke to seemed unaware of its potential significance for the mental well-being of the detainee.

## Religious practice

---

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

**Achieved.** The number of Muslim chaplains had increased. They felt that there had been considerable progress in this area at a national level since 2007, with good support for them from the National Offender Management Service (NOMS) and the Muslim chaplains' networks. They had recently been on a three-day training course, and the chaplains from high-security prisons had attended training on responses to extremism.

- 2.85 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. (3.118)

**Partially achieved.** The Muslim chaplains regularly attended monthly meetings (both the management meeting and the governor's forum), and were frequently involved in events such as ACCT reviews. They also sometimes acted as interpreters. They had no formal pastoral role in family liaison.

---

## Additional information

---

- 2.87 The Muslim chaplains visited the unit daily. Detainees appreciated the work of the chaplaincy, and the chaplains felt that they were well supported by senior managers. Friday prayers took place invariably in the group room on the unit, and prayers were also led in the same room every Tuesday. Attendance at the Eid festival observance in the main prison had been possible until 2010 but this opportunity had subsequently been withdrawn. In 2010, the detainees had been offered the chance to join with vulnerable prisoners in celebrating Eid but they had declined this on the grounds that association with vulnerable prisoners could put them at risk in prisons where they might be held in future.
- 2.88 The security department regularly sought advice from the chaplaincy on practical issues relating to the legitimate sensitivities of Muslim prisoners – for example, on searching practice, especially when using dogs. This had followed allegations of offensive actions during searching of the prayer room. The advice given by the chaplaincy had been central to resolving these issues. A new programme on the basic beliefs of Islam was being launched, and plans were in hand for its delivery to staff at the establishment.
- 2.89 More books had been placed in the unit in the week before the inspection but detainees said that they would appreciate some further books of the same kind.

**Further recommendation**

2.90 The governor should seek an arrangement acceptable to the establishment and to detainees for their observance of the Eid festival with fellow Muslims.

**Housekeeping point**

2.91 Further Islamic books should be available to the detainees.



# Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

## Main recommendations

---

- 3.1 Detainees should be able to leave the unit to take part in appropriate regime activities subject to individualised risk assessments. There should be a full review of current balance between separation and integration of the unit and the main prison. (1.20)
- 3.2 Operating standards specific to category A detainees should be developed, based on appropriate risk assessments. (1.21)
- 3.3 Staff on the unit should complete training to help them understand the particular circumstances of detainees held on the unit and receive specialist mentoring and support. (1.22)
- 3.4 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. (1.23)

## Recommendations

---

### Management information

---

- 3.5 Drug testing should only take place where there are grounds for suspicion. (2.3)
- 3.6 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. (2.4)

### Staffing

---

- 3.7 All staff on the unit should complete the tailored six-day training programme. (2.11)

### Treatment and conditions

---

- 3.8 Reasonable adjustments should be made to meet the needs of any detainees with disabilities on the unit. (2.17)
- 3.9 Detainees should be provided with reasonable guarantees that suppliers provide halal food. (2.19)
- 3.10 Lagging to the fence in the outer exercise yard should be removed. (2.20)
- 3.11 In-cell toilets should be adequately screened. (2.27)

- 3.12 Unrestricted access to the courtyard should be reinstated unless a documented risk assessment suggests otherwise. (2.28)
- 3.13 Comfort breaks should be scheduled for journeys that exceed two and a half hours. (2.31)

### **Systems and procedures**

---

- 3.14 All responses to complaints should be polite and provide a detailed explanation as to the outcome. (2.33)

### **Access to legal support**

---

- 3.15 Access to relevant legal textbooks should be improved. (2.42)

### **Daily regime**

---

- 3.16 Lock-up times should be minimal given the status of the detainees. (2.48)
- 3.17 Where detainees would benefit from external open learning, the Prison Service should provide funding if it is not otherwise available. (2.49)
- 3.18 A detainee should be trained to instruct others on how to use the gym equipment safely. (2.58)

### **Support for social identities of detainees**

---

- 3.19 There should be a review of the system to approve social visitors, to reduce delays. (2.59)
- 3.20 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 [foreign national] detainees. (2.60)
- 3.21 Applications for the addition of telephone numbers to PIN telephones should be dealt with promptly. (2.65)

### **Mental and physical health care**

---

- 3.22 The health needs assessment should include specific consideration of the physical and mental health needs of detainees in the detainee unit held in extended social isolation. (2.68)
- 3.23 There should be input from clinical psychologists and occupational therapists. (2.71)
- 3.24 Primary mental health care should be enhanced by the provision of cognitive behavioural therapy for complex conditions. (2.72)

### **Self-harm and suicide**

---

- 3.25 Detainees' individual mental health assessments and care plans should contain acknowledgement and analysis of significant behaviour. (2.83)

### **Religious practice**

---

- 3.26 One or more Muslim chaplains should have a formal role in family liaison. (2.86)
- 3.27 The governor should seek an arrangement acceptable to the establishment and to detainees for their observance of the Eid festival with fellow Muslims. (2.90)

