



**HMP Liverpool**

**Health Needs Assessment of Immigration  
Detainees**

**HMP Liverpool**

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**It is available on the North West Regional Public Health Observatory's website:**

**[www.nwpho.org.uk/documents](http://www.nwpho.org.uk/documents)**

**and via the former Liverpool Health Authority website:**

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## TABLE OF CONTENTS

<i>Acknowledgements</i> .....	2
<b>1. Summary</b> .....	3
<b>2. Background</b> .....	5
<b>3. Aims and objectives</b> .....	7
<b>4. Methods</b> .....	7
<b>5. Findings: Demography</b> .....	9
5.1 Number of immigration detainees.....	9
5.2 Gender and age .....	9
5.3 Region of origin .....	9
5.4 Duration in detention .....	10
5.5 Status of detainees.....	10
5.6 Outcome of detention.....	10
<b>6. Findings: Regime of detainees</b> .....	11
<b>7. Findings: Health issues</b> .....	16
7.1 Physical health problems .....	16
7.2 Psychological health problems.....	16
7.3 Past experience of torture.....	17
7.4 Self-harm .....	19
7.5 Health screening.....	21
7.6 Tuberculosis screening.....	21
7.7 Healthcare problems .....	21
7.8 Detention in prison.....	22
7.9 Uncertainty about future .....	23
7.10 Time spent locked up .....	25
7.11 Someone to talk to .....	26
7.12 Language barrier .....	27
<b>8. Findings: Staff issues</b> .....	29
<b>9. Stakeholder views on planning services for detainees</b> .....	31
<b>10. Conclusions and overall recommendations</b> .....	34
<b>11. References</b> .....	37
<b>Appendix A: Information sheet</b> .....	38
<b>Appendix B: Consent form</b> .....	40
<b>Appendix C: Confidentiality form</b> .....	41
<b>Appendix D: HM Prison daily regime for immigration detainees</b> .....	42

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## **1. Summary**

Up to 100 spaces were made available at HMP Liverpool for immigration detainees in November 2000. This investigation aims to use the experience at HMP Liverpool to provide guidance for planning services for immigration detainees in other settings. A holistic model of health is used that focuses on priorities identified by stakeholders.

Interviews were carried out with detainees, prison officers, healthworkers and community stakeholders to identify what were the main problems which affected the health of detainees and what were the effects on prison staff who were looking after the detainees.

About 500 male detainees were held at the prison from November 2000 until January 2002. The majority were less than 40 years old. Detainees came from many different countries. In a snapshot view on 1 October 2001, over 40% were from Africa with 10% or more from each of the Indian subcontinent, Europe and former Soviet Republics. About a third had already spent at least 3 months at the prison with some spending much longer. One detainee was held at HMP Liverpool for a year. The vast majority of detainees were asylum-seekers. It is estimated that 43% of detainees at Liverpool signed a voluntary departure agreement to be returned to their country of origin, up to 40% were deported and about 20% were given bail or granted temporary admission.

Detainees shared a wing with prisoners but were kept on separate landings, with 2 detainees in each cell. All wore a prison-uniform. They were allowed outdoors to a yard for an hour a day and could go to a workshop 2 or 3 times a week. It was official prison policy that detainees not at work were unlocked to mix with other detainees indoors according to a rota during the afternoon and another rota was arranged for the evening (appendix D). Interviewees reported that detainees mixed with other detainees indoors once and occasionally twice a week. They were unable to access education facilities. Detainees spent large amounts of time locked in their cells. Outgoing phone-calls could be made on request but incoming calls were not allowed. Religious support was available from prison chaplains and chaplaincy visitors. Apart from this, many did not receive visitors. Uptake of visits from an asylum-seeker visiting group was low. Two immigration officers were based in the prison to liaise between the prison service and the immigration service. Free legal advice was available through a visiting solicitor scheme.

Individual physical health screening questionnaires were used as detainees were received into the prison. Screening for mental health problems was rudimentary. Language barriers led to difficulty in assessing health problems, particularly mental health. As a group, detainees were assumed by prison staff to be fitter than the usual prison population although many reported individual health problems. Headaches, abdominal symptoms and dental problems were common complaints. Tuberculosis screening detected no active cases. Staff had concerns that some detainees had signs of old injuries and had told stories of being tortured in the past.

Psychological health-problems were very common. High levels of stress, anxiety and frustration were reported and many complained about difficulty sleeping. Detainees were shocked and confused to be in prison. They were fearful about the future and worried about their families. All detainees complained about the amount of time that they were locked in their cells, with little to occupy themselves, except to think about their problems. Many

detainees could not speak english. In some cases, this led to great isolation with detainees not having anyone to talk to. The language barrier affected access to information and all services. Detainees were used to translate for each other. A telephone-interpreting service was available but in general, staff found it difficult and slow to use. Use of interpreters was described as 'occasional'.

11 detainees harmed themselves while they were being detained at the prison. There were no deaths. 3 of the hangings were serious attempts and on 2 occasions, the detainee had to be transferred to an outside hospital.

Working with detainees was a new and potentially difficult area for staff. Staff required different types of skills than usual. A need for more training and support was expressed.

Stakeholders doubted that prisons were appropriate for holding detainees. They recommended that a well-resourced and well-staffed regime be designed based on detainees' needs and with detainee involvement. Detainees should be free to move around and mix with each other and have adequate recreational facilities. Ready access to immigration information and legal support is needed with good access to make and receive telephone-calls. Detainees should be able to wear their own clothes. Information and documents should be routinely translated. There should be easy and routine access to interpreting services. Physical and mental health screening should be carried out. Effort should be made to identify and support people who may be at risk of harming themselves. A confidential "listening" service should be readily available. All staff should be alert to the possibility that some detainees may have bad experiences of prison and authorities in the past. Healthcare should be provided by staff trained or with experience working with asylum-seekers or people from other cultures. Psychiatric support should be available as appropriate. Training and support should be available for staff.

Consideration needs to be given as to how the lessons of this study can be applied to the small numbers of detainees left in prisons.

## 2. Background

In 2000, additional detention spaces in prisons were authorised by the Government to facilitate increased removals of failed asylum-seekers from the country. Holding of people detained by the Immigration Services in prisons is provided for under the UK Immigration Act 1971. Increasing the numbers held in prison was planned to be a temporary measure whilst new detention centres were being built.

HMP Liverpool was one of a number of prisons selected to house immigration detainees. 100 places were made available at the prison from November 2000. Although small numbers of detainees had previously been held in the prison, housing such a large number was a new experience for HMP Liverpool. It was recognised that changes would need to be made to the usual prison regime to cater for this new group. Prison-officers from HMP Liverpool travelled to Rochester prison to learn from their regime for detainees. Arrangements were made to have immigration officers within the prison to advise detainees. Effort was made to provide the detainees with greater access to telephones than usual within the prison. A visiting solicitor scheme was developed to provide free legal advice to detainees. Links were made with an asylum-seeker visiting group. Effort was made to obtain information for prisoners in different languages. The Immigration Service funded a telephone interpreting service.

At the same time, the prison health services were undergoing change with the prison and Liverpool Health Authority working in partnership to improve the healthcare strategy. An assessment of the health care needs of prisoners had just been completed (1) as recommended by a joint NHS Executive Prison Service Report, the *'Future Organisation of Prison Health Care'* (2).

In August 2001, the prison and health authority decided to examine the health needs of detainees as a group. Although they were already being screened individually for physical health problems, it was recognised that they formed a new population subgroup within the prison that was likely to have distinctive health problems and needs. Shortly after this decision was taken, there was a Ministerial announcement of a commitment to withdraw detainees from prisons within a few months. Locally, it was decided that there was still benefit from carrying out an assessment of detainees' health needs in order to provide guidance for planning services in other detention settings. In addition, since the study has been completed, some detainees were transferred to prison accommodation following the closure of a detention centre and are being held amongst the normal prison population. This has highlighted the need to consider the health needs of the small number of detainees who will continue to be held in prisons.

It is widely accepted that the biomedical model of health that focuses on disease is very limited. The World Health Organisation has adopted a much broader definition of health as a "state of complete physical, social and mental well being and not merely the absence of disease or infirmity". For the purpose of this study, it was decided to use a holistic model of health, which recognises that health is influenced by many factors including physical and social environment, services and policies as well as disease. The focus was put on aspects of health that were expressed as priorities by stakeholders.

