



UNIVERSITY OF  
OXFORD

*Quality of Life in Detention*

*Results from MQLD questionnaire data collected in IRC  
Campsfield House, IRC Yarl's Wood, IRC Colnbrook, and IRC  
Dover, September 2013 - August 2014.*

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## Executive summary<sup>1</sup>

### Overview

This report presents the results of a questionnaire, *The Measure of the Quality of Life in Detention* (MQLD), completed by 219 men and women resident in IRC Yarl's Wood, IRC Campsfield House, IRC Colnbrook, and IRC Dover between November 2013-August 2014. The survey measures the detainees' perceptions of a range of issues including their immigration case, their mental health and their quality of life. As is standard practice with survey administration, the respondents were anonymized and their responses were not independently verified.

The first half of the survey measures a number of demographic variables including age, nationality, marital status, history of imprisonment, immigration status, details of current and past detentions, health problems, regime, and addiction. It asks respondents to report whether or not they are currently under an ACDT plan or have been previously and whether they have any health problems. This part of the questionnaire includes a measure of depression in an abbreviated form of the Hopkins Symptom Check-List (HSCL-D).

The second part of the questionnaire measures views of the 'quality of life in detention' using the MQLD, a survey that is based on the Measure of the Quality of Life in Prison (MQPL). The 'quality of life' is a broad ranging concept that connects health, relationships, autonomy, personal beliefs and legitimacy, to salient features of the environment in which people live. The MQLD is divided into 11 dimensions addressing:

- **Dignity:** An environment characterized by kind regard and concern for the person that recognizes the value and humanity of the individual
- **Safety:** The feeling of security or protection from harm, threat and danger
- **Staff decency:** The extent to which staff are considered reasonable and appropriate
- **Staff Help and Assistance:** Support and encouragement given by officers
- **Distress:** Feelings of severe emotional disturbance
- **Healthcare:** Feeling and believing they are receiving and have access to good healthcare (doctors, nurses, dentists) and that doctors believe their medical concerns.
- **Immigration Organisation and Consistency:** The clarity, predictability and reliability of the immigration system

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<sup>1</sup> The authors would like to thank all those who participated in the research and the staff who facilitated it. We would also like to thank Sarah Turnbull who administered most of the surveys and Alice Gerlach who assisted with data analysis. This report is part of an ongoing project and we welcome comments and feedback. We can be reached at [mary.bosworth@crim.ox.ac.uk](mailto:mary.bosworth@crim.ox.ac.uk) or [Blerina.kellezi@crim.ox.ac.uk](mailto:Blerina.kellezi@crim.ox.ac.uk)

- **Immigration procedural fairness:** The perceived impartiality and legitimacy of immigration officers
- **Communication and autonomy:** Detainees' feelings of agency and self-determination
- **Care for vulnerable:** Feeling and believing that the removal centre helps victims of rape, domestic violence, torture, and those who attempt suicide and self-harm.
- **Drugs:** Feeling and believing drugs are being used and that there are problems related to drugs in the centre.

It also includes individual statements measuring detainee perceptions of regime, visits, discipline, relationships and hopes about the futures as well as some open ended questions asking the respondents to list the three best and worst aspects of their life in the current removal centre, and what they find useful in dealing with detention. Together, these capture and relate people's perceptions of their general physical, mental and social wellbeing, as well as their sense of satisfaction or dissatisfaction with the conditions in which they are living relative to their goals, expectations, standards and concerns.

This questionnaire has been developed for use in immigration removal centres. This is the second time it has been systematically applied. The findings of its first application have been published in a previous report (Bosworth and Kellezi, 2012). Some important issues have been identified in both applications of the survey that deserve greater scrutiny. As the questionnaire is applied further it will be extended and refined. This will be an on-going process and one that will benefit from further discussion with detainees and staff.

### **Part One of the Survey: Demographics and Depression**

The men and women in detention who completed the questionnaire came from a variety of countries and presented with a range of family, legal and medical histories. Some of them reported that they participated in activities in the centre, but quite a few others found being in detention very difficult and could not take part in any of the activities on offer.

The level of depression among the survey population was very high with four-fifths of the respondents, 80.4% (n=176), meeting the criteria for depression using the abbreviated form of the HSCL-D.<sup>2</sup> Those who were more depressed were: women, had health problems and were taking medication, had not lived long in the UK, had not been in prison prior to detention, had applied for asylum (up to 2 times), and/or had applied for judicial review. Those who were depressed had also specific experiences in that particular IRC: they were more likely to have participated in a fluid or food refusal, to have been placed on an ACDT plan, to have used interpreters, and to have been longer in detention. They did not use activities like the gym, or religious services, did not report staff or the IT room or Library as positive aspects of detention, and spent less time reading. They were also more likely to report that immigration detention was unjust.

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<sup>2</sup> This result reflects similar findings in other jurisdictions, e.g. with detainees in Norway and with former detainees in Australia and our previous research in 2012 (Bosworth and Kellezi, 2012).

There were no significant differences between the overall scores (means) of depression among the four removal centres. Although women were more depressed, the surveys in Yarl's Wood included a number of men and the comparison includes the overall scores for each centre. Overall, there were no significant differences between Yarl's Wood depression mean scores and those from the other centres.

Notwithstanding such high rates of depression on the HSCL-D scale, the current ACDT plan did not extend to all participants who reported that they were thinking about suicide 'quite a bit' or 'extremely'. This gap could reflect communication barriers between staff and detainees or it could signal a lack of trust and willingness on the side of detainees in reporting this information to centre staff. The men and women who took part in the survey reported a number of physical and additional psychological problems in addition to depression.

When participants were asked to report negative aspects of detention, their responses focused on the restrictions inherent in detention, the food and other conditions in the centres, separation from their families, centre staff, and their deportation or immigration case. Many, quite simply, believed detention to be unjust. When participants were asked to report positive aspects about the particular IRC they identified socialising with other detainees, positive personal growth, religion, staff members and a number of centre activities. All the positive and negative aspects of detention that the participants identified without prompting are also currently measured in the MQLD questionnaire.

## **Part Two of the Survey: Quality of Life in Detention (MQLD)**

The second part of the questionnaire measures detainees' views of the 'quality of life' in their current detention centre. In line with other measures such as the MQPL<sup>3</sup> and WHOQOL<sup>4</sup> the 'quality of life' refers to people's general physical, mental and social wellbeing, and their sense of satisfaction or dissatisfaction with the conditions in which they are living relative to their goals, expectations, standards and concerns. It is a broad ranging concept that connects health, relationships, autonomy, personal beliefs and legitimacy, to salient features of the environment in which people live.

Overall, the survey suggested that detainees were broadly dissatisfied with their quality of life in the four IRCs, although on each dimension a sizable proportion neither agreed nor disagreed, suggesting some level of ambivalence. There was some variation in results among the centres and between the dimensions. Within the dimensions as well, certain issues tended to attract more negative or positive viewpoints than others. These variations point to the utility of the survey and also identify areas for future research and policy action.

The dimension on which the most sizable minority of detainees recorded levels of satisfaction related to staff decency, with 40% of respondents across the board agreeing that officers were reasonable and appropriate. Close behind, 37% of detainees agreed that the centres were safe.

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<sup>3</sup> The Measure of the Quality of Prison Life.

<sup>4</sup> The World Health Organization Quality of Life Survey.

The same proportion (i.e. 37%) also agreed that detainees had agency and self-determination, suggesting that respondents felt able to communicate and make decisions for themselves (communication and autonomy dimension).

Overall, 41% of detainees in this sample reported that they did not feel that the IRC in which they were held was characterised by kind regard and concern for the person that recognised their value and humanity as an individual. This dimension on 'dignity', points to a sizeable legitimacy deficit among the confined. As we found in the previous application of the survey, immigration staff tended to be viewed more negatively than custodial staff. Thus, 40% of detainees did not feel that immigration officers were impartial or legitimate (immigration procedural fairness dimension). The same proportion (i.e. 40%) also did not believe the immigration system was clear, predictable or reliable (immigration organisation and consistency dimension).

Higher depression scores on the HSCL-D were related to more negative evaluations of a number of dimensions on the MQLD. Essentially those who were more depressed tended to rate lower, (ie to dispute the presence of) dignity, safety, staff decency, immigration organisation and consistency, immigration procedural fairness, communication and autonomy, healthcare, care for vulnerable, and staff help and assistance.

There were some differences among the centres on certain dimensions. Overall, residents in Campsfield House were more positive about all aspects of their quality of life in detention measured by MQLD. The differences were statistically significant.

In all centres, detainees who had applied for asylum had lower mean scores for (i.e. were more negative about) the dimensions measuring immigration procedural fairness and communication and autonomy. Those who had used interpreters or translation services in the centre and thus were likely to speak less English, had lower mean scores for (i.e. were more negative about) dimensions measuring healthcare, dignity, immigration organisational consistency, communication and autonomy. They were also more distressed. Those who reported having health problems had lower mean scores for (i.e. were more negative about) healthcare, dignity, immigration procedural fairness. They were also more distressed. And finally, those who had stayed longer in detention had lower mean scores for (i.e. were more negative about) healthcare, dignity, safety, staff decency, immigration procedural fairness, communication and autonomy, care for the vulnerable and staff help. They were also more distressed.

Since one centre is primarily for women and three for men, when comparing Yarl's Wood to Campsfield House, Colnbrook and Dover it is not possible to conclude which of the differences in perception is due to gender or which is a result of different regimes/practices in the IRCs. Although the Yarl's Wood sample included a number of men, it is again not possible to conclude which of the differences are due to being in a mixed environment or which result from the different regimes/practices in the IRCS.

## Conclusion

The survey uncovered some differences in detainee perceptions of the centres on specific parameters as well as some absolute differences between the centres. Those in Campsfield House were more positive about their quality of life in detention than detainees were about the other three centres. In all centres, asylum seekers (who had applied for asylum up to 2 times) had higher levels of depression. Those who did not leave their rooms were also more likely to be distressed, and women overall had higher levels of depression. Those who had been detained for longer were also more likely to be depressed.