## **Housekeeping points**

---

### **Systems and procedures**

---

- 3.28 The applications log should be completed fully and consistently. (2.34)

### **Support for social identities of detainees**

---

- 3.29 The information displayed on the unit about visits entitlement should be updated and relevant to detainees. (2.66)

### **Mental and physical health care**

---

- 3.30 The prison health champion scheme should involve the detainee unit; health promotion in the detainee unit should be coordinated with national campaigns and make use of professionally produced display materials. (2.81)

### **Religious practice**

---

- 3.31 Further Islamic books should be available to the detainees. (2.91)

## **Good practice**

---

### **Treatment and conditions**

---

- 3.32 Detainees were able to retain some self-determination through the opportunity to cook their own meals. (2.29)

## Appendix I: Inspection team

---

|                    |                         |
|--------------------|-------------------------|
| Nigel Newcomen     | Deputy Chief Inspector  |
| Hindpal Singh Bhui | Team leader             |
| Bev Alden          | Inspector               |
| Colin Carroll      | Inspector               |
| Martin Kettle      | Inspector               |
| Paul Tarbuck       | Health care inspector   |
| Dr Stuart Turner   | Consultant psychiatrist |
| Alastair Pearson   | Ofsted inspector        |



## 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 one hour.

**Current detention (legal support, systems and procedures, clear communication)**

|  |  |
|--|--|
| <p><b>1. How long have you been detained under immigration legislation in the UK?</b></p> <p><b>Where have you been detained?</b></p>  |  |
| <p><b>2. Have you applied for asylum/refugee status in the UK?</b></p> <p><b>If so,</b></p> <ul style="list-style-type: none"> <li>▪ <b>When?</b></li> <li>▪ <b>What was the outcome?</b></li> <li>▪ <b>What was the basis of your asylum claim?</b></li> </ul>  |  |
| <p><b>3. Do you know why you are being detained?</b></p> <p><b>- Were reasons clear at first point of detention?</b></p>   |  |
| <p><b>4. 11. How easy is it to contact your legal representative?</b></p> <ul style="list-style-type: none"> <li>▪ <b>Letter, phone, visit?</b></li> <li>▪ <b>Is this contact always confidential?</b></li> <li>▪ <b>Were you able to speak with your legal representative when first detained?</b></li> </ul> |  |

|  |  |  |
|--|--|--|
| <p><b>5. Is your legal representative a specialist in immigration detention?</b></p> |  |  |
|--|--|--|

|  |  |  |
|--|--|--|
| <p><b>6. Do you understand proceedings before the Special Immigration Appeals Commission?</b></p> <ul style="list-style-type: none"> <li>▪ Have you been allocated a Special Advocate?</li> <li>▪ Do you understand the role of the Special Advocate?</li> </ul> |  |  |
|--|--|--|

|  |  |  |
|--|--|--|
| <p><b>7. Are you provided with sufficient resources to assist you in your case?</b></p> <ul style="list-style-type: none"> <li>▪ Do you have access to a computer/laptop?</li> <li>▪ Access to legal and reference books?</li> </ul> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>8. Have you received monthly reviews or updates on your case from immigration authorities?</b></p> <p>- Did you understand what was given to you?</p> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>9. Were you informed about the reasons why you have been classified as a category A prisoner?</b></p> <ul style="list-style-type: none"> <li>▪ Verbally and in writing?</li> </ul> |  |  |
|--|--|--|

**CURRENT EXPERIENCES (systems and procedures)**

**Journey and first days in custody**

|   |  |  |
|---|--|--|
| <b>10. How were you treated by the staff in the escort vehicle?</b> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>11. How quickly were you able to inform family/friends that you were being detained here?</b> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <b>12. Were the rules/regime/regulations of the unit explained to you when you first arrived?</b><br><br>▪ In a language that you could understand? |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>13. Were you able to see the following people within your first 24 hours on the unit?</b><br><br>▪ Chaplaincy<br>▪ Health care<br>▪ Listener/Samaritans |  |  |
|--|--|--|

**Social contact (support for social identities)**

|   |  |  |
|---|--|--|
| <b>14. Do you have family/friends in the UK who can visit you?</b><br><br>▪ If so, how easy is it for them to visit?<br><br>▪ How is treatment in the visits hall by staff and prisoners? |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>15. How easily can you contact family/friends by phone?</b> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>16. How often can you contact family/friends by letter?</b></p> <ul style="list-style-type: none"> <li>▪ Are there any problems/delays in corresponding by letter?</li> </ul> |  |  |
|---|--|--|