A health needs assessment framework for prisons has been previously developed which uses an epidemiological approach as the main method of assessment (3). However, in view of the limited amount of robust health information available and the broad model of health adopted, a different approach was used for this study using ideas from rapid appraisal methodology (4). Both qualitative and quantitative information were used. Readily available records and information were reviewed. Stakeholders were interviewed and observations were made. Detainees and frontline workers were asked to identify health problems and contribute solutions. Effort was made to include views of people from different sectors who work with detainees.

### 3. Aims and objectives

#### Aim

To highlight common problems of immigration detainees relating to their health and provide guidance for health planning in other detention settings.

#### Objectives

1. To describe the demographic characteristics of the immigration detainees at HMP Liverpool.
2. To describe the regime of detainees at HMP Liverpool.
3. To describe the range of health problems of detainees.
4. To identify issues which affect their health including issues about services.
5. To describe the effects of holding immigration detainees on staff.
6. To develop recommendations as a result of lessons learnt from HMP Liverpool for planning services for immigration detainees in other settings, particularly in detention centres.

### 4. Methods

Details about the detainees at Liverpool prison comes from a snapshot on the 1 October 2001 provided by the Home Office Immigration and Nationality Directorate unless otherwise indicated. The main information source was interviews with a range of stakeholders. Data was also gathered from informal discussions, observations made in the prison and data from records and documents. Ethical approval was obtained from Liverpool Research Ethics Committee. 20 interviews were carried out with 22 stakeholders during October-December 2001. Stakeholders were carefully selected to represent a range of views. Table 1 shows the breakdown of stakeholders interviewed.

**Table 1: Breakdown of stakeholders formally interviewed.**

Status	Number
Detainees in prison	9
Ex-Detainee	1
Community activists	2
Legal advisor	1
Prison-officers on wing where detainees held	4
Healthcare staff (both prison-officers and non-prison-officers)	4
Board of Visitors representative	1

Interviews were semi-structured. A guide list of questions (see Box 1) was modified and developed as interviews were carried out. The questions varied depending on the role of the stakeholder. Effort was made to keep questions general and non-leading. Issues that arose were then explored.

**Box 1. Guide list of questions.**

- Could you tell me a little bit about what it is like to be a detainee?  
or  
What is your involvement with detainees?
- What do you think are the main health problems of detainees in Liverpool?
- What do you think the solutions to these problems might be?
- If it were up to you to plan services for detainees in detention centres, how would you change things?
- Is there anything else about the health of detainees you would like to say?

Most stakeholders were interviewed individually. Two detainees were interviewed together and two healthcare unit staff of the same grade were interviewed together. No prison officer was present during the interviews with detainees. Dr Coffey carried out all interviews except one in a foreign language that was carried out by another doctor. Interpreting services were not used for interviews.

All stakeholders were given information about the study and signed a form consenting to be interviewed before the interviews (appendices B and C). Each interview lasted approximately 45-60 minutes. They were tape-recorded and later transcribed by the main researcher. Key categories were identified in each transcript and issues were summarised. Quotations that highlighted or supported points raised were identified. Consistencies and differences in information between transcripts were noted. The data was then cross analysed by examining and comparing views of each group of interviewees, e.g. detainees and prison-officers. The likely biases in different interviews were considered. Information was also compared with what the interviewer observed around her and from informal discussions with other stakeholders.

## 5. Findings: Demography

### 5.1 Number of immigration detainees

There are no official statistics available on how many people were detained at HMP Liverpool since 1<sup>st</sup> November 2000. However, local sources estimate about 500 people were detained in Liverpool during 2001. HMP Liverpool made 100 places available. On 1 October 2001, 83 people were in detention. In the last few months of the year, the numbers gradually declined. On 8 January 2002, 13 detainees were being held in the prison. It was expected that would be transferred to immigration custody within 2 weeks.

### 5.2 Gender and age

All the detainees at Liverpool were male. Most of the detainees are young with the majority being aged under 30 (table 2).

**Table 2: Age of detainees in HMP Liverpool on 1 October 2001.**

Age/years	Number of detainees	% detainees
21-30	55	66%
31-40	22	27%
41-50	6	7%

### 5.3 Region of origin

The detainees come from many different countries as shown in table 3. It is the policy of the Home Office not to detain large numbers of people from the same country in the same place to avoid formation of gangs.

**Table 3: Region of origin of detainees in HMP Liverpool on 1 October 2001.**

Region of origin	Number of detainees	% detainees
Africa	35	42 %
Indian sub-continent	14	17 %
Europe	13	16 %
Former Soviet Republics	8	10 %
China	4	5 %
Caribbean	4	5 %
Elsewhere in Asia	2	2 %
South America	2	2 %
Unknown	1	<1 %

#### 5.4 Duration in detention

Table 4 shows the length of time detainees being held on the 1 October 2001 had already spent in detention. This includes time that some spent in other places of detention before being sent to Liverpool. However, most of the time recorded was spent at Liverpool prison. 5% had been in the prison for over 6 months; a quarter had been held between 3 and 6 months; over half had been held between 1 and 3 months and about a sixth had been held for less than a month.

**Table 4: Time already spent in detention of detainees in HMP Liverpool on 1 October 2001.**

Duration	Number of detainees	% detainees
< 1 month	14	17%
1 - 3 months	44	53%
3 - 6 months	21	25%
6 - 9 months	3	4%
> 9 months*	1	<1%

Eventually spent just less than 1 year in Liverpool prison.

#### 5.5 Status of detainees

Information about the status of people detained at HMP Liverpool is not readily accessible according to the Home Office. All but 2 of the 83 people detained at HMP Liverpool on the 1 October 2001 had claimed asylum at some time. The local consensus from local stakeholder information was that most of the detainees at Liverpool had been refused asylum. Some were waiting for results of appeals. A few were believed to have served sentences for criminal offences and subsequently to have been detained by immigration. There appeared to be some confusion amongst stakeholders as to who the detainees were and whether they had broken the law.

"We have to face that there are people among them, a few I hope, that potentially could be a risk to the community. You have only got to go back to Sept 11 to realise that." (Interview 20)

"They are not criminals. I have clients who are doctors, who are earning a lot of money in their own country; who are very educated. I don't think people understand that." (Interview 19)

"They are continually being referred to as illegal immigrants (*rather than asylum-seekers*)!" (Interview 22)

#### 5.6 Outcome of detention

No figures were available from the Home Office about the outcome of detention. Local sources estimated that of the estimated 500 people detained at HMP Liverpool during 2001, 215 (43%) signed a voluntary departure agreement to be returned to their country of origin. 100-200 (20-40%) were estimated to have been deported and about 100 (20%) were allowed out on bail or granted temporary admission.

## **6. Findings: Regime of detainees**

### **6.1 General organisation (1), (5)**

HMP Liverpool is the largest local prison in England and Wales, housing a maximum of 1510 prisoners. It was built in 1855. It has 8 wings and a healthcare centre. The majority of prisoners are sentenced. Less than half of the total population of prisoners is from Merseyside. 40% serve sentences of less than 2 years.

Detainees were mainly kept on separate landings but in the same wing as other prisoners. They were accommodated in pairs in cells. Each landing accommodates about 50 people so detainees occupied one or two landings depending on their numbers. The prison aimed to provide an enhanced regime for detainees (appendix D). Detainees spent most of their time locked in their cells, if they were not willing to go to work.

### **6.2 Exercise**

Weather permitting, the detainees were unlocked to go outdoors to an exercise yard for an hour a day. In addition, once a week, some of them played football. Otherwise, there was little access to gym or sports facilities. Stakeholders identified lack of exercise as an issue.

"A lot of these guys are not really getting the exercise that they should. They get an hour's exercise but that means an hour standing outside talking to their friends. They need sports facilities to burn off some of their energy; it might be able to calm them down a little bit." (Interview 10)

### **6.3 Opportunity to mix socially with other detainees**

It was official prison policy that detainees not at work were unlocked to mix with other detainees indoors during the afternoon according to a rota and another rota was arranged for the evening. Within the prison, this is known as an "association period". Interviewees reported that detainees were allowed out of their cells once and occasionally twice a week for a couple of hours to mix with other detainees, play pool or table tennis, watch a video or use telephones.

### **6.4 Work**

Detainees could sometimes do simple manual work in a large workshop alongside prisoners. On average, they were given the opportunity to work 2 or 3 times a week, depending on the amount of work available. Unlike convicted prisoners they were not forced to work. Work hours were from 9-11.30am and occasionally again from 2-4.30pm.