The survey found that detainees differentiated between custodial staff and immigration staff, trusting the former more than the latter, while uncovering a worrying gap between those detainees who had been placed on an ACDT relative to the numbers who reported suicidal thoughts on the HSCL-D. All of these issues were also identified when the survey was administered in 2012.

A number of attempts were made to develop dimensions on regime, preparation for release and uncertainty. Regime is an essential dimension in the MQPL prison survey but it has not been possible, thus far, to replicate a similar measure in detention. This is partly due to the different nature and purpose of the regime in IRCs but also may be a result of the high turnover and unpredictable nature of detention. During the qualitative work we found that detainees were preoccupied with their return to their country of origin. Previous versions of the survey tried to measure attempts to prepare detainees for their return to country of origin. However, we found that the vast majority of detainees could not identify any attempts to prepare them for life after release or could not understand the questions. Finally, another important issue identified during the qualitative work that we have not yet been able to develop an adequate measure of is uncertainty. Because it is so prevalent, it is difficult to develop a dimension that measures it meaningfully.

The issues faced by the men and women in detention are complex and need to be understood in more depth. This survey attempts to gather information on their needs and experiences in a systematic fashion. Low levels of trust and high levels of depression, alongside language barriers and varying times in detention present significant challenges to administering a survey of this nature. The largest sample gathered over the shortest period of time occurred at Dover, where men were offered £5 telephone top ups to participate.

More work needs to be done on obtaining a random sample and on including non-English speakers. Dimensions on regime, preparation for release and uncertainty also need to be expanded. Based on these findings we have adjusted the MQPLD, and will administer it for a third time.

Mary Bosworth and Blerina Kellezi

Oxford, December, 2014.

## **Authors**

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## **Researchers**

**Sarah Turnbull** is a postdoctoral research fellow in criminology at the University of Oxford and conducted research in UK Immigration Removal Centres from September 2013 to July 2015.

**Alice Gerlach** is a DPhil student in criminology at the University of Oxford. In her ESRC-HMIP funded doctoral dissertation she is exploring the preparation for removal and release of women in detention.

## Summary of Recommendations

We recommend that the Home Office and the Contractors running Immigration Removal Centres:

1. Initiate a **sector-wide review of the ACDT plan** to try to uncover the cause of the ongoing gap between those who report suicidal feelings on the HSCL vs those who report being on an ACDT plan.
2. Initiate a **sector-wide discussion about professionalism and procedural justice**, both to uncover the ongoing gap in detainee perceptions of Home Office staff and custodial staff and to build on and extend examples of good practice. What would constitute a ‘Decent’ detention centre? What do staff, as well as detainees, perceive the purpose of detention to be?
3. Facilitate **the refinement of the MQLD** via a third systematic application of the questionnaire, with a view to formally adopting the measure.

As part of the sector-wide review of the ACDT system and depression, we further recommend that the Home Office and the Contractors running Immigration Removal Centres:

- i. Commission/facilitate independent academic study of the **mental health** needs of detainees, in particular their suicide risk and self-harm. The MQLD identified that significant numbers of detainees with suicidal thoughts were not picked up on the ACDT system.
- ii. Commission/facilitate independent academic study of **coping** mechanisms used by detainees. What sorts of factors might alleviate their depression and anxiety?
- iii. Commission/facilitate independent academic study of the **health needs** of detainees. Those who reported health problems were more likely to be depressed.
- iv. Commission/facilitate independent academic study into the needs of **women in detention**. Women were more likely to report depression. Qualitative research in this area suggests the relevance of women’s pre-detention experience of sexual assault and domestic violence.
- v. Commission/facilitate independent academic study of the needs of **other vulnerable groups in detention** – eg asylum seekers, those with no family contact, long-term detainees -- who report higher levels of depression.

In terms of concrete actions that should address and mitigate the high-levels of depression, we recommend that the Home Office and the Contractors running Immigration Removal Centres:



- vi. **Offer more structure and activities in the day.** Detainees who spend more time out of their room report lower levels of depression.
- vii. **Build on examples of good practice** – e.g. art and craft, summer fete, paid work – **to foster greater communication and interaction with the local community.** Raising the profile of the local IRC, and inviting in more community members, may both counter negative public perceptions and open new lines of opportunities for detainee and staff development. It could build staff morale for contract and Home Office staff through fostering a more positive local presence and should encourage greater interaction among the constitutive populations in detention, thereby addressing some of the factors related to depression. Eg. The Koestler awards, guest lectures and tutoring from local community colleges/universities, church groups, local businesses etc.
- viii. **Build on existing relationships** –eg Hibiscus, IOM, religious organisations – to foster greater communication with organisations in **countries of origin.** More information about opportunities abroad may mitigate detainee anxieties about their future.
- ix. **Explore the possibilities of improving provision of interpretation services in detention** to improve detainees’ abilities to communicate and understand.

As part of the sector-wide discussion on decency and professionalism, we further recommend that the Home Office and the Contractors running Immigration Removal Centres:

- x. Commission/facilitate independent academic study of the **immigration decision-making process and the relationship between case workers and detainees.** Evidence from elsewhere – eg policing and prisons – points to the importance of procedural fairness and respect in building trust and gaining compliance. How might these factors be operationalized with this community?
- xi. Commission/facilitate independent **academic study of IRC regimes, with a particular focus on preparation for removal or release,** to better understand what is on offer and how it may improve the quality of life in detention.
- xii. Commission/facilitate independent academic study of the needs of **ex-prisoners in detention,** in recognition of their particular needs and characteristics.

## 1. Method

The aim of this survey is to explore detainee perceptions of the quality of life in immigration removal centres (IRCs). This report details findings from the survey administered at Campsfield House, Yarl's Wood, Colnbrook and Dover to a convenience sample of 219 men and women. The survey was piloted beforehand at Campsfield House and Colnbrook in 2010, and administered at Brook House, Tinsley House and Yarl's Wood in 2010-2011 (Bosworth and Kellezi, 2012). A slightly different version that focused on coping was used at Morton Hall in 2012 (Bosworth, Kellezi and Slade, 2012).

In Campsfield House, Yarl's Wood and Colnbrook, the survey was administered only after a researcher had spent considerable time in the centre talking informally to staff and detainees. As a result, the response rate was very high for those approached, at around 90% of those invited, although exact numbers could not be calculated due to the high turnover of detainees in the IRCs. This rate reflects the mixed method approach and may not be replicable under different circumstances.

Although the ethnographic method enabled a high response rate it may also have contributed to the relatively small sample size, since the survey ran alongside other, qualitative, techniques of data gathering to capture as wide as possible an account of life in these institutions. As the research progressed, a range of authorised payments for participation were deployed, from chocolate bars to mobile phone top ups. In Dover all detainees were offered £5 top ups for completing a survey. This incentive elicited a much quicker response, allowing for higher recruitment levels over a shorter period of time in the centre.

As is standard practice with survey administration, the respondents were anonymized and their responses were not independently verified. For the majority of information like time in the UK, previous immigration status, contact with family and friends, and medical concerns there were no independent reliable sources to verify the information. However, when completing the questionnaire with the help of the researcher, efforts were made to establish veracity of information in the questionnaire with information previously reported during qualitative work.

On a number of occasions, despite being informed of the researcher's independence, detainees expressed concern about being observed by staff completing the questionnaire and the possible impact their participation in the survey data collection might have on their immigration cases. Such concerns reveal the high levels of mistrust and anxiety prevalent among the detained population and the challenges inherent in surveying this group. It was important to be able to be clear about the independence of the researchers and the confidentiality of the data gathered.

Although efforts were made to obtain a wide-ranging and random sample, we make no claim that it is statistically representative. Indeed, we are aware that non-English speakers are under-represented. In the next stage of the survey development we hope to translate the survey into a selection of high-frequency languages and to make greater use of interpreters in its administration. This will require a larger research team and will, thus, need to be balanced against institutional disruption.

## Structure and content of the questionnaire

The questionnaire gathers information about: demographic data (age, nationality, religion, ethnicity, family status and structure), previous periods in immigration removal centres and/or terms of imprisonment, current and previous legal status, depression, removal from association, fluid and food refusal in the current removal centre, as well as levels of contact with family and others while in the current centre, health issues, regime, coping strategies, and a structured questionnaire on the quality of life in removal centres. It asks participants to summarise three positive and negative aspects of life in the removal centre, and includes a final free text area for them to add any other comments.

The questionnaire includes an abbreviated version of the Hopkins Symptoms Checklist (HSCL-D). That measure is a self-report checklist that aims to detect symptoms of anxiety and depression in a 4 point Likert-type scale ranging from 1= 'not at all' to 4= 'extremely'. The items included 'Crying easily' and 'Blaming yourself for things'. The original checklist has 25 items and the one used in the MQLD has 14. The items were chosen due to their appropriateness in the context, and because the participants were already completing a lengthy questionnaire. The 14 items measure depression.

The measure of the quality of life in detention questionnaire (MQLD) is an adapted version of the Measure of the Quality of Prison Life (MQPL). The questionnaire was originally developed and tested by Mary Bosworth in a small pilot study with male residents in Campsfield House and Colnbrook. It was then applied in Yarl's Wood, Brook House and Tinsley House IRCs in 2010-2012 and, in a slightly different version, in Morton Hall in 2012.