**Prison (management decisions, activities, treatment and conditions, systems and procedures, religious beliefs)**

|   |  |  |
|---|--|--|
| <p><b>17. Are you happy with the level of contact that you have with other prisoners/detainees outside of the unit?</b></p> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>18. What is the relationship like between detainees in the unit?</b></p> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>19. Do you get enough outside exercise?</b></p> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>20. Do you get enough access to the gym?</b></p> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>21. What is the food like here?</b></p> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>22. What activities are you involved in on a daily basis?</b></p> <ul style="list-style-type: none"> <li>▪ Education/jobs/training/qualifications/gym/cleaning</li> <li>▪ Are you provided with a choice of the activities that you want/would like to attend, or are they designated to you?</li> <li>▪ Is there anything else you would like to do?</li> </ul> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>23. Have you ever made a complaint on this unit?</b></p> <p>If so,</p> <ul style="list-style-type: none"> <li>▪ Was it dealt with promptly?</li> <li>▪ Was it dealt with fairly?</li> <li>▪ Was it dealt with in confidence?</li> </ul> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>24. Have you ever made an application on this unit?</b></p> <p>If so,</p> <ul style="list-style-type: none"> <li>▪ Was it dealt with promptly?</li> <li>▪ Was it dealt with fairly?</li> </ul> |  |  |
|--|--|--|

|  |  |  |
|--|--|--|
| <p><b>25. Do you know how to contact the Independent Monitoring Board?</b></p> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>26. Are your religious beliefs respected?</b></p> <p>If so:</p> <ul style="list-style-type: none"> <li>▪ Can you attend religious services?</li> <li>▪ Where do these occur, on the unit, or with other prisoners?</li> <li>▪ Are activities stopped to allow you an opportunity to practice your religious beliefs, or do you have to miss out on activities?</li> <li>▪ Can you speak to a religious leader in private if you want to?</li> </ul> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>27. Have you been involved in discussions and/or consultations about your treatment and conditions?</b></p> <p>If so,</p> <ul style="list-style-type: none"> <li>▪ How often do these occur?</li> <li>▪ What were the outcomes?</li> </ul> |  |  |
|--|--|--|

**Safety (management, systems and procedures, treatment and conditions)**

|   |  |  |
|---|--|--|
| <p><b>28. How safe do you feel on the unit?</b></p> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>29. Have you been physically restrained by staff since you have been here?</b></p> <p><b>If so, why and how were you treated?</b></p> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>30. Have you ever spent time in isolation as punishment, or been placed in the segregation unit?</b></p> <p><b>If so:</b></p> <ul style="list-style-type: none"> <li>▪ <b>How often?</b></li> <li>▪ <b>How were you treated by staff?</b></li> </ul> |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| <p><b>31. Have you been involved in an adjudication since you have been in the unit?</b></p> <p><b>If so, how fair was the process?</b></p> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>32. Have you been discriminated against by staff since you have been here?</b></p> <p><b>If so, expand</b></p> <ul style="list-style-type: none"> <li>▪ <b>Based on culture/religion/race/status/age/disability?</b></li> </ul> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>33. Have you been discriminated against by prisoners since you have been here?</b></p> <p><b>If so, expand</b></p> <ul style="list-style-type: none"> <li>▪ <b>Based on culture/religion/race/status/age/disability?</b></li> </ul> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>34. How do staff respond to fights/bullying/self-harm on the unit?</b></p> <ul style="list-style-type: none"> <li>▪ <b>Quickly and responsibly?</b></li> <li>▪ <b>Challenge poor behaviour or bullying?</b></li> </ul> |  |  |
|--|--|--|

**Staff-detainee relationships**

|   |  |  |
|---|--|--|
| <p><b>35. Are the staff aware of, and sensitive towards your cultural/religious/ethnic needs?</b></p> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>36. Do you feel respected by staff on the unit?</b></p> <ul style="list-style-type: none"> <li>▪ <b>Officers/health care/non-uniform staff/psychologists/psychiatrists</b></li> </ul> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>37. What is the relationship like between staff and detainees?</b></p> <ul style="list-style-type: none"> <li>▪ <b>Do staff engage in conversations with you?</b> <ul style="list-style-type: none"> <li>○ If not, would you want this?</li> </ul> </li> <li>▪ <b>How do staff address you?</b></li> <li>▪ <b>Are staff helpful?</b></li> <li>▪ <b>Do staff enable you to arrive at your activities on time?</b></li> </ul> |  |  |
|---|--|--|

**Health care**

|   |  |  |
|---|--|--|
| <p><b>38. How good is your access to health care staff?</b></p> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>39. Have you had an interpreter to speak to health care staff?</b></p> <p><b>Have you received written medical information in a language that you can understand?</b></p> |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>40. Do you feel that your health care needs are being met?</b></p> <ul style="list-style-type: none"> <li>▪ <b>Do health care staff listen and understand what you are telling them?</b></li> <li>▪ <b>Do you feel that you are given enough time to describe to health care staff what your needs are?</b></li> </ul> |  |  |
|--|--|--|



|   |  |  |
|---|--|--|
| <p><b>41. Have you been subject to ill-treatment or torture by authorities in the countries in which you have been detained?</b></p> <p>▪ <b>If so, are you being helped to deal with this?</b></p> |  |  |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>42. How do you feel living on the unit?</b></p> <p><b>If negative response: Has your well-being deteriorated? If so, why?</b></p> |  |  |
|---|--|--|