"There is work there but it is work that involves instruction by the staff in there and because there is a language barrier they tend to be only given the work which they can be shown manually like 'fold the bag, put the envelope inside, put a tie around it.' Anything intricate because of the language barrier and there is health and safety issues, they won't get that type of work." (Interview 12)

The majority of detainees took up the opportunity to work when possible. They were perceived as very good workers. "They go over there and they do a weeks' work in one day." (Interview 12)

A few detainees (<10) worked as cleaners. This was seen as a privileged position because they had a television in their cells and spent a much longer time out of their cells.

The attitude towards work varied amongst the detainees. Positive aspects of going to the workshop were the opportunity to meet and talk to other people, the opportunity to listen to the radio or music and the chance to earn some money for phone cards, tobacco etc. This was especially important for those who were not receiving money from friends or family. Working detainees were paid between £4.50 and £9 a week. Pay was independent of the hours worked as long as they were prepared to work if available. Reasons why some detainees did not go to work are listed below.

### **Views on why some detainees did not go to work**

#### Reasons given by detainees

Want to use phone

Expecting visit, e.g. from solicitor

Want to see immigration officer

Work viewed as humiliating

Why should we work in the prison when we do not have permission to work in the community?

Poor pay

#### Reasons given by other stakeholders

Muslim time of fasting (Ramadan)

They cannot be bothered

They say they have no energy

"The group we have now, a lot of them don't want to go to work. A lot of them just want to lie in the bed all day so out of the 40 we have got now, you will be lucky to get 10 to go to work...Even though we tell them go to work. They don't really have to work in the shops. They go and sit with their colleagues. That is all they have to do – sit at a table and play around with a little bit of work. There is not much to do. They don't have to do it. They get paid for attending." (Interview 17)

## **6.5 Education**

Detainees did not have access to education. They were not considered a priority because of high needs amongst other prisoners, a limited education budget and the fact that their detention in prison was a temporary arrangement.

## **6.6 In-cell activity**

There was little to do in the cells. A small number of radios were supplied and radios were also available for purchase. A small number of board games were available. There was access to a small library on the wing and occasional access to a prison library. Many detainees complained about inadequate material to read, especially for some languages, e.g. Eastern European. A limited number of newspapers were available but not enough to satisfy demand.

“You are continually reading one novel, you finish it in 2 or 3 days, drop it and if you don’t have anything you have to take it again, continually reading the same novel.” (Interview 1)

“Here in prison 11 month, no dictionary, no book from my country, nothing, nothing, nothing.” (Interview 3)

"A lot of the guys miss having books to read or newspapers supplied to them" (Interview 10)

## **6.7 Meals**

Three times a day, detainees were unlocked from their cells to collect their meals and bring them back to their cells for eating. Effort was made to provide diets that were religiously appropriate for the range of detainees. Many complained about the quality of food and lack of choice.

"I think I was not thoroughly nourished. Every time we were eating chips, chips, chips. I don’t think it is easy for our health." (Interview 7)

## **6.8 Clothes**

Detainees were not permitted to wear their own clothes. Explanations were that they had an inadequate amount of clothes and that clothes washing facilities at the prison are inadequate. In the prison they dressed differently to other prisoners, wearing a tracksuit instead of jeans. On a weekly basis, they get a change of clothes consisting of a tracksuit, 2 boxer shorts, 2 pairs of socks, a T-shirt and a sweatshirt.

"I told him I wanted to wear my own clothes. They told me I was not allowed. When I get here, as inmate you have to use jeans and shirt. When I get here they have to take the shirt off me and tell me to drop the jeans and I said to them listen it is cold; it does not make difference if I am using the jeans. I said let me use the top and keep jeans. They said the jeans were for the inmates and the only asylums who can put on jeans are the ones cleaning. I said what is the difference? As detainee you have to use trackie." (Interview 1)

## **6.9 Washing and sanitary facilities**

Cells contained a toilet and a wash hand basin. Some detainees complained of a lack of privacy for using the toilet.

“You see for example, in my cell we were 2 and we have to share small spaces and I apologise and the loo was just with us and if I would like to use the loo I cannot disturb. I have to wait and by waiting I am suffering.” (Interview 7)

"Go to toilet-sorry mate. Me go to toilet because is inside. It's no good. It's no hygienic. It is every time it is sorry friend.no toilet inside.separate...its no normal. It's no hygienic." (Interview 3)

Hygiene of detainees was an issue for both staff and detainees.

"Some of them are very clean. Some of them are exceptionally clean but some of them are very dirty. The problem that I find, they are given the tracksuits. They sleep with them. You probably come across somebody who has been wearing that tracksuit for 4 days, 5 days. They sweat...exercise. Sometimes, some of them walk by and you can get a whiff." (Interview 13)

Detainees complained about the lack of opportunity to shower. They reported that they were able to shower once and occasionally twice per week. This proved to be a sensitive issue with conflicting reports from some staff about how often detainees could shower. Official HMP Liverpool policy was that detainees should have access to shower facilities twice per week.

### **6.10 Phone**

Detainees were given more access to use the telephone than inmates. Every morning, they could apply to use the telephone during the day. Some detainees expressed satisfaction with being allowed to use the phone. However, many stakeholders said that access to the phone was a problem with not enough telephones available, detainees not being able to make calls when they wanted and not being able to receive incoming calls.

### **6.11 Visitors**

Like remand prisoners, detainees were entitled to receive visitors for 1/2 an hour every 2<sup>nd</sup> day. However, many of them did not have family or friends in the area that could visit them.

"No have family here in England. Somebody no come to visit, nothing and me write letter to some company to London 'I help to asylum-seekers'. Just result is 'sorry mate, is more distance to London Liverpool'. Is not possible I come to visit to prison. Why? Because it is company come to visit because asylum-seekers... Me write letter-maybe 10 company in London. Just nothing for me. Just result is sorry mate. It is long distance. It is more distance. No chance I come to visit. Every time no chance." (Interview 3)

Chaplains of different religions visited detainees, e.g. a priest, Sikh minister and Muslim Imam and weekly religious activities were organised.

A voluntary asylum-seekers' visiting group was allowed to visit detainees who requested. The aim of this group was to provide support for detainees with the possibility of providing sources of surety for bail. Prison-staff reported that few detainees requested visits from this group although similar schemes had proved popular in other areas. Although the prison reported that the service had been advertised widely, the visitors' group felt there was a lack of awareness of its existence.

### **6.12 Immigration Service**

Two immigration officers were based in the prison to liaise between the prison service and the immigration service. They provided advice to detainees about how their cases with immigration are proceeding.

### **6.13 Legal support**

A duty solicitor scheme operated under the legal aid scheme was set up in midyear to provide immigration and legal advice for detainees and to act as legal representatives for those detainees with no solicitor. 5 firms in Liverpool, including not for profit organisations, operated a rota system to go into the prison 2 mornings a week. There were many complaints about access to solicitors due to limited access to make outgoing calls and inability to receive incoming calls. Many detainees had solicitors in London and had difficulties communicating with them. If a solicitor needed to speak with a detainee, he or she needed to write a letter to the detainee, requesting the detainee to ring them. According to one legal advisor, a system was needed for legal advisors to see detainees urgently if needed.

“With asylum-seekers you cannot afford to wait a few weeks. You may need to see them straight away... If detainees don't have legal representative that is really dangerous and they could be gone before you get back to the prison to see them with an interpreter.” (Interview 19)

### **6.14 Constraints**

The regime was frequently affected by staff shortages that resulted in canceling of activities like association. No additional resources had been made available for working with detainees. Uncertainty about how long the detainees would be kept in the prison affected the planning of services.

## **7. Findings: Health issues**

### **7.1 Physical health problems**

In general, non-detainee stakeholders felt that detainees were in good physical health. In comparison with the usual prison population, as a group they were considered to be physically fitter. Unlike the usual prison population, substance misuse does not appear to be a significant issue. On the other hand, the majority of detainees complained of individual health problems or was aware of them in others. Headaches, abdominal symptoms and dental problems were common complaints. There were a number of reports of physical health issues, e.g. head-injuries, allegedly due to assaults in detainees' home country, some of which required further investigation or referral to specialists.

### **7.2 Psychological health problems**

Psychological health issues were very common. Stakeholders reported that detainees were stressed, anxious and frustrated. They were fearful about the future and worried about their families. Many complained of difficulty sleeping and symptoms likely to be psychosomatic.