The MQLD on which this report is based is composed of 64 items aimed at measuring detainee perceptions of 11 dimensions organised under the following headings:

- **Dignity:** An environment characterized by kind regard and concern for the person that recognizes the value and humanity of the individual
- **Safety:** The feeling of security or protection from harm, threat and danger
- **Staff decency:** The extent to which staff are considered reasonable and appropriate
- **Staff Help and Assistance:** Support and encouragement given by officers
- **Distress:** Feelings of severe emotional disturbance
- **Healthcare:** Feeling and believing they are receiving and have access to good healthcare (doctors, nurses, dentists) and that doctors believe their medical concerns.
- **Immigration Organisation and Consistency:** The clarity, predictability and reliability of the immigration system

- **Immigration procedural fairness:** The perceived impartiality and legitimacy of immigration officers
- **Communication and autonomy:** Detainees' feelings of agency and self-determination
- **Care for vulnerable:** Feeling and believing that the removal centre helps victims of rape, domestic violence, torture, and those who attempt suicide and self-harm.
- **Drugs:** Feeling and believing drugs are being used and that there are problems related to drugs in the centre.

In addition, the survey includes individual statements measuring detainee perceptions of regime, visits, discipline, relationships and hopes about the futures. The response format is a 6 point Likert-type scale with answers ranging from 1='Strongly agree' to 5='Strongly disagree', and a final option for 'Don't know/not applicable'.

### **Administering the questionnaire**

In 33% (n=73) of the cases, one member of the research team read the questionnaire to the participants allowing her to clarify the questions if needed. This approach was taken to address low literacy rates and mixed levels of proficiency in English. In 4% (n=9) of the cases another detainee helped to complete the questionnaire. The remaining participants preferred to read the questionnaire themselves next to the researcher or in the privacy of their own rooms at another time. Overall, the questionnaire took between 45-60 minutes to complete. The questionnaire had a number of spaces where the answers to the open questions could be recorded.

### **Participants: Numbers, Language, and Recruitment**

The survey was returned by 223 participants. However, only 219 cases were retained for analysis based on the full completion of either the health questionnaire (HSCL-D) or the quality of life in detention questionnaire. Most questionnaires were administered in English; 8 were administered in Albanian.

Prior to completing the questionnaire, all participants were given an information and a consent form to read. Where necessary the researcher read aloud the contents of these forms. All participants were given the option to sign the consent form although no attempts were made to persuade them to sign it if they were hesitant to do so. Verbal consent was obtained from all participants.

Different strategies of recruitment were used in the four centres: in Campsfield House, Yarl's Wood and Colnbrook the questionnaire was administered as part of an ethnographic study, meaning that participants were only approached after relationships of trust with the researchers had already been established. The researchers had access in these three centres to all parts of the building, and carried keys. In Dover the majority of the participants were approached directly and offered phone card top ups to participate. This reduced the necessity for a longer period of

time in the centre. The analysis included 41 questionnaires from Campsfield House, 52 from Colnbrook, 75 from Dover and 51 from Yarl's Wood.

Due to previous experience at Brook House (in 2012), when an attempt to gather a random sample had failed when the majority refused to participate, the survey was administered to a convenience sample. While this technique vastly increases the willingness of participants to complete the survey, it means that the results may not represent the full populations in each centre. Nonetheless, as the data shows, the sample is diverse and reflects the changing nature of the population in detention centres. In the next round of survey development it may be worth exploring whether incentive payments assist in gathering a random sample of participants.

### **Analysis**

Part of the data was collected using open-ended questions like: 'How does this removal centre compare to others you have experienced in UK?' or 'What are the 3 most positive things for you about life in this removal centre?' Such data was coded into communal themes and analysed using content analysis. The aim of content analysis is to describe absence or presence of certain 'words, phrases or concepts' in a text or written data.

The remaining data was analysed using a number of inferential statistics (correlations, t-test, ANOVA, Chi-Square) that will be highlighted in the appropriate sections of the report. Internal reliability and Principal Component Analyses were conducted on the health scale and quality of life questionnaire (MQLD).

## 2. Results

- **Demographic data**

The nationalities of the participants are presented in table 1. The participants came from 54 different nationalities. These are categories suggested by the participants themselves.

**Table 1.** Nationalities of participants

Nationality	Frequency	%	Nationality	Frequency	%
Indian	34	15.5	Sri Lankan	2	0.9
Nigerian	26	11.9	Sudanese	2	0.9
Bangladeshi	20	9.1	Afghani	1	0.5
Albanian	17	7.8	Africa	1	0.5
Jamaican	15	6.8	American	1	0.5
Pakistani	14	6.4	British	1	0.5
Iranian	6	2.7	Burundian	1	0.5
Chinese	4	1.8	Cameroon	1	0.5
Malawian	4	1.8	Vietnam	1	0.5
Portuguese	4	1.8	Dutch	1	0.5
Ukrainian	4	1.8	Egyptian	1	0.5
Zimbabwean	4	1.8	Ethiopia	1	0.5
Algerian	3	1.4	French	1	0.5
Ghanian	3	1.4	Gabonese	1	0.5
Ivory Coast	3	1.4	Kazakhstan	1	0.5
Sierra Leonian	3	1.4	Kenyan	1	0.5
Philippines	3	1.4	Moldova	1	0.5
Afghanistan	2	0.9	N/A	1	0.5
Brazilian	2	0.9	Palestinian	1	0.5
Gambian	2	0.9	Rwandan	1	0.5
Iraqi	2	0.9	Somali	1	0.5
Italian	2	0.9	Thailand	1	0.5
Japanese	2	0.9	Tanzanian	1	0.5
Libyan	2	0.9	Turkish	1	0.5
Moroccan	2	0.9	Ugandan	1	0.5
Nepalese	2	0.9	Illegible	1	0.5
Polish	2	0.9	TOTAL	219	100.0
South African	2	0.9			

The ethnic identities are presented in table 2, and religious identities in table 3. The participants chose the categories themselves.

**Table 2. Ethnic identity**

<b>Ethnic identity</b>	<b>Frequency</b>	<b>%</b>
Asian	64	29.2
Black	61	27.9
White	26	11.9
Chinese	3	1.4
Other	5	2.3
Total	189	86.3
Missing	30	13.7
<b>TOTAL</b>	<b>219</b>	<b>100.0</b>

**Table 3. Religious identity**

<b>Religious identity</b>	<b>Frequency</b>	<b>%</b>
Christian	93	42.5
Muslim	67	30.6
Hindu	13	5.9
Sikh	20	9.1
None	16	7.3
Other	6	2.7
Total	215	98.2
Missing	4	1.8
<b>TOTAL</b>	<b>219</b>	<b>100.0</b>

Information on age and marital status was requested from all participants. The age of the participants ranged from 18-63 (M=32.6, SD=9.0). There were no significant differences of age of the participants across the centres. Details of age ranges and average age for each centre are presented in Table 4.

**Table 4. Average age and age range**

	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Mean (SD)	30.0(7.2)	33.4(8.0)	32.0(8.7)	33.9(10.7)	32.6(9.0)
Age range	21-47	20-52	18-54	19-63	18-63

Marital status is presented in table 5. There was no significant difference in marital status among the three centres.

**Table 5.** Marital status

<b>Marital status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	126	57.5
Married/In a relationship	74	33.8
Separated/divorced	10	4.6
Widowed	2	0.9
Total	211	96.3
Missing	8	2.7
<b>TOTAL</b>	<b>219</b>	<b>100.0</b>

The amount of time participants reported to have lived in the UK varied significantly, from less than one month to 34 years; averaging out at 98.6 months (8 years). The veracity of their self-reports cannot be verified. Detainees in IRC Dover reported a longer period of residence in the UK before detention than those in Campsfield House, Yarl's Wood and Colnbrook (see table 6).

**Table 6.** Length of residence in UK (in months)

	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
<b>Length of time in the UK Mean (SD)</b>	<b>111.9 (90.8)*</b>	<b>81.0 (63.3)*</b>	<b>120.9 (83.8)*</b>	<b>66.8 (59.2)*</b>	98.6 (77.1)

\*Statistically significant differences

Just over half of the participants 53% (n=116) stated they had family members in the UK, with 44% (n=97) reporting no family members in the UK and 3% (n=6) failing to answer this question. There were no significant differences on this measure among the centres.

When asked if they sent any money to family members (including children), 11% (n=25) reported they regularly sent money to family members, 23% (n=50) sent money regularly, 16% (n=34) never sent any money, and 5% (n=15) did not answer the question. Just under one-third 32% (n=70) of the detainees had children in UK.



## Detention and imprisonment history

The length of time (in days) that detainees claimed to have spent in each centre varied. Across centres, length of stay in that particular detention centre ranged from 1 day to 912 days. The average was 93.2 (SD=93.2).

**Table 7.** Length of stay in IRC (in days)

	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
<b>Length of time in Detention</b>	<b>35.1</b> (44.7)*	<b>114.4</b> (121.4)*	<b>132.6</b> (176.1)*	<b>60.4</b> (66.6)*	93.5 (130.3)

\*Statistically significant differences

In Campsfield House residence ranged from 3 days to 6 months (M=35.1; SD= 44.7, in Colnbrook from 1 day to 2 years (M=114.4; SD=121.4), in Dover from 2 days to 2 and a half years (M=132.6; SD=176.1), and Yarl's Wood residence ranged from 1 day to 9 months (M=60.4; SD= 66.6), in. The average length of detention was longest in Dover followed by Colnbrook, then Yarl's Wood and finally Campsfield House.

Just over a third of respondents had previously been in another detention centre in the UK 38% (n=84), 60% had not been previously detained in the UK (n=131) and 2% (n=4) did not answer the question. When asked in which other IRC they had been detained 7% (n=15) had been in more than 1 centre. The other centres included Brook House, Tinsley House, Colnbrook, Haslar, Harmondsworth, Morton Hall, Dungavel, Dover, Campsfield House, Yarl's Wood.

Forty per cent of the men (n=70) reported having been held in other detention centres or holding places in the UK, as did 33% of the women (n=14). Those held in Colnbrook 62% (n=32) were more likely to have been detained elsewhere previously in the UK, followed by those in Yarl's Wood 39% (n=20), Dover 29% (n=22) and finally those in Campsfield House 24% (n=10).