“They complain of headaches constantly, stomach pains constantly and one of the nurses put it in a nutshell. She said it is stress, total stress with them because they are in an environment they did not expect to be in.” (Interview 12)

"Every time I have severe headache because of noise of keys, doors, boots, people crying." (Interview 7)

"This is very, very strong stress to be in prison. This is what I want to mean, stress to be in prison, very strong stress." (Interview 2)

“Sometimes we feel we are not human. We are not human. Sometimes you feel there is nothing.” (Interview 4)

“A lot of people like my former cellmate, every night you would see him pouring water on his head, crying all night and having headache and temperature overnight. Psychologically it affects you. Even the brain is kind of heavy. In the night you hear some people screaming. I guess it is out of depression. They make all sorts of noise - people roaring like lions, shouting, screaming.” (Interview 8)

“A lot of the African guys... have the habit of dropping into quite a deep depression...It is a sign that the guys are stressed, the depression, headaches. I presume it is just usual for people in detention.” (Interview 10)

### 7.3 Past experience of torture

The possibility that some detainees may have been victims of torture in their own countries arose in several interviews with non-detainee stakeholders. Some stakeholders had been told stories by detainees of bad experiences they or their families had had. No attempt was made to quantify the size of this potential problem.

"Certainly from a lot of countries we have had people with scars on their bodies from possible torture and also I would say quite a few have mental scars." (Interview 15)

"We had a lad come in ....We asked him what was the story in his own country? He said I belong to the opposition party and anytime I went out on the street the police would shoot me...one of his fingers was shot off...he had bullet track wounds all down his legs. He showed us his chest. There were bullet wounds all on his chest. So we said: 'Why did they shoot you?' and he said: 'To scare others.'" (Interview 12)

"He had a bad back and I asked him how he sustained this. And because he would not say what they wanted him to say they tortured him. They were laying sandbags on his back – 1, 2, 3, 4 and he had a bad back for a young man and then we bring him here and put him in prison." (Interview 16)

"I have had several people when you say to them: 'How did you come by this?' they say: 'Electricity'. You see scars like electric prods have been used on people in this area and then you start to realise why they are coming over here to get away from that. There was one guy whose back was all scarred, he had obviously been whipped or something." (Interview 17)

"I have had a number of detainees coming in and showing scars on their bodies and their legs - gunshot wounds, this, that and the other. But I don't know if that is torture. We will never know really...One guy at the moment has a lot of scars on his head. Says he has been beaten up by the police to a point where he needed an operation on his head to remove a clot...so the scars are there but who is to say where they came from?" (Interview 10)

It was largely stakeholders who were not detainees who brought up these issues. Two commented that detainees do not tend to be open about what has happened them in the past.

"They tend to have a cultural difference to us in that they don't wear their feelings on their arm. They don't carry on like some of our inmates show us; 'look I have cut my wrists formerly.' And these people don't tend to do that particularly some of the more nasty experiences they have been through. It amazes me how robust they are. They don't complain about it." (Interview 16)

"It appears usually as in incidental thing. Someone comes down with a wheeze. The doctor wants to listen to his chest or something. It is not a case of 'look what has been done to me and how I have been mistreated'. It is not something which is worn on display." (Interview 17)

Some staff mentioned that some detainees are fearful of what will happen them in prison here because of their experiences in prison in their own countries.

“Very often the person who you are trying to help has had something dreadful happen to them in the past and often it is construed that you are going to do something similar to them. It cannot be a pleasant experience if someone is about to stick a needle into you if you are thinking if he sticks that into me I am going to die.”(Interview 18)

“One black lad we had in here genuinely thought that we were going to beat him up everyday, genuinely thought that. You open up the cell to come down and eat dinner. He would sit in the corner: ‘naaaah’. He thought if he saw more than 2 uniforms around him that they would take him out of the cell and they would beat him. That is the honest truth. It took about a week to convince him that we are different here. He had a very bad experience before and he kept having flashbacks - nightmares about what the police did to him and the prison authorities... He had been badly beaten, put in a dark dungeon for months upon end, let him out for a few days and put him back in again.” (Interview 12)

## 7.4 Self-harm

### 7.4.1 Detection of detainees at risk

A self-harm prevention system was in operation for detainees, just as for other prisoners. If a prisoner is identified as being at risk of self-harm, a “2052SH” or self-harm form can be opened by any staff-member for as long as they are considered to be at risk. They have a medical assessment and are observed more closely than normal. Effort is made to get them out of their cell as much as possible. Sometimes, they are kept in the healthcare unit or put in an observation cell and watched by a prisoner officer day and night. According to stakeholders, detainees at risk tend to settle down with time. Sometimes they are moved to another place of detention. Occasionally an effort is made to fast track their asylum claim.

There are no statistics available about how many detainees were identified as at risk. There was a general perception amongst officers that self-harm was less common amongst detainees than prisoners. Several detainees mentioned that other detainees had tried to harm themselves. There was also a commonly held belief amongst the detainees that a detainee had committed suicide.

### 7.4.2 Information sources about self-harm

Documentary information about self-harm was obtained from:

(1) A self-harm diary kept by a prison-officer who has the role of suicide prevention co-ordinator for the prison; (2) interviews by probation officers, who aim to interview people who have attempted self-harm within 24 hours; (3) medical records of those identified by self-harm diary. A medical person usually interviews prisoners or detainees who threaten or commit self-harm within 24 hours of the event.

### 7.4.3 Number, type and seriousness of acts

Records show that 11 detainees harmed themselves during 2001. Table 5 lists the different ways they harmed themselves. Probation interviews are recorded in 5 of these cases. 9 out of 11 medical records were available. None of the detainees died. However, 3 attempted hangings are recorded as serious attempts. 2 people needed to be transferred to hospital. In addition, one wrist cutting was recorded as "bad".

**Table 5: Modes of self-harm carried out by detainees.**

Mode of self-harm	Number
Attempted hanging*	5
Arm or wrist cutting	5
Foreign object swallowed	1

\*An additional record of attempted hanging by the detainee who swallowed a foreign object could not be corroborated.

#### **7.4.4 Possible contributory factors recorded**

The amount of information available about the acts of self-harm varied (see box 2). No information was available about contributory factors for the 2 people transferred to hospital.

**Box 2: Factors potentially contributing to self-harm identified from probation interviews and medical records of detainees who had attempted self-harm.**

- **History of attempted suicide**
- **Feeling isolated**
- **Separation from wife/Difficulty making contact**
- **History of family tortured**
- **Death of relatives**
- **Shocked/frightened to be in prison**
- **"No peace in own country and no peace here."**
- **Frustration**
- **"Home-sick; cannot take pressure of prison; very scared; very anxious."**
- **Fear of deportation**

#### **7.4.5 Stakeholder views of threats of self-harm**

There was a striking range of stakeholder views of threats of self-harm. Views ranged from "a cry for help" to manipulative behaviour "so that they get checked up more often" or "an attempt to get out of prison." Another view was that self-harm could be a form of protest at the system by a detainee.

"Detainees, decided well that is a good idea. They all started making beautifully fashioned nooses, works of art, claiming that they were going to commit suicide." (Interview 20)

## **7.5 Health screening**

A basic physical health screen was carried out at reception. A modified version of a Red Cross questionnaire was used which was translated into different languages. Detainees were given the questionnaire to read in their own language if available. The questionnaire was not available in all languages needed.

The questionnaire also contained some questions about mental health. However, these had not been translated.

## **7.6 Tuberculosis screening**

Screening of detainees for tuberculosis started in May 2001. 165 detainees were screened. There were no cases of active TB detected. Both detainees and staff in the prison were concerned about the risk of contracting tuberculosis from others. At one point, prisoners from another wing staged a protest about sharing the same exercise yard with detainees allegedly because of the risk of contracting communicable diseases from detainees.

"Nurses were brought in and they check us for TB. To me it was too late. People should be checked as they come in because there are many diseases which are flying about... You check people when they come in that reduces the risk of spreading it. I don't know if there was TB. There were some people that left that time, maybe they were." (Interview 8)

"Someone who previously had TB had been quite open with his cellmate and then everyone was refusing to go in his cell with him... This individual although he was physically well had to be removed from the main prison and housed in the hospital... for a good few weeks, bordering to months... This was not aided by the fact that some of the staff had concerns that this chap had active TB and there was a knock on effect - it goes from wing to wing quite irrationally." (Interview 17)

## **7.7 Healthcare problems**

Detainees wanted more information and explanation from doctors. Several complained of delays of up to a few days when they needed to see a doctor. Waiting lists for the dentist were seen as too long. Communication problems were repeatedly mentioned as affecting health screening and healthcare.

"We have had limited amount of information to translate various languages when we are talking to them to ascertain if they have any health needs and I think some medical matters have been missed because we cannot communicate with them properly and ascertain a proper history from the patient." (Interview 16)

Both prison-officers and healthcare staff reported difficulty in detecting and assessing mental health problems due to language and cultural barriers. Some were concerned that detainees were unable to express themselves and talk about their problems.