Across the population, the length of stay in previous detention centres in the UK varied from 1 day to 2 and a half years, with a mean of 92 days (SD=169). When asked if they had been detained in another country 9% (n=20) reported they had been detained in another country and of these 55% (n=11) had been detained en route to the UK, i.e. during their migration pathway.

The participants were asked to compare their perceptions of their current location to other UK removal centres in which they had been held. The answers are presented in table 8 for each centre.

Chi Square tests showed that there were significant differences between the claims they made about whether the current centre was better, worse or the same as previous centres. Detainees in Colnbrook 66% (n=21) were more likely to report that they perceived that Colnbrook was

worse than any previous centres in which they had been held, compared to Campsfield House residents 10% (n=1) and Yarl's Wood residents 25% (n=5). In contrast, those detained in Campsfield House 60% (n=6) were more likely to report that they perceived it to be better than previous centres in which they had been held compared to Colnbrook 6% (n=2), Dover 9% (n=2), Yarl's Wood 15% (n=3). These differences suggest that Campsfield House is perceived better than previous detention centres detainees have been to in the past in the UK.

**Table 8:** Comparison of current IRC with others

	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Better	<b>6(60%)*</b>	<b>2(6%)*</b>	<b>2(9%)*</b>	<b>3(15%)*</b>	13(16%)
The same	1(10%)	9(28%)	5(23%)	8((40%)	23(27%)
Worse	<b>1(10%)*</b>	<b>21(66%)*</b>	9(41%)	<b>5(25%)*</b>	36(43%)
Missing/ don't know	2(20%)	0(0%)	6(27%)	4(20%)	12(14%)
<b>TOTAL</b>	<b>10(100%)</b>	<b>32(100%)</b>	<b>22(100%)</b>	<b>20(100%)</b>	<b>84(100%)</b>

\*Statistically significant differences

- **Previous prison sentence**

The participants were asked to report whether they had been in prison before being detained in a removal centre and, if so, what their length of prison sentence had been. Nearly one quarter (24% n=53) of the participants stated that they had been in prison. The data on the length of sentences for those who were in prison is presented in table 9.

There were more detainees in Dover 33% (n=25) and Colnbrook 33% (n=17) who had spent time in prison than in Yarl's Wood 8% (n=4), or Campsfield House 17% (n=7). Although there were detainees with longer sentences in Dover and Colnbrook, the differences were not statistically significant.

**Table 9.** Length of prison sentences

<b>Length of Sentence</b>	<b>Detainees</b>	<b>%</b>
Less than 1 year	12	22
1 year but less than 2 years	20	36
2 years but less than 4 years	7	13
4 years but less than 10 years	13	25
Missing	1	2
<b>TOTAL</b>	<b>53</b>	<b>100</b>

- **Current and previous legal status in UK**

The participants were asked about their legal status in the UK, where they could indicate in some detail previously held status and current status as well as the stages of the legal process in which they had participated. The information they gave for each centre separately is presented in table 10. Their perceptions of their immigration status were not independently verified.

Participants were asked if they had ever been granted leave to enter or remain in the UK. The majority, 64% (n=141) reported that they had been granted leave to enter or remain, 31% (n=68) had not, and 5% (n=10) did not respond. Of those who had been granted leave to enter or remain, just over a quarter (26% n=37) had been granted indefinite leave to remain, while 60% (n=85) had overstayed a visa.

**Table 10:** Previous legal status in the UK for each IRC

<b>Previous legal status</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Has been granted the right to enter or remain in the UK	24(59%)	40(77%)	49(65%)	28(55%)	141(64.4)
Has been granted ILR	4(10%)	<b>11(21%)*</b>	<b>19(25%)*</b>	<b>3(6%)*</b>	37(16.9)
Has overstayed a visa	17(42%)	22(42%)	23(31%)	23(45%)	85(38.8)
Has applied for Asylum	<b>23(46%)*</b>	<b>35(67%)*</b>	<b>37(49%)*</b>	<b>36(71%)*</b>	131(59.8)
Has applied for Bail	21(51%)	37(71%)	35(47%)	22(43%)	130(59.4)
Has applied for Temporary Admission	15(37%)	24(46%)	48(64%)	21(41%)	108(49.3)
Has applied for Judicial Review	9(22%)	22(42%)	29(39%)	13(26%)	73(33.3)
Has applied for review at European Court	4(10%)	6(12%)	7(9%)	3(6%)	20(9.1)
Currently appealing their case	18(44%)	23(44%)	37(49%)	25(49%)	107(48.8)
Has appealed their case before	14(34%)	26(50%)	26(35%)	17(33%)	87(39.7)
Has removal directions (flight) set	11(27%)	11(21%)	20(27%)	5(29%)	28(12.8)
Has had removal directions cancelled (likely underestimate)	5(12%)	5(10%)	6(8%)	6(12%)	57(26.0)
Total participants in each center	41(100%)	52(100%)	75(100%)	51(100%)	219(100.0)

\*Statistically significant differences

There were significant differences between centres on whether detainees had been granted indefinite leave to remain, whether they had applied for asylum, or had applied for bail. There were more detainees in Dover and Colnbrook who had been granted indefinite leave to remain than in Yarl's Wood. There were more detainees in Yarl's Wood and Colnbrook who had

applied for asylum than in Campsfield House and Dover, and more detainees in Colnbrook had applied for bail than in the other three centres.

There were no significant differences among participants from different centres on whether they had been granted the right to enter or remain in the UK, whether they had overstayed a visa, whether they had applied for Temporary admission, Judicial review, or review at the European Court, whether they currently were appealing their immigration case, whether they had appealed their cases in the past, whether they had their removal directions set or whether their previous removal directions were cancelled.

Participants were asked if they had an immigration solicitor: 68% (n=149) reported having a solicitor and 32% (n=69) reported they did not have a solicitor. Of those who did have a solicitor, 112 (75%) were in regular contact, 57% (n=85) were satisfied with their services and 46% (n=69) had their solicitors paid by legal aid. Results for each individual centre are presented in table 11.

**Table 11: Solicitors**

	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Has immigration solicitor	30(73%)	33(64%)	49(65%)	37(73%)	149(68%)
Regular contact	<b>21(70%)*</b>	<b>23(70%)*</b>	<b>43(88%)*</b>	<b>25(68%)*</b>	112(75%)
Satisfied with the service	16(53%)	17(52%)	28(57%)	24(65%)	85(57%)
Paid for by legal aid	16(53%)	18(55%)	21(43%)	14(38%)	69(46%)

\*Statistically significant differences

There were significant differences between centres on participants were in regular contact with their lawyers: more Dover participants 88% (n=43) reported being in regular contact with their lawyers than detainees from other centres. There were no differences on whether detainees were satisfied with the services of their lawyers, whether they had immigration solicitors, or whether their solicitor was paid by legal aid.

- **Life in the present detention centre**

The participants were asked whether they had been removed from association, and if so, whether they had been placed on Rule 40 or Rule 42. As we found in the previous round of surveys a number of participants did not appear to understand the question (Bosworth and Kellezi, 2012). Overall, only 2% (n=5) reported having been removed from association, and the majority of those had been removed only once. Six percent (n=13) of participants reported having been temporary confined on rules 40 or 42 (n=6 had been removed 1 time, and n=5 removed more than once).

- **Food and fluid Refusal**

The participants were asked to report if they had been on food or fluid refusal whilst in detention, and, if so, how many times and for how long. Overall, 18% (n=39) reported having refused food or fluid in protest. The length of their refusal varied from half a day to 45 days. More women and Yarl’s Wood residents in general reported having refused food or fluid or taken part in hunger strikes or fluid refusals whilst in detention.

- **Passing time in detention**

The participants were asked to indicate in their own words how they spent each day in the removal centre. Sixteen percent (n=35) of participants reported doing nothing all day. Among those who reported activities, the most common pursuits listed were gym 34.7% (n=76), library/IT room 30.1% (n=66) and work 23.3% (n=51).

There were significant statistical differences in the use of:

- gym (Campsfield House participants were more likely to use the gym than Yarl’s Wood and Dover)
- IT/library (Campsfield House participants were more likely to use the gym than Yarl’s Wood and Dover)
- work (Yarl’s Wood participants were less likely to work than the residents of all the other centres)
- games (Campsfield House residents more likely to use games than Dover participants)
- and doing nothing (Yarl’s Wood participants were more likely to report doing nothing than residents in other centres)

There were also statistically significant gender differences: Women were more likely to report that they socialised with other detainees or did nothing, whilst men were more likely to work (none of the female participants reported being in work), and play games.

**Table 12: Activities in Detention**

	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl’s Wood</b>	<b>TOTAL</b>
Gym	<b>23(56%)*</b>	21(40%)	<b>20(27%)*</b>	<b>12(24%)*</b>	76(35%)
IT/library	<b>22(54%)*</b>	21(40%)	<b>8(11%)*</b>	<b>15(29%)*</b>	66(30%)
Work	<b>8(20%)*</b>	<b>18(35%)*</b>	<b>25(33%)*</b>	<b>0(0%)*</b>	51(23%)
Religion	8(20%)	4(8%)	13(17%)	11(22%)	36(16%)
Reading	7(17%)	12(23%)	6(8%)	8(16%)	33(15%)
TV/Film	10(24%)	7(14%)	6(8%)	8(16%)	31(14%)
Games	<b>12(29%)*</b>	10(19%)	<b>2(3%)*</b>	6(12%)	30(14%)
Socialize	6(15%)	6(12%)	7(9%)	11(22%)	30(14%)
Art	4(10%)	4(8%)	7(9%)	6(12%)	21(10%)
Help others	0(0%)	3(6%)	1(1%)	2(4%)	6(3%)
Nothing	<b>2(5%)*</b>	<b>6(12%)*</b>	<b>13(17%)*</b>	<b>14(28%)*</b>	35(16%)

\*Statistically significant differences

- **Visits at the centre**

The participants were asked about visits received at the centre, from whom, and if the visits were regular. Just under half (n=109) reported receiving any visits. The full results from those who received visits on who visited them can be found in table 13.

**Table 13:** Those who received visits\*

<b>Visits</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Receives visit by partner	5(12%)	9(17%)	11(15%)	12(24%)	37(17%)
Receives visits by family	9(22%)	20(39%)	14(19%)	5(10%)	48(22%)
Receives visits by friends/colleagues	11(27%)	20(39%)	11(15%)	13(26%)	55(25%)
Church/other religious groups	3(7%)	1(2%)	1(1%)	1(2%)	6(3%)
Other	1(2%)	2(4%)	4(5%)	4(8%)	11(5%)

\*No significant differences between centres

Overall, there were no statistically significant differences across the centres on partner visits, visits from religious groups or others. However, Colnbrook residents were more likely to be visited by family 39% (n=20) than Yarl's Wood participants 10% (n=5). Colnbrook participants 39% (n=20) were also more likely to be visited by friends/colleagues compared to Dover residents 15% (n=11). Such differences may relate to the location and ease of accessing the centre.

The participants were also asked if they were in touch with their families. The majority 69% (n=152) were in contact with their family. However, those in Yarl's Wood were statistically less likely to be in contact with their families 51% (n=26) than the men in Colnbrook 77% (n=40), Campsfield House 73% (n=30) and Dover 75% (n=56).

Notwithstanding active visitor groups attached to each removal centre, only 20% (n=44), of those who completed the survey stated that they were in regular contact with outside organisations. The detainees in Dover 13% (n=10), Campsfield House 12% (n=5), were statistically less likely to be in contact with outside organisations than those in Colnbrook 25% (n=13) or Yarl's Wood 31% (n=16). The detainees reported in free text the outside organisations that visited them. Their list included: Bail for Immigration Detainees (BID), Befrienders, Rape crisis centre, Women for Refugee Women, Detainee Action, Hibiscus, religious organisations, unspecified children organisations, Medical Justice, Liberty, Amnesty international, Migrant Help, Red Cross, and social services.

## Formal complaints

Detainees were asked if they had made any formal complaints and 22% (n=47) reported having made at least 1 complaint. The number of complaints ranged from 1 to 30 complaints. Of those who had made complaints, 49% (n=23) were not satisfied at all with how the complaint was managed, 28% (n=13) were a bit satisfied with how the complaint was managed and 21% (n=10) were quite a bit or extremely satisfied. There were no significant differences among IRCs or between women and men in terms of the likelihood of making a formal complaint. There was also no difference in their reported satisfaction with how the complaints were handled (Table 14).

**Table 14: Complaints\***

<b>Complaints</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Made a formal complaint	6(15%)	13(25%)	15(20%)	13(26%)	47(22%)
Of those making formal complaints:					
Not satisfied	1(17%)	6(46%)	10(50%)	6(46%)	23(49%)
A bit satisfied	3(50%)	3(23%)	4(20%)	3(23%)	13(29%)
Quite a bit/extremely satisfied	1(17%)	4(31%)	1(7%)	4(31%)	10 (21%)

\*No significant differences between centres

## Interpreters

Detainees were asked whether they had used interpreters in the centres and if they found their services satisfying. Only a small proportion of the detainees had used interpreters. Full results can be found in table 15. Just over half the participants 54% (n=19) were not satisfied or a bit satisfied and just under half 46% (n=16) were quite a bit or extremely satisfied. There were no significant differences among IRCs or between women and men in their likelihood of using interpreters or their satisfaction with their services.

**Table 15: Interpreter\***

<b>Interpreter</b>	<b>Campsfield</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Used interpreter	8(20%)	11(21%)	7(9%)	12(24%)	35(16%)
Not satisfied	1(13%)	5(46%)	2(29%)	0(0%)	8(23%)
A bit satisfied	1(13%)	3(27%)	2(29%)	5(42%)	11(31%)
Quite a bit/ Extremely satisfied	4 (50%)	3(27%)	2*29%)	7 (58%)	16 (46%)

\*No significant differences between centres

## What helps detainees cope?

Given the high levels of depression reported previously with the detained population and confirmed in this report, this version of the MQLD asked participants to report what helped them

cope in detention. They could select from a number of options including: support from family and friends, support from solicitor or other organisations, support from other detainees, their faith or religion, support from centre staff or other sources. They could choose more than one of these sources and many of them did. They could also list any other additional sources they thought were important. The most frequent source listed overall was support from friends and family 64% (n=141), followed by faith and religion 48% (n=104) and support from other detainees 34% (n=74). Only 10% (n=21) of detainees reported staff as a source of support (table 16).

There were no significant differences among the IRCs in choice of sources of support. However, men were more likely to report support from family and friends 67% (n=119) compared to women 52% (n=22) while women were more likely to report support from other detainees 48% (n=20) compared to men 31% (n=54).

**Table 16: Sources of support in detention\***

<b>Support</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Support from family and friends	24(59%)	35(67%)	54(72%)	28(55%)	141(64%)
My faith/religion	19(46%)	30(58%)	30(40%)	25(49%)	104(48%)
Support from other detainees	15(37%)	13(25%)	25(33%)	21(41%)	74(34%)
Support from solicitor/other organisations	13(32%)	8(15%)	14(19%)	11(22%)	46(21%)
Support from staff at this removal centre	8(20%)	5(10%)	5(7%)	3(6%)	21(10%)
Other (e.g. cooking own food, staying in own room etc)	2(5%)	2(4%)	4(5%)	3(6%)	11(5%)
No response	3(7%)	6(12%)	2(3%)	2(4%)	13(6%)

\*No significant differences between centres

### **Positive aspects of the IRC**

Participants were asked to report in their own words three positive aspects of their current IRC. A notable proportion did not answer the question 13% (n=28) and an even higher number reported that there was nothing positive about life in that particular removal centre 36% (n=78). There were a number of statistical differences between the centres (see table 17):

- Participants in Dover and Colnbrook were significantly more likely to report religion as a positive aspect than those in Yarl's Wood or Campsfield House.
- Yarl's Wood participants were more likely to report staff as a positive aspect than those in Dover.
- Colnbrook participants were more likely to report work as a positive aspect compared to those in Yarl's Wood (a finding that could be mostly due to the fact that there fewer options for work in Yarl's Wood).
- Colnbrook participants were also statistically more likely to report food as a positive aspect compared to the other three centres.



**Table 17: Positive aspects of IRC**

<b>Positive Aspects</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>	<b>Missing</b>
Nothing	13(32%)	16(31%)	32(43%)	17(33%)	78(36%)	28(13%)
Socialising	6(15%)	4(8%)	8(11%)	13(26%)	31(14%)	28(13%)
Positive growth	5(12%)	7(14%)	14(19%)	3(6%)	29(13%)	28(13%)
Religion	<b>2(5%)*</b>	<b>12(23%)*</b>	<b>11(15%)*</b>	<b>3(6%)*</b>	28(13%)	28(13%)
Staff	3(7%)	2(4%)	<b>1(1%)*</b>	<b>7(14%)*</b>	13(6%)	28(13%)
Gym	0(0%)	3(6%)	7(9%)	2(4%)	12(6%)	28(13%)
Work	2(5%)	<b>5(10%)*</b>	1(1%)	<b>0(0%)*</b>	8(4%)	28(13%)
IT	2(5%)	2(4%)	0(0%)	3(6%)	7(3%)	28(13%)
Food	<b>0(0%)*</b>	<b>6(12%)*</b>	<b>0(0%)*</b>	<b>1(2%)*</b>	7(3%)	28(13%)
Openness (freedom of movement)	0(0%)	1(2%)	4(5%)	4(8%)	6(3%)	28(13%)
Other	6(15%)	9(17%)	9(12%)	14(28%)	38(17%)	28(13%)

\*Statistically significant differences

Women were statistically more likely to report socialising as a positive aspect 33% (n=13) compared to men 12% (n=18) and staff as a positive aspect 15% (n=6) compared to men 5% (n=7). Since most residents in Yarl's Wood are women, it is not clear how much of reporting of staff as a positive aspect is due to gender or to the specific IRC.

### Negative aspects of IRC

Participants were asked to report in their own words three negative things about the centre. All participants provided an answer to this question, with a minority reporting that they found nothing negative about the centres 2% (n=5).

There were a number of significant differences across the centres (Table 18):

- Colnbrook residents 17% (n=9) were statistically less likely than those in Yarl's Wood 41% (n=21) or Dover 39% (n=29%) to report food as a negative aspect.
- Colnbrook 19% (n=10) and Dover 27% (n=20) residents were more likely to report being away from their family as a negative aspect of the centre compared to Yarl's Wood (2% (n=1)). This finding was also partly due to their greater likelihood of having been longer in the UK and having family members in the UK.

**Table 18: Negative aspects of IRC**

<b>Negative Aspects</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>	<b>Missing</b>
Restrictions	16(39%)	19(37%)	22(29%)	17(33%)	74(34%)	0(0%)
Food	12(29%)	<b>9(17%)*</b>	<b>29(39%)*</b>	<b>21(41%)*</b>	71(32%)	0(0%)
Conditions in the centre	12(29%)	13(25%)	15(20%)	5(10%)	45(21%)	0(0%)
Away from family	4(10%)	<b>10(19%)*</b>	<b>20(27%)*</b>	<b>1(2%)*</b>	35(16%)	0(0%)
Staff	3(7%)	7(14%)	2(3%)	7(14%)	19(9%)	0(0%)
Deportation or immigration case	3(7%)	6(12%)	8(11%)	2(4%)	19(9%)	0(0%)
Indignity and injustice	3(7%)	2(4%)	6(8%)	3(6%)	14(6%)	0(0%)
Everything	1(2%)	0(0%)	6(8%)	5(10%)	12(6%)	0(0%)
Safety	0(0%)	3(6%)	1(1%)	3(6%)	7(3%)	0(0%)
Nothing	0(0%)	0(0%)	4(5%)	1(2%)	5(2%)	0(0%)

\*Statistically significant differences

Female residents were more likely to report food as a negative aspect 45% (n=19) compared to men 29% (n=52). Men were more likely to report being away from family as a negative aspect 19% (n=34) compared to women 2% (n=1), and other conditions of the centre as negative 23% (n=41) compared to women 11% (n=4).