"How do you diagnose some body from abroad with mental health problems? You don't know what they have been through...what you may feel is bizarre might be normal in their country and with the language barriers they cannot tell you if they have mental health problems." (Interview 15)

As a result of concerns that health problems of detainee were being missed, a series of clinics specifically for detainees, held by a GP with experience in working with asylum-seekers in the community, was being planned. This was not implemented due to detainees no longer being longer in the prison.

### **7.8 Detention in prison**

All detainees expressed a sense of injustice that they were in prison and treated as prisoners. It was important for them to differentiate themselves from criminals. For many of them it was their first time in prison and they were shocked on arrival. Some viewed the policy of detention as arbitrarily applied.

"The main health problem I think it is to be in prison. My colleagues agree with that. I think that is the main health issue, the psychological part of it. You can see that in everybody: 'Why are we in prison?'" (Interview 6)

"Prison is for criminals not for asylum-seekers." (Interview 3)

" I was thinking it was a detention centre but my surprise was that it was a prison. The idea that I have about prison is from movies. I have never been in prison before. To be a detainee is an immigration matter. I am not a criminal. I did not commit any offence against the law. My offence was because I claimed for asylum when I came." (Interview 7)

"If you done something wrong, break law or something and be in prison, that is good but if you done nothing and you are still put in prison, that is very bad...A lot of people come here and say: 'Oh my god! I am in prison. Why am I in prison? I have done nothing wrong. You cannot sleep properly. You cannot wake up properly in morning and get up. Everything is tired, breakdown.'" (Interview 2)

"When I came to the prison, I was crying. I couldn't believe it. I was crying all day in prison and they took me straight in the hospital because I wanted to hang up myself. I have been in hospital about a week when...they said to me: 'You have to go to wing.' I didn't understand what is wing. Oh my god! When I came to wing, I say what I am seeing? Things I would see just in TV, movies. So when they put me in the wing and when they lock... waah ..The noise is still and my heart was like. I don't know how to say. I was like this is jail. It is not my place. That is not my place. This is a criminal place. It is not my place". (Interview 4)

Other stakeholders, including prison officers, confirmed that detainees were shocked to be in prison.

"The shock of coming into prison, we have seen them in tears." (Interview 17)

“They are confused when they come in. They want to know why they are in here in prison not in a detention centre...’I am not a criminal. Why am I in a prison?’” (Interview 12)

“To this day I am still not sure whether the authorities when they detained the immigrants told them straight that where they were headed was prison because a lot of them were getting off buses and were basically looking for detention centres. It was a shock to say the least.” (Interview 14)

“People always say: ‘why am I treated like a prisoner? I have done nothing wrong.’” (Interview 19)

### **7.9 Uncertainty about future**

Detainees were fearful about the future and upset by the uncertainty of their situation.

“If they send me back, I will go again in jail and in Africa, jail is more hard than it is here, and it will make you sick and maybe you going to die, and that is why I was thinking – ‘let me just kill myself and things may be okay’... I have never been in jail before even in Africa. There they beat you; they torture you.” (Interview 4)

“I am still in prison here because I cannot go back home. I need to wait for British justice to make decision to stay or to go. What can I do? I cannot go back home. I cannot stay in this country. Everything is confused.” (Interview 2)

They did not know for how long they would be in prison, whether they would be transferred to a detention centre or what would be the final outcome of their immigration case.

" Generally speaking the main health issue for the detainees is to be in prison. It is unbelievable that there are detainees that are 11, 12 months in the prison...When I speak with colleagues they say ‘Problem prison, too long. There is no solution’. They are always stuck to the news. Since October, the news said that all the detainees were about to be transferred to detention centres. In October they said November; in November they said December. Now they are saying January. All of that confusion affects us psychologically. Now everybody is hoping that in January, they will be transferred to the detention centres... But time passes by and the waiting continues." (Interview 6)

Some detainees contrasted their situation with that of prisoners who would know when they could expect to be released.

“Some of them would compare it to another wing across the way that all the men on that wing had committed an offence, had been convicted and in custody but they do know when they are coming out of prison. The majority of them said that they have not broken the law, that they have entered the country maybe illegally but they have no idea when or if they are going to be released in the near future.” (Interview 21)

Both staff and detainees expressed frustration with the slowness of the immigration processes and lack of information about their cases.

“They get into terrible states sometimes. They are supposed to go to court and it is cancelled and no-one tells them why it has been cancelled.” (Interview 12)

There were complaints that it was difficult for detainees to get bail and that the decision to grant bail seemed arbitrary.

“I don't know if it to do with peoples country of origin...I have heard that there are countries listed by the Home Office and they treat those cases differently - negatively usually.” (Interview 19)

There were some reports that detainees felt under pressure to sign a voluntary departure agreement with the Immigration Service to go back to their countries because of their experience in prison.

“They are suspicious. They think they are trying to be caught out and immigration is putting spies in. Some of them are very distrusting. They think that all that immigration are here for is to get them to sign papers to go back.” (Interview 12)

“Home office put in here in prison and after no information you stay in prison and after you crazy and after sign and after you go home - why? Some people have problem in country.” (Interview 3)

“Every time when you need some information concerning your case, the immigration official says: ‘No. I am just here to help you to sign to go back to your own country.’” (Interview 7)

A group of detainees who were particularly frustrated were those who had asked to be returned to their own country but whose departure is delayed for months, for example, because they did not have a valid passport and were waiting for their embassies to provide emergency travel documents.

### **7.10 Time spent locked up**

All detainees complained about the amount of time that they were locked in their cells with little to occupy themselves except to think about their problems.

"In this world, every human being, no one will be happy if you are allowed in every 24 hours one hour outside. That is if the weather is okay you are allowed one hour outside to go on the yard. If it is not okay you have to be in. Mealtime maybe teatime, dinnertime before they will unlock you and as soon as you go they have to lock you back. So with that everybody has to be frustrated. So you just have to be realistic. If you are locked 23 hours in every 24 hours so you will not be happy." (Interview 1)

"23 hours I stay in this cell. Why, just why? Just 50 minutes exercise, after inside to cell - sleep, food, sleep, food, sleep, food. Everyday you stay in cell, sleep, sleep, sleep. Afterwards is problem with musculature. No exercise, no effort, just eat and sleep, eat and sleep...I sometimes go crazy because this is a bad situation for me. Go crazy because 24 hour in cell, think what you done outside -nothing. Why you in prison? Why you not free outside? Why you here?" (Interview 2)

"I think the main problem is to get banged up in a cell for like 24 hours. Some of us don't use to this situation so some of us are off our head. And so we think hard and so our head starts to go mental or so. At night I find it difficult to sleep so I have to get up in the night to sit up." (Interview 5)

"The routine, the seclusion, people get adapted to be enclosed. Just eating and sleeping. I was about getting mad...One passed like an encased animal. Walking around the cell. In those moments, I have nothing to do other than being in the cell. I had nothing to read. I had a small radio I brought from my country but I could not understand the language. My colleagues used to give me magazines, newspapers but they were all in English. They are terrible moments." (Interview 6)

The vast majority of stakeholders, with one exception, expressed the view that detainees spent too much of the day locked up and did not have enough activities to occupy themselves.

"They are locked up in the cell with somebody they hardly know...and there is no television or anything in there. So that cannot be easy at all." (Interview 13)

"They do quite a bit of bang up in the cells. It is wrong really...They became very frustrated because they were not used to being locked away in a room. They were suspicious. On the cell door there is a flap. When you closed that flap over they panicked. They thought they were going to be forgotten about. And we tried to say 'No, it's okay. It's alright.'" (Interview 12)

"I get very cross when I read articles in the press or on television that these men are locked up and treated as prisoners...When there is a shortage of officers they are confined to their cells but other than that they have got the freedom to walk around within a confined area." (Interview 20)

When asked what people do in their cell all day, stakeholders said:

“Nothing. Just sit start counting at the ceiling. Just sit in your pad, nothing.” (Interview 1)

"Time goes by and you spend it thinking on your situation, the future, on my children, my wife." (Interview 6)

“That is a good question. Every time I look in their cell they are lying asleep. I don’t think some of them want to do anything. The group we have got in just now is very lethargic. It is unbelievable what we have now.” (Interview 13)

### **7.11 Someone to talk to**

Several detainees mentioned that they lacked someone to talk confidentially on a one-to-one basis. Just one detainee mentioned “listeners” as a source of support. This is a group of prisoners who have been trained to listen to other prisoners on request. It seems that generally detainees were not aware of this group.