### **Programs or activities making life in detention better**

Participants were asked which programmes or amenities offered in this centre had made their time in detention better. They were given the option to provide answers in their own words. A minority did not answer this question 10% (n=21) but a substantial proportion 27% (n=60) reported that nothing made their life in detention better. Overall the most helpful activities listed were the gym 31% (n=67), using computers in the IT room and library 18% (n=39) and religion 16% (n=36) (see table 20 for more details).

When comparing the centres, there were a number of statistically significant differences. Colnbrook participants were more likely to report IT/library as activities making life in detention better 31% (n=16), compared to Dover 7% (n=5). Campsfield House participants 17% (n=7) were more likely than participants in all the other centres to report games as an activity which makes life in detention better.

**Table 20: Programs or activities making life in detention better**

<b>Helpful activities</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>	<b>Missing</b>
Gym	15(37%)	17(33%)	23(31%)	12(24%)	67(31%)	21(10%)
Nothing	10(24%)	12(23%)	20(27%)	18(35%)	60(27%)	21(10%)
IT/Library	11(27%)	<b>16(31%)*</b>	<b>5(7%)*</b>	7(14%)	39(18%)	21(10%)
Religion	6(15%)	7(14%)	18(24%)	5(10%)	36(16%)	21(10%)
Art	4(10%)	4(8%)	6(8%)	6(12%)	20(9%)	21(10%)
Work	3(7%)	2(4%)	8(11%)	7(14%)	13(6%)	21(10%)
Games	<b>7(17%)*</b>	<b>3(6%)*</b>	<b>2(3%)*</b>	<b>1(2%)*</b>	13(6%)	21(10%)
TV	1(2%)	5(10%)	5(7%)	1(2%)	12(6%)	21(10%)
Socialising	1(2%)	1(2%)	3(4%)	1(2%)	6(3%)	21(10%)
Garden	0(0%)	2(4%)	0(0%)	0(0%)	2(1%)	21(10%)
Others	0(0%)	1(2%)	0(0%)	1(2%)	2(1%)	21(10%)
Reading	0(0%)	1(2%)	0(0%)	0(0%)	1(1%)	21(10%)
Working on case	0(0%)	2(4%)	0(0%)	0(0%)	0(0%)	21(10%)
Negative	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	21(10%)
Other	5(12%)	5(10%)	8(11%)	5(10%)	23(11%)	21(10%)

\*Statistically significant differences

There were no gender differences in any of the reported programs or activities making life in detention better.

### Removal schemes

Participants were asked if they had been considered for any type of removal/return scheme, and if yes, to indicate which ones choosing from an existing list. There was free text space to allow participants to add any other type of schemes not listed. The most frequent schemes listed overall were Assisted Voluntary Return 31% (n=17) and Facilitated Return Scheme 31% (n=17) (see table 21). There were no significant differences among the centres.

**Table 21: Removal Schemes**

<b>Removal schemes</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Has not been considered for removal scheme	26(63%)	36(69%)	51(68%)	31(61%)	144(66%)
Does not know if he/she has been considered for removal scheme	0(0%)	0(0%)	4(5%)	2(4%)	6(3%)
Has been considered for removal schemes	15(37%)	15(29%)	14(19%)	11(22%)	55(25%)
Missing	2(5%)	1(2%)	6(8%)	5(10%)	14(6%)

Participants were asked if they would like to participate in a removal/return scheme. They were also asked to clarify why they would want to or not want to participate in a removal/return scheme and finally, what would they need in order to return to their country of origin (see table 22). There were no significant differences among the centres.

**Table 22:** Desire to participate in removal scheme

<b>Would participate in Removal scheme</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Yes	9(22%)	7(14%)	8(11%)	4(8%)	28(13%)
No	32(78%)	45(87%)	65(87%)	46(90%)	188(86%)
Don't know	0(0%)	0(0%)	2(3%)	1(2%)	3(1%)

The reasons listed for not wanting to participate in a removal scheme were fear of being killed upon return, leaving family behind in the UK, having no ties or financial support at country of origin and fear of the deportation process itself.

When asked what they would need to resettle in their country of origin, participants were given a list of options from which they could chose 1 or more. There was a free text box where they could list other requirements (see table 23). Comparisons amongst the centres showed some statistically significant differences. Dover participants were more likely to require skills to resettle in the country of origin 29% (n=22) than Colnbrook participants 10% (n=5) and Yarl's Wood participants 12% (n=6). Colnbrook participants 21% (n=11) were more likely to not know what they need to settle in country of origin than Yarl's Wood 2% (n=1) and Dover participants 7% (n=5). There were no statistically significant gender differences.

**Table 23:** Required to settle in country of origin

<b>Visits</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
Education	8(20%)	5(10%)	19(25%)	11(22%)	43(20%)
Skills	8(20%)	<b>5(10%)*</b>	<b>22(29%)*</b>	<b>6(12%)*</b>	41(19%)
Financial support	21(51%)	13(25%)	33(44%)	22(43%)	89(41%)
The support of friends and family	9(22%)	5(10%)	19(25%)	8(16%)	41(19%)
The support of organisations	2(5%)	5(10%)	7(9%)	6(12%)	20(9%)
Help to find family	1(2%)	4(8%)	5(7%)	2(4%)	12(6%)
Don't know	4(10%)	<b>11(21%)*</b>	<b>5(7%)*</b>	<b>1(2%)*</b>	21(10%)
Other	4(10%)	11(21%)	10(13%)	10(20%)	35(16%)

\*Statistically significant differences

- **The Hopkins Symptoms Checklist (HSCL-D)**

The HSCL-D was administered to all participants. HSCL-D was developed to identify persons suffering from Depression and Anxiety. The original scale was developed in the early 1950s by a group of researchers at Johns Hopkins University in the USA. Since then the measure has been translated into many languages and used with a varied range of populations including individuals undergoing difficult life events (including war and torture), prisoners, detainees, and immigrants. The scale contains 15 items on depression and 10 on anxiety. Only 14 of the depression items were included in this study: the item on changes to sexual life was excluded because it was considered to be inappropriate for the context.

Depression is a mental disorder characterised by low mood, low self-esteem, diminished cognitive abilities, problems with sleep and appetite, and loss of interest in activities individuals used to enjoy before feeling depressed.

HSCL-D is a self-report measure (where the participants can read the questions themselves) but an interviewer can also administer it in a context where there is low literacy. The participants were asked to read a list of problems and complaints and select one of the descriptions (ranging between ‘not at all’ to ‘extremely’) that best described how much discomfort that problem had caused them in the past seven days. The list of problems included feeling low in energy, blaming themselves for things, crying easily, poor appetite, difficulty falling and staying asleep, feeling hopeless about the future, thoughts about ending their life, feeling trapped or caught, worrying too much about things, feeling no interest in things, feeling everything is an effort and feeling worthless. Participants had to indicate the level of discomfort for each problem (full details on the answers can be in the appendix for the whole sample and each centre in table 31 – 31d).

The scale is well developed and used in different languages with a variety of populations, including a handful of studies of current and former immigration detainees. As in our previous research in 2012 (Bosworth and Kellezi, 2012), reliability testing and factor analysis support the use of this measure with this population (see Appendix for more detail).

**The higher the mean the more the participants were likely to report experiencing the particular depression symptom. A mean of 1.75 or above is considered as a diagnosis of major depression. The majority 176 (80.4%) scored over 1.75 on HSCL-D overall.**

The high proportion of detainees who scored over 1.75 on the HSCL-D overall was one of the key findings of the survey. This result is similar to findings from research with individuals in detention in Norway and with refugees who had been detained upon arrival in Australia and our previous report using data collected in 2010-2012 from IRC Yarl’s Wood, Brook House and Tinsley House. Since our sample comes from a diverse cultural background, cultural differences in reporting of symptoms needs also to be investigated further.

The item ‘worrying too much about things’ had the highest mean for each centre, meaning the majority of the participants reported worrying quite a bit, or extremely. The other most frequently reported depression symptoms were, ‘feeling sad’, ‘difficulty falling and staying

asleep’, ‘feeling lonely’, ‘feeling of being trapped or caught’, ‘feeling low in energy’, and ‘slowed down’.

As expected, the lowest mean (i.e. the least frequently reported depression symptom) was ‘thoughts about ending your life’. Nonetheless, a considerable number of participants (16%; n=35) reported thinking about ending their life ‘extremely’ while 11.4% (n=25) reported thinking about ending their life ‘quite a bit’. Taking into account that not all participants were willing to report thinking about suicide for cultural reasons (in certain cultures these thoughts are associated with mental illness and stigmatised) or for privacy (did not want the researchers to report the information back to staff), the number 27.4% (n=60) is very high and worrying. Full results can be found in table 24, while individual means and standard deviations for each centre can be found in table 25. More detail about the individual responses for each item, and responses for each centre can be found in the Appendix.

**Table 24:** Full results of Hopkins Symptoms Checklist (HSCL-D)

<b>Item</b>	<b>Overall</b>	
	<b>Mean</b>	<b>SD</b>
Feeling low in energy, slowed down	2.7	1.1
Blaming yourself for things	2.2	1.2
Crying easily	2.1	1.1
Poor appetite	2.5	1.1
Difficulty falling, staying asleep	2.9	1.1
Feeling hopeless about the future	2.7	1.3
Feeling sad	3.0	1.1
Feeling lonely	2.9	1.3
Thoughts of ending your life	1.8	1.2
Feeling of being trapped or caught	2.8	1.3
Worrying too much about things	3.2	1.1
Feeling no interest in things	2.4	1.2
Feeling everything is an effort	2.5	1.1
Feelings of worthlessness	2.4	1.3
<b>% meeting depression criteria</b>	<b>80.4%</b>	

**Table 25:** Mean scores for each HSCL-D item across the sample.

Item	Campsfield House		Colnbrook		Dover		Yarl's Wood	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Feeling low in energy, slowed down	2.6	1.1	2.8	1.1	2.7	1.1	2.9	1.06
Blaming yourself for things	2.1	1.3	2.2	1.2	2.2	1.2	2.2	1.2
Crying easily	1.6	0.8	2.1	1.1	1.9	1.0	2.8	1.2
Poor appetite	2.0	1.1	2.5	1.2	2.5	1.1	2.7	1.1
Difficulty falling, staying asleep	2.5	1.2	3.1	1.1	3.0	1.2	3.1	1.0
Feeling hopeless about the future	2.4	1.3	2.6	1.3	2.7	1.3	2.9	1.2
Feeling sad	2.8	1.2	3.2	1.0	2.9	1.1	3.2	1.0
Feeling lonely	2.6	1.3	3.2	1.1	2.8	1.3	2.9	1.4
Thoughts of ending your life	1.7	1.1	1.7	1.0	1.9	1.2	2.0	1.4
Feeling of being trapped or caught	2.4	1.3	3.2	1.0	2.6	1.3	2.7	1.5
Worrying too much about things	3.2	1.1	3.4	1.0	3.1	1.1	3.2	1.0
Feeling no interest in things	2.3	1.2	2.5	1.2	2.4	1.2	2.7	1.2
Feeling everything is an effort	2.3	1.2	2.6	1.1	2.5	1.1	2.7	1.1
Feelings of worthlessness	2.3	1.3	2.3	1.3	2.4	1.3	2.7	1.2
<b>% meeting depression criteria</b>	<b>73.2%</b>		<b>82.7%</b>		<b>81.3%</b>		<b>83.7%</b>	

\*ANOVA analyses showed that there were no significant differences amongst the mean scores in the different centres.

## Correlations

Bivariate correlations, independent sample t-test or one-way between groups ANOVA were run among demographic data (age, gender), legal status (length of time in the UK, length of time in detention, prison sentence, previous detention, previous indefinite or temporary right/remain to enter in the UK, presence of immigration lawyer, application for asylum, bail, temporary admission, judicial review, review to EU court, removal directions), family (marital status, family members in the UK), current detention status (length of stay in detention, visits, hunger strike, removal form association, contact with family, contact with outside organisations, formal complaints, use of interpreter, ACDT plan) medical history (drug and alcohol misuse, health problems and concerns, medication), what they find useful, positive and negative in detention, and depression. The statistically significant results are reported in Table 26.

**Table 26:** Factors related to depression

<b>Groups of factors</b>	<b>The more depressed</b>	<b>The less depressed</b>
Demographic factors	Women Had health problems and concerns at the time Were taking medication at the time	Men No health problems or medication
Life in the UK	Had not lived long in the UK Had not been in prison prior to detention	Had lived longer in the UK Had been in prison prior to detention
Detention experience	Had been in detention longer Had been on hunger strike or food refusal Had used interpreters at the centre Had been on ACDT in that particular removal centre	Had not been long in detention
Legal history	Had applied for asylum (1 or 2 times but no more) Had applied for judicial review 1 or more times	Had not applied for asylum or had applied many times
Daily activities	Were not using the gym, religious services or practices, and did not spend time reading Reported doing nothing during the day or reported	Were using the gym, religious services or practices Spend time reading



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	negative feelings about daily life	
Reporting of positive aspects of detention	Could find nothing positive in the centre	Reported staff were a positive aspect of detention Found IT/library as a positive aspect
Programs or activities making life in detention better	Not reporting games, IT/library and gym as activities making life in detention better Reporting no programs or activities make life better	Found gym, games, IT/library, do make life in detention better.

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- **ACDT**

The participants were asked to indicate whether they had ever been on an ACDT plan whilst in detention. The results can be found in table 27. Overall, 16 participants reported being on ACDT plan, of whom 11 reported thinking about suicide. An additional 49 participants reported thinking about suicide but they were not on any ACDT plans.

This discrepancy is a concern, at the very least on the ability of IRC staff to recognise or identify such cases by using different methods of data collection. The more worrying issue is the potential to miss a high number of residents who need help. There was some indication during the qualitative data collection that residents preferred not to talk about self-harm/suicide because they found being ‘on the watch’ very invasive. It should be noted that a similar discrepancy was found in these matters in 2012 (Bosworth and Kellezi, 2012) but despite the problem having been identified there have been no changes implemented that we are aware of. Further research is needed both on how detainees feel about ACDT and whether there is a perception that the monitoring system is working effectively.

**Table 27: ACDT plans in each centre**

<b>ACDT plan</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
No, Never been on ACDT	31(76%)	46(89%)	60(80%)	40 (78%)	177(81%)
Yes, in this removal centre	2(5%)	3(6%)	1(1%)	4(8%)	10(5%)
Yes, in this and another removal centre	0(0%)	1(2%)	4(5%)	0(0%)	6(3%)
Yes, in another removal centre	2(5%)	1(2%)	2(3%)	1(2%)	5(2%)
Don't know/Missing	6(15%)	1(2%)	6(8%)	6(12%)	18(8%)

- **Problems with drug and alcohol**

Most participants reported no problems with drugs or alcohol. The results can be found in table 29. There were no significant differences amongst the different IRCs.

**Table 28: Drug and alcohol problems\***

<b>Drug and Alcohol Misuse</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>TOTAL</b>
No problem with either	34(83%)	47(90%)	62(83%)	45(88%)	188(86%)
Yes, only with drugs	0(0%)	2(4%)	3(4%)	1(2%)	6(3%)
Yes, both with drugs and Alcohol	0(0%)	1(2%)	3(4%)	0(0%)	4(2%)
Yes, only with alcohol	4(10%)	1(2%)	3(4%)	0(0%)	8(4%)
Missing	3(7%)	1(2%)	4(5%)	5(10%)	8(4%)
<b>TOTAL</b>	<b>41(100%)</b>	<b>52(100%)</b>	<b>75(100%)</b>	<b>51(100%)</b>	<b>219(100%)</b>

\*No statistically significant differences between the centres

The participants who answered yes were asked whether they needed help to detox from drugs or alcohol on arrival at the removal centre. Of those who reported drug and alcohol problems, most reported that they did not need any help and twenty eight percent (n=5) reported needing help with detoxing from drugs, alcohol or both.

- **Health problems and medication**

The participants were asked whether they had any health problems, and if they did, whether they were receiving medication, who prescribed the medication and how long had they been taking it. Forty-five percent (n=98) reported health problems, 54% (n=119) reported not having health problems and 8% (n=13) did not answer this questions. Among the most

frequent problems they listed were depression, other mental health problems, headaches and pain. One third 33% (n=69) of the participants reported using medication of which 44% (n=30) were prescribed by their GP, 25% (n=17) by centre doctors and 26% (n=18) by a prison doctor. That 45% of the sample perceived they had poor health suggests that further research should be done on this topic by a medical health professional.

## SECTION B

### MEASURE OF THE QUALITY OF LIFE IN DETENTION

- **What is it measuring?**

The participants were asked to complete the quality of life in detention questionnaire. The questionnaire has a number of subscales measuring their perceptions of:

- **Dignity:** An environment characterized by kind regard and concern for the person that recognizes the value and humanity of the individual
- **Safety:** The feeling of security or protection from harm, threat and danger
- **Staff decency:** The extent to which staff are considered reasonable and appropriate
- **Staff Help and Assistance:** Support and encouragement given by officers
- **Distress:** Feelings of severe emotional disturbance
- **Healthcare:** Feeling and believing they are receiving and have access to good healthcare (doctors, nurses, dentists) and that doctors believe their medical concerns.
- **Immigration Organisation and Consistency:** The clarity, predictability and reliability of the immigration system
- **Immigration procedural fairness:** The perceived impartiality and legitimacy of immigration officers
- **Communication and autonomy:** Detainees' feelings of agency and self-determination
- **Care for vulnerable:** Feeling and believing that the removal centre helps victims of rape, domestic violence, torture, and those who attempt suicide and self-harm.
- **Drugs:** Feeling and believing drugs are being used and that there are problems related to drugs in the centre.

The questionnaire showed a satisfactory level of reliability. A number of items did not fit within the dimensions of interest so they were deleted if they were not considered essential. Dimensions on regime and uncertainty require further development. All items have been reversed to ensure that all the statements appear either positive or negative within the scale (all reversed statements are indicated with (R)). When calculating the mean and standard deviation, the cases where respondents either failed to answer or simply replied that the issue was not applicable to them were excluded from analysis.

- **How to understand the results?**

The range of the scores is 1-5. An item closer to 5 signifies that most participants agreed with the statement. Those which score closer to 1 show that most participants did not agree with the statement. The higher the average score is above 3 the more likely were the participants to have agreed with the statement and the lower it is below 3 the more likely it is for the participants to have disagreed with the statement.

## **RESULTS**

The following table (table 30) provides the means (averages) and standard deviations for each theme across all 219 participants as well as for the full dimension. The means of the dimensions are highlighted in bold.