“Initially when I came here when I discovered there is this group called listeners. I was seeing listeners like every 2 days, every 3 days. I discovered that every time I went to talk to them, the stress on me cools down. When I go back to my cell it reduces my headache.” (Interview 8)

Another detainee with a history of self-harm says he was helped by contact with doctor and prison-officers who he felt were looking out for him. A cellmate who spoke the same language was an important support.

Prayer and religious support also seems to be important supports for many detainees.

Some detainees felt that mental health support may be needed when they are released from prison.

"If for example, the immigration decide okay ....you free, we release you; I am not happy, I am not happy, I cannot be like, oh yeh I am happy, I cannot be happy. Yeh I cannot be happy. It is like I don't know how to explain it but I cannot be happy. Many even when they go out, in the beginning, I think they will be quite sick. They have definitely to see a doctor if they get a chance to go out. Because people are not well like before because everyday you think; everyday you cry." (Interview 4)

"I can praise god that I am outside but you know you cannot enjoy life when in your mind you remember that there is someone who is suffering with whom I was sharing maybe a few words...On the outside I feel like I am still in prison." (Interview 7)

## 7.12 Language barrier

Almost all stakeholders were concerned about the language barrier. No official statistics about the language skills of detainees were available. Detainees came from a diverse range of countries and their ability to speak English varied greatly.

“A lot of clients I have seen don't speak any English...Nobody speaks their language. They are not just locked away within the prison. They are in prison probably within themselves.” (Interview 19)

Staff tried to put people who spoke the same language in the same cell. However, this was not always possible because, sometimes, there was no other detainee who could speak the same language. One detainee described his isolation because of not being able to speak or understand what was happening as follows:

"After arriving I was about 15 days with a tender jaw because I did not talk. I was very tense. At night I prayed loudly in order to exercise my throat because I felt that was the problem of my pain - the lack of speech. The entire days without saying one word - just thinking...The first month was very difficult but I started understanding the most important words like food or shower or church. The first days were very difficult because I could not exercise or go to the gym because when the officer called, I did not understand, so they did not take me over. The first Sunday they came to call for the Mass but I did not understand, so they did not take me over. I did not do many things because of the language. After one month of staying here, a colleague gave me a document that was in three languages including mine. The document said that if you needed an interpreter you could apply for one. I did not use it because I said to myself, the day I use that service will be when I really need it, like going to the doctor because of a grave illness.” (Interview 6)

Stakeholders reported that the language barrier affected every aspect of prison-life. Staff reported difficulty in "getting across to someone in a totally different language that is to a large part scared and not exactly not sure what is going on." (Interview 14)

There was some written and taped information available for detainees in different languages about what was going to happen them in the prison but not all languages were available. In particular, staff reported that there was a lack of information in Eastern European languages. Similarly, a health-screening questionnaire used at reception was available in some languages only.

A telephone interpreting service was available called ‘language line’ which any staff-member could use. This was found to be useful but staff also found it slow and difficult to use. Several mentioned that it was expensive.

“Staff use language line mainly when they are not getting across at all. They tend to use it as a last resort but the availability of it is there... It is a very expensive tool to use. It is very long and slow.” (Interview 14)

Healthcare staff also had access to ‘language line’. Although some said that they found it was useful for basic assessment of detainees’ physical health, others found it difficult to use.

Interpreters were used occasionally, for example, for healthcare and legal consultations. Staff preferred their use because they could ask questions "in a more natural way."

"I found the telephone communication line very difficult to use because it is like a call centre and you could be put through to anybody, and these people were not medically trained and you were trying to get a diagnosis by the telephone with someone who does not have any medical insight. That has been quite difficult." (Interview 16)

Most commonly, detainees were used to translate for each other, in communications with prison officers, immigration officials and healthcare staff, which risked that information could be incompletely or inaccurately communicated, in addition to being a breach of privacy.

"I think it was very impersonal for the patient who was having to bring sometimes another prisoner who could sometimes speak a little bit of his language and it could be embarrassing for him to have an inmate to translate for him about medical matters which could have been of a delicate manner." (Interview 16)

## **8. Findings: Staff issues**

Issues that affected staff were explored during interviews as well. Working with detainees was a new and challenging area for staff with many potential difficulties. Staff required different skills than when working with usual prisoners. Effort was made to select staff that expressed an interest in working with detainees. Some staff members were obviously very motivated and reported that they found the work rewarding.

"From the first day...we make sure they get fed and bathed; any problems they have, we try to sort them out - any language problems, immigration. We are mother, father, brother, sister to them...It has been fascinating. I have learnt a lot from these people, different cultures." (Interview 12)

One important difference for staff was that, unlike usual prisoners, detainees had not been charged or convicted of any crime.

"They are very different to convicted prisoners. We treat them differently as well because they are not convicted of any crime. You are a bit more lenient." (Interview 12)

Many of the staff expressed doubts that detainees should be in the prison and were uncomfortable with their role in working with them. Some staff also expressed frustration with lack of resources to manage the detainees, as they would like.

"These are allegedly innocent people who just want to escape from their own country for various reasons. They have been tortured and what better way to treat them than throw them in a cell and lock them up and treat them as though they are prisoners and then we have to pick up the pieces." (Interview 16)

Similarly, detainees felt that they should not be in prison and there was potential for some hostility and suspicion towards prison-officers. However, some detainees commented that staff were just following prison-rules in locking them up. One detainee reported:

"I want to say that they treat me very well here. Even though communication is very poor, they treat me well, since the first day." (Interview 6)

It was recognised that staff required patience to work with detainees because of the language and cultural differences. As a group, detainees were perceived to be more demanding than usual prisoners.

"The issue with staff is that they have got to have good communication skills. We detail the more patient staff because of the language barriers - people that are more understanding and actually wanted to work with them as well...With detainees, they would not take no for an answer. They would keep on at staff. They would keep ringing bells and convicted prisoners would not be allowed to do that. It seemed very hard to get over to them...They are more demanding - far, far more demanding...and staff stress levels at times were pushed to the limit. You could see the strain on some of the staff." (Interview 15)

Some staff expressed frustration at cultural barriers in communication. Others expressed expectations of how detainees ought to behave and speak towards officers.

“We tend to treat them the way we treat ourselves - the British good manners - 'yes sir', 'no sir', 'thank you', but a lot of these detainees, they don't think that way. They can think of a person who runs after them as a lesser class than they are. So, sometimes, if you are not too careful, they use you so you have to be very careful...You have to sometimes say no and you mean no.” (Interview 13)

“They are met with arguably experienced officers who are used to dealing with prisoners and have man-management skills...You speak to me in a reasonable manner and I will try and sort your problem out...it is not really the place to start dictating and banging because no-one gets anywhere. I think it is fair to say that Liverpool prison does not take well to being dictated to in any manner or form by any detainee or prisoner... If they become aggressive then we will deal with the aggression and the underlying problems will be sorted out when you are prepared to speak to us in a reasonable manner.” (Interview 17)

Working on a wing where both detainees and prisoners were held was difficult. Staff frequently mentioned that there was potential for tension between detainees and prisoners. They were very aware of the need to strike a 'fine balance' between what was offered to detainees and what was offered to prisoners.

"To work in this particular environment and culture is quite a difficult role on a daily basis and then to have to do that with one half of the wing with a difficult culture (*prisoners*) and the other half non English speaking who do not want to be here - who are innocent people! It is quite a daunting task for the staff involved really." (Interview 16)

Staff mentioned several incidents that affected morale and increased tension and stress. Incidents included barricades, people setting fire to cells, suicide attempts, hunger-strike and demonstrations outside the prison protesting against the holding of the detainees. Staff described the hunger strike was described by staff as a minor incident during which some detainees refused to eat for about 4 days.

Many staff expressed the need for training and support to deal with detainees.

“We should have been given some training...a lot of them came in and they were very frustrated, very angry and we did not know how to cope with that. Some of them were very withdrawn. They would not speak to you, were very suspicious of you. They saw you as authority and they see authority as danger so the staff should be told.” (Interview 12)

Prison-staff reported that they felt unskilled to cope with some detainees who appeared mentally disturbed and exhibited bizarre behaviour. On one occasion, a detainee who was behaving strangely was put in the punishment block overnight and on the following morning he bit off an officer's finger. This caused anger amongst some staff. For others it highlighted the need for proper mental health screening of detainees.

“A lot of the staff got very anti-detainee for a while, not so much on this wing but on other wings. They were saying this is out of order. They are all animals. Send them back to their own countries.” (Interview 12)

## **9. Stakeholder views on planning services for detainees**

Stakeholders were asked (i) what they thought were the solutions to the health-problems of detainees in Liverpool prison and (ii) how they would change things if they were planning services for detainees in detention centres. Their views are listed in table 6 following this section. The list also includes issues identified as problems in prison that need to be addressed and aspects of prison-regime that stakeholders felt worked well and should be retained in detention centres. The number of interviews in which an issue was raised is listed to give an idea of how commonly an issue arose. This is not a reflection of importance of issues.

Many stakeholders – particularly detainees, commented that the regime in prisons and detention centres could not be compared. Many detainees had some knowledge about detention centres either from having spent a short time in one before being transferred to Liverpool prison or from talking to other detainees.

"On my way to this prison I was one day in a detention centre, I do not know where it was, either London or Manchester. The life style is totally different. You have more space, open field, you can breath the fresh air and you can communicate with your family constantly. It is totally different...In detention centres, they are going to have more freedom, play football everyday, go to the gym everyday, have visitors everyday and longer visits, television everyday. At the detention centres, there is more access to solicitors as well." (Interview 6)

**Table 6: Recommendations about how services for detainees should be planned.**

Category	Recommendation	No. interviews in which arose*
Detention	Not to be detained in prison	14
	Shorter time in detention	4
	Improved access to bail	3
	Detainees should have defined rights	1
	To be free	3
	To be kept secure	1
Building	Purpose-built building needed	3
	If detained in prison to be held in separate building to prisoners	4
	More space	5
	Family quarters	2
	Good heating	2
Organisation	To be with other detainees who speak same language	7
	Balance of numbers from different countries (to avoid tension)	1
General regime	More time out of cell	14
	More opportunity for detainees to mix with each other	9
	Based on detainees' needs	5
	Greater detainee involvement, (e.g. in planning services, a feedback mechanism, more control in accessing services)	4
	Induction period	2
	Supportive rather than disciplinary environment	1
Recreation	More recreational facilities (television, radio, computer, table-tennis, snooker)	11
	More opportunity to exercise/sports/gym facilities	10
	Access to open-air	3
	Access to library / foreign language newspapers / books	6
	Access to education, e.g. English language classes	5
Work	Opportunity to work	2
	Work paid at non-prison rates	2
Immigration	More information/support	6
Legal advice	Better access/information	9
Phones	More access to phones (friends, family, solicitor)	9
	Ability to receive incoming calls	5
Food	Quality / sufficient	5
	Diet appropriate for different religions and cultures	4
	Choice	3
Clothes	No uniform	4
	Facilities to wash clothes / bedclothes regularly	3
	Warm clothes	1

Category	Recommendation	No. interviews in which arose*
Washing and sanitary facilities	More access to shower	8
	Privacy for using toilet	2
Religious support	Chaplaincy visitors/religious support	3
	Space for different religious groups to gather, e.g. prayer area for Muslims	1
Visitors	More access to visitors / access to asylum-seeker visiting groups	5
Language support	Easy access to telephone-interpreting service /more use of interpreters	8
	Multilingual/cultural staff including healthcare	6
	Translated information about regime, including tapes / documents to be translated, e.g. legal, immigration.	4
	Better communication	1
Healthcare	Access to good quality healthcare (no delay, time for consultation and good explanation)	9
	More healthcare staff	2
	Access to doctors not employed by detention centre	1
	Detainees need to be screened early for TB and need feedback about results	4
	Physical health-screening (translated) questionnaire	1
	Access to dentist	3
	Access to opticians/ chiropody	1
Mental healthcare	Need to screen for mental health problems	6
	Detainees need someone to talk to (trusted health worker for detainees in crisis / access to listeners-peers trained to listen /one-to-one support)	3
	More psychiatric support	4
	Detainees need mental health support on release from prison/detention	2
Staff	Staff selected need to be motivated with good communication skills and patience	2
	Staff need training on dealing with needs of detainees, dealing with language barrier and basics of immigration	6
	Staff should not wear uniform	1
Resources	Appropriate numbers of staff (more)	5
	Sufficient financial resources are needed to provide appropriate facilities and care	4

## **10. Conclusions and overall recommendations**

The findings of this study relate to the experience of detainees, staff and other stakeholders at HMP Liverpool. It is likely that the ideas that emerged are relevant to other groups of detainees in other settings and to the staff working with them. The study highlights the broad influences on health of detainees. There was a striking similarity in the priority issues identified by different groups of stakeholders, whether they were detainees, prison-officers, healthcare workers or from other sectors as listed in table 1. The consistency in recommendations in health planning for detainees across the different groups of stakeholders was also striking. The overall recommendations of the study are listed below.

### **1. Immigration detainees should not be held in prison.**

It was the view of all stakeholders that the prison was not suitable for holding immigration detainees and the vast majority doubted that they should be detained in any prison. It was recognised that they are a vulnerable group who require special facilities and resources.

“Prisons are not right for detainees. Prisons don't have the facilities. Prisons in most of the country are Victorian prisons. Space is very tight. Detention centres purposely built are the only answer. We have not been able to give them half of what they are entitled to not through choice but through what we have got here.” (Interview 12)

### **2. Special consideration needs to be given to how the lessons of this study can be applied to small numbers of detainees left in prison.**

Although at present, the Government does not plan to detain large groups of immigration detainees in prisons anymore, small numbers of detainees will continue to be held in prisons amongst the normal prison population (personal communication-Judi Davies, Chief Immigration Officer). The fact that there are fewer detainees now in prison and that they are thus less visible may potentially risk that their health needs may be overlooked.

### **3. If held on a temporary basis in prisons, detainees should be held in a separate building to prisoners with a separate regime.**

It is not possible to provide a regime suitable for detainees if they are held in the same building as prisoners.

### **4. The regime should be based on detainees' needs.**

Detainees should have greater involvement in the regime with more control over their own activities and opportunities to give feedback. Several stakeholders, particularly staff, emphasised the need to ensure that detention centres were resourced adequately and had appropriate staffing levels in order to provide a suitable regime.

### **5. Immigration liaison officers need to be permanently on-site.**

Immigration detainees have a high demand for information from the Immigration Service.

**6. Detainees need to have easy access to legal advice.**

**7. Detainees should have free access to make and receive telephone-calls.**

Ensuring that each detainee has legal representation is of the highest priority. In order for detainees to access legal advice easily, they need to be able to receive as well as make calls.

**8. Detainees should be held with other detainees who speak the same language to avoid social isolation.**

This is important to keep in mind in view of the policy of the Home Office not to detain large numbers of people from the same country in the same place.

**9. Multilingual staff and staff from different ethnicities are recommended.**

**10. All information and documents need to be translated into different languages.**

**11. Interpreting services should be easily available.**

In addition to easy access to a telephone-interpreting service, more use should be made of interpreters on-site. Detainees should be routinely asked if they require an interpreter.

**12. Detainees should not be locked in cells.**

They should have much more freedom to move around and mix with each other.

**13. A wide range of recreational and sports facilities should be available.**

**14. Access is needed to plenty reading material, including foreign newspapers and foreign-language books.**

**15. Detainees should be able to access education, especially English lessons.**

**16. Food should be of good quality.**

A menu choice should be available; religious and cultural differences need to be taken into account.

**17. Detainees should be able to wear their own clothes.**

**18. Detainees should be able to shower regularly.**

**19. Detainees should be able to use the toilet in private.**

**20. Good access to visitors is needed, including asylum-seekers' visiting groups.**

If detainees are not taking up visiting services, the prison authorities should explore possible reasons.

**21. Religious support should be available.**

Chaplains of different religions are recommended; space should be made available for prayer-rooms.

**22. Staff should have access to training.**

Staff should be trained on how to deal with detainees. For example, staff need communication training, e.g. how to communicate with people from different cultures, how to use language-support facilities appropriately and how to deal with detainees who may be angry and frustrated. Other training needs include basic immigration issues, health-problems of detainees and identification and management of detainees at risk of self-injury.

**23. Health screening, particularly mental health screening, is essential.**

All people who are being detained should have access to full medical consultation to screen for health -problems. Effort needs to be made to identify detainees who are at risk of self-injury or who need mental health support.

All staff need to be aware of the possibility that detainees may have had bad experiences of prison or authorities before coming to this country and should be alert to possibility that a detainee may have experienced physical or psychological maltreatment so that they may be offered the appropriate support.

**24. There needs to be easy access to healthcare with ample interpreting facilities.**

Ideally, health workers experienced in working with asylum-seekers or people from different cultures should provide care.

**25. Mental health support should be available.**

Detainees need to have easy access to confidential one-to-one mental health support whether that is from a trained peer or health worker. More specialised psychiatric support needs to be readily available as required.

## 11. References

- (1) Church E, Fleeman N. *Towards a healthy prison. HMP Liverpool health care needs assessment*. HMP Liverpool and Liverpool Health Authority, 2000.
- (2) Joint Prison Service and National Health Service Executive Working Group. *The Future Organisation of Prison Health Care*. Department of Health, London, 1999.
- (3) Marshall T, Simpson S, Stevens A. *Toolkit for health care needs assessment in prisons*. Department of Public Health & Epidemiology, University of Birmingham, 2000.
- (4) Annett H, Rifkin SB. *Guidelines for rapid participatory appraisals to assess community health needs: a focus on health improvements for low-income urban and rural areas*. Division of Strengthening of Health Services, World Health Organisation, 1995.  
[[http://whqlibdoc.who.int/hq/1995/WHO\\_SHS\\_DHS\\_95.8.pdf](http://whqlibdoc.who.int/hq/1995/WHO_SHS_DHS_95.8.pdf)]
- (5) <http://www.hmprisons.gov.uk/prisons>

## **Appendix A: Information sheet**

Liverpool Health Authority headed paper

### **The health of detainees at Liverpool prison**

Please read the following information about the study carefully to decide if you want to take part in the study or not.

Please feel free to ask me any questions you have if the information is not clear.

- **What is the study about?**

We want to find out about the health of detainees and get suggestions about how services for detainees can be improved in the future in detention centres.

- **Why have I been chosen?**

We want to talk to people who know about the health and problems of detainees.

We want to talk to some detainees, some prison-officers and other people who may be able to give us information, like prison visitors.

We hope you will be able to share other peoples' views as well as your own.

- **Do I have to take part?**

No, you do not have to take part.

If you do not want to take part, your treatment in the prison and your case with immigration will not be affected in any way.

- **What will happen to me if I do take part?**

You will be asked to sign a form to say that you have read this information sheet and that you agree to be interviewed.

Someone will talk to you for about half an hour. The interview may be taped. The tape will be destroyed after the study.

If you do not want the interview to be taped, the interviewer will take notes instead.

In a few weeks, the interviewer may come back to you to check your opinion about something.

If during the interview you decide that you do not want to be interviewed any more, you are free to stop without giving a reason.

- **What are the benefits of taking part?**

We hope that the information we get from the study will be used to plan better services for detainees in the future in detention centres.

- **What happens when the study stops?**

I will write a report about the health problems of detainees. The report will contain recommendations about how services for detainees should be planned in the future. This will be sent to people who are responsible for planning services for detainees.

- **If I decide to be interviewed, will what I say be kept confidential?**

Everything you say will be kept confidential. Your name will not be used.

- **Who is organising the study?**

Liverpool Health Authority is organising the study with Liverpool prison. I am the main organiser for the study. I am a public health doctor at Liverpool Health Authority. If you want to ask me about the study, you can phone me at: 0151-2852209.

Thank you.

Dr Emer Coffey

November 2001

**Appendix B: Consent form**

Liverpool Health Authority headed paper

Subject interview number: \_\_\_\_\_

**CONSENT FORM**

Name of study: **Health needs of detainees at HMP Liverpool**

Main researcher: **Dr Emer Coffey. Telephone: 0151-2852209.**

**Please tick each box.**

1. I have read and understand the information sheet for this study.

2. I understand that I do not have to be interviewed if I do not want and that I can stop the interview at any time without my treatment or legal rights being affected.

3. I agree to take part in an interview or group discussion.

\_\_\_\_\_  
Name of person selected for interview      Date      Signature

\_\_\_\_\_  
Name of person taking consent      Date      Signature  
(if different from researcher)

\_\_\_\_\_  
Researcher      Date      Signature

1 copy for interviewee, 1 copy for interviewer

**Appendix C: Confidentiality form**

Liverpool Health Authority headed paper

**CONFIDENTIALITY FORM** (for researchers and translators)

Name of study: **Health needs of detainees at HMP Liverpool**

Main researcher: **Dr Emer Coffey. Telephone: 0151-2852209.**

I understand that the information that is given to me by interviewees for the purpose of this study is confidential.

I understand that I have a duty to protect interviewees' privacy and I will not disclose details from the interviews except with the lead researcher, Dr Emer Coffey.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Appendix D: HM Prison daily regime for immigration detainees**

### REGIME FOR IMMIGRATION DETAINEES - Mon to Friday

0730 - Roll Check

0745 - Unlock Cleaners, prepare for breakfast, discharges to Reception

0800 - Serve breakfast, Treatments

0830 - Unlock for Works parties and red bands. Working detainees to No.1 shop as required

0845 - Immigration clinics. Immigration staff to see new receptions to answer any immediate areas of concern and other detainees who need to be provided with updates on case progress. (Throughout morning)

0900 - Induction programme for previous day's receptions. Canteen provided for new receptions. Once those tasks completed then access will be provided to telephones and wing library

Detainees wishing to see Duty Solicitor taken to Special Visits area to meet with Solicitor (Tuesday and Friday only)

In addition detainees will have access to wing bathing facilities, hospital call-ups, cell cleaning and sick parade, in line with the provisions set up for other prisoners on the wing

1120 - Lock up

1130 - Serving of Lunch, treatments

1215 - Staff Lunch, Patrol state

1315 - Tray out

1330 - Unlock for Works parties and red bands, hospital call-ups. Working detainees to No.1 shop

1400 - Landing association on rota for those Detainees not at work, access to be provided to telephones

Continuation of Immigration clinics as per morning routine.

Meeting room on Landing 5 to be used for religious groups as appropriate e.g. Sikh and Hindu Detainees on Thursdays.

Those prisoners not on association will have access to wing bathing facilities, hospital call-ups and cell cleaning, in line with the provisions set up for other prisoners on the wing.

1500 - Exercise for all Detainees (weather permitting). If no exercise, association to continue.

1600 - Receive new receptions, issue 1 x £2 phone card to all new Detainee receptions and arrange phone calls as necessary, letters etc

1615 - Lock up

1630 - Serve Tea meal, treatments

1715 - Roll check

1730 - Main shift staff off duty

1800 - Unlock for association, (as per wing rota), telephone calls (including new receptions), supper

2000 - Lock up, Roll check

2100 - Staff off duty, night patrol state

The above does not take account of services such as Canteen (Thursdays), Library (every second Wednesday) or gymnasium, Property apps (Fridays). These services will be arranged without disruption to the above regime.

Special and domestic visits will take place as required.

Religious Services to be arranged dependant on requirements of population mix. Facility exists for services on wing if required.

## STAFFING

Staffing for the above regime is provided within the existing Staffing and Regime Document.

## REVIEW

The above regime is flexible and will be regularly reviewed to take account of changing demands and circumstances.

## IMMIGRATION CLINICS

The Immigration clinics will generally be Mon - Fri (0930 - 1600), but will also operate at weekends, as demand requires. Immigration Officers will see all new receptions and also those detainees who have made application. H Wing staff will support the Immigration Officers.

## DUTY SOLICITOR SCHEME

The Legal Services Commission have organized a roster of Solicitors specializing in Immigration matters and those detainees wishing to be referred will be seen by the appointed representative on their next visit. Detainees who wish to avail themselves of this facility will be identified as part of the induction routine, names being forwarded to the Duty Solicitor by the Induction staff. The Duty Solicitor Scheme will be operational from the 2<sup>nd</sup> July and will operate on Tuesday and Friday mornings. Regularity will be reviewed in light of demand.

## VISITORS TO DETAINEES

The Association of Visitors to Detainees (AVID) has been authorized to operate a visitor's scheme to detainees at Liverpool Prison. Those detainees wishing to have visits will complete an initial application form, which will give AVID information that will allow them to select a visitor with the requisite language skills. Once the initial contact has been made Visiting Orders will be dispatched to Woolman House and the visits will be booked in the normal way, with V.O.'s being dispatched via the Chaplaincy. All visits will take place in the visits hall (Remands).

## INCENTIVES AND EARNED PRIVILEGES

All detainees will be subject to the same IEP provisions as any other prisoner.

## DETAINEES REQUIRING TREATMENT AT NHS HOSPITAL

Should a detainee require treatment at a NHS Hospital within normal shift hours then staffing would be provided from within the group. Volunteers will be sought to provide cover outside normal hours i.e. during the night. If a bed guard is required then the group will provide staffing until such time as relieved as agreed in the national agreement with the Immigration Service.

These provisions may require some temporary curtailment of other elements of the regime for detainees.

G. May  
Residential Governor  
1<sup>st</sup> June 2001