- **Dimensions**

There was a high variability in the evaluation of each dimension. Those aspects of life in detention about which the highest number of detainees were positive (i.e. statements with which the higher proportion of detainees mostly agreed) related to staff decency, safety, and communication and autonomy (see table 29). That is to say, 40% of detainees mostly agreed that officers acted towards them in a reasonable and appropriate fashion, while 17% mostly disagreed that staff were decent. Thirty-seven percent reported they mostly felt safe while 12% reported that they mostly felt unsafe. Thirty-seven percent mostly agreed that they (the detainees) had agency and self-determination, and 20% mostly disagreed.

Those aspects of life in detention about which the highest number of detainees were negative (i.e. statements with which the higher proportion of detainees mostly disagreed) related to the recognition of their value and humanity as individuals, the procedural fairness of the immigration staff and the consistency and organisation of the immigration system. Specifically, 41% of detainees in this sample reported that they did not feel that the IRC in which they were held was characterised by kind regard and concern for the person that recognised their value and humanity as an individual. This dimension on ‘dignity’, points to a sizeable legitimacy deficit among the confined. So, too, 40% of detainees did not feel that immigration officers were impartial or legitimate (immigration procedural fairness dimension). The same proportion (i.e. 40%) also did not believe the immigration system was clear, predictable or reliable (immigration organisation and consistency dimension).

Many participants had mixed opinions about the dimensions, agreeing with some aspects but not others. The individual answers for each question within the dimension can be found in table 33. The individual answers suggest aspects of the quality of life in detention that require improving.

**Table 29:** Level of agreement with each dimension of MQLD questionnaire

<b>Dimensions</b>	<b>Mostly disagree with</b>	<b>Neither agree or disagree</b>	<b>Mostly agree with</b>
Treatment is dignified	41%	41%	16%
Staff are decent	17%	34%	40%
Staff are helpful and assist	35%	41%	19%
Immigration is organized and consistent	40%	23%	34%
Immigration procedures are fair	47%	28%	18%
Feel safe	12%	40%	37%
Centres cares for vulnerable	36%	16%	20%
Healthcare is good	38%	28%	22%
Positive			
Communication and autonomy	20%	34%	37%
Distress exists	31%	35%	33%
Drugs are a problem	35%	8%	6%

**Table 30:** The mean scores for the whole sample and for each IRC.

<b>Theme</b>	<b>Item</b>	<b>M</b>	<b>SD</b>
<b>Dignity (.72)</b>	<b>TOTAL</b>	<b>2.69</b>	<b>0.77</b>
	2.I am being treated as a human being in here (R)*	3.14	1.24
	4.The quality of my living conditions is good (R)	2.45	1.17
	6.In this removal centre they care about me, they don't just want me deported (R)	2.50	1.13
	5.The food at this centre is good	2.34	1.17
	29.This centre helps me stay in contact with my family	2.80	1.27
	37.Racist comments by staff are rare in this removal centre	3.22	1.25
	20.There is enough to do at this centre (R)	2.24	1.16
<b>Staff decency</b>	<b>TOTAL</b>	<b>3.22</b>	<b>0.80</b>
	1.Most officers here are kind to me	3.37	1.09
	7.Most officers address and talk to me in a respectful manner.	3.51	1.01
	14.Most staff members in this centre are honest and truthful	2.92	1.14
	30.Most staff here treat detainees fairly when applying the centre rules (R)	2.85	1.18
	44.On the whole, relationships between officers and detainees in this centre are good	3.32	1.00
	46.Personally, I like most of the officers here (R)	3.26	1.16
	<b>TOTAL</b>	<b>2.72</b>	<b>0.88</b>
<b>Staff Help &amp; Assistance</b>	10.I have been helped significantly by an officer in this centre with a particular problem	3.15	1.06
	57.Officers help me to remain hopeful about my immigration asylum case here.	2.39	1.11
	45.I can always get help from an officer when I need it	3.27	1.05
	<b>TOTAL</b>	<b>2.87</b>	<b>1.23</b>
<b>Immigration Organisation &amp; Consistency</b>	59.I feel it is possible to make progress in my immigration asylum case (R)	2.63	1.20
	34.I know what is happening with my immigration/asylum case (R)	2.99	1.43
	33.I am confident I will succeed in my immigration asylum case (R)	2.99	1.43
	<b>TOTAL</b>	<b>2.58</b>	<b>0.92</b>
<b>Immigration procedural fairness</b>	31.Most of the immigration staff at this centre are good at explaining the decisions that concern my immigration/asylum case	2.55	1.18
	9.Most immigration staff treat me with respect and listen to me properly	2.80	1.30

	3. Most of the immigration staff here show concern and understanding towards me	2.56	1.27
	16. I trust most of the immigration staff in this centre	2.27	1.21
	18. I don't have to be careful about everything I do in this center or it can be used against me in my immigration case (R)	2.16	1.06
	32. Immigration staff treat all the detainees the same in this removal centre, no matter where they are from	3.16	1.16
<b>Safety</b>	<b>TOTAL</b>	<b>3.28</b>	<b>0.70</b>
	8. Most detainees do address and talk to each other in a respectful manner. (R)	3.47	1.00
	23. The other detainees do not threaten or bully me (R)	3.91	0.97
	38. Detainees from different nationalities get along well in here	3.55	1.07
	39. Detainees from different religions get along well in here (R)	3.51	1.06
	17. I trust most of the other detainees at this centre (R)	3.04	1.09
	19. I feel safe in this Removal Centre (R)	2.92	1.21
<b>Care Vulnerable</b>	<b>TOTAL</b>	<b>2.61</b>	<b>1.10</b>
	12. This centre helps people who have been victims of rape or domestic violence get the care they need	2.39	1.16
	26. Anyone who harms themselves or attempts suicide gets the care and help from staff that they need.	3.04	1.23
	13. This centre helps people who have been victims of torture get the care they need	2.24	1.18
<b>Healthcare</b>	<b>TOTAL</b>	<b>2.78</b>	<b>0.91</b>
	40. Healthcare provision here is as good as I would expect to receive outside	2.39	1.17
	41. I can usually see a doctor within a reasonable amount of time	2.54	1.18
	11. I feel cared for by the staff in the healthcare unit (R)	3.03	1.26
	42. I can see a dentist within a reasonable amount of time (R)	2.47	1.31
	43. The nurses in this removal centre look after me	3.04	1.18
	15. The doctors here believe me when I tell them about my health problems (R)	2.91	1.29
<b>Communication &amp; autonomy</b>	<b>TOTAL</b>	<b>3.20</b>	<b>0.76</b>
	24. People who don't speak English don't have a hard time in here (R)	1.96	1.03
	22. To get things done in this removal centre you don't have to ask and ask and ask (R)	2.44	1.17
	48. It is easy to get a translator when I need one (R)	2.85	1.29
	49. I find it easy to make myself understood to immigration staff here.	2.97	1.31
	50. I always understand what the officers are telling me (R)	3.47	1.15
<b>Distress</b>	<b>TOTAL</b>	<b>3.03</b>	<b>0.87</b>



	53.I have difficulty falling asleep at night (R)	3.69	1.30
	54.I wake up a lot during the night	3.86	1.15
	25.Since I arrived at this centre, I have thought about killing myself	2.23	1.31
	27.I have cut or hurt myself at this centre (R)	1.78	1.10
	55.I have regular bad dreams	3.54	1.32
<b>Drugs</b>	<b>TOTAL</b>	<b>2.29</b>	<b>1.06</b>
	62.The level of illegal drug use in this removal centre is quite high.	2.65	1.13
	64.Illegal drugs cause a lot of problems between detainees in here	2.51	1.26
<b>Stand Alone</b>	21.I spend most of my day in my room	3.18	1.22
	28.I receive enough visits in this centre (R)	3.05	1.24
	35. If you do something wrong in this removal center officers do something (R)	3.86	0.89
	47.I have real good friends in this removal centre (R)	3.05	1.20
	52.When I am feeling really upset, there is someone here I can talk to.	2.84	1.27
	56.I am exited/ happy about the future	2.71	1.40
<b>Deleted</b>	36. I don't know how long I will be here		
	60 I am ready to go back		
	61 I am learning skill is here that will help with life after release		
	63.This removal centre is not good at improving the wellbeing of detainees who have drug problems. (R)		
	51.The Induction process in this removal centre helped me to know what to expect each day		
	58.The other detainees help me to remain hopeful		

\*(R) Indicate the item needs to be reverse scored for analysis purposes. The practice of wording questions in a positive or negative suggestion allows for more reliable data collection.

## Comparisons among the four centres on MQLD dimensions

The four IRCs were compared using ANOVA to test if there were any differences in detainee perceptions of the main themes measured by the questionnaire. The results can be found in table 17. There were a number of differences between the four IRCs but often the differences existed between two centres rather than four. Results for each dimension can be found in table 29 and the significant differences are outlined as follows:

**Table 30:** Mean scores for each dimension across the four centres.

<b>Dimension*</b>	<b>Campsfield House</b>	<b>Colnbrook</b>	<b>Dover</b>	<b>Yarl's Wood</b>	<b>Total</b>
Treatment is dignified	3.15(0.64)	2.65(0.63)	2.46(0.80)	2.69(0.82)	2.69(0.77)
Staff are decent	3.68(0.57)	30.8(0.69)	3.04(0.81)	3.26(0.91)	3.22(0.80)
Staff are helpful and assist	3.42(0.72)	2.44(0.73)	2.62(0.92)	2.60(0.80)	2.72(0.88)
Immigration is organized and consistent	3.15(1.29)	2.90(1.15)	2.65(1.28)	2.94(1.19)	2.87(1.23)
Immigration procedures are fair	3.04(0.96)	2.35(0.80)	2.39(0.86)	2.70(0.96)	2.58(0.92)
Safety	3.73(0.52)	3.25(0.60)	3.06(0.77)	3.28(0.64)	3.28(0.70)
Care for vulnerable	3.40(0.84)	2.55(10.4)	2.43(1.15)	2.44(1.07)	2.61(1.10)
Healthcare	3.30(0.97)	2.51(0.75)	2.81(0.89)	2.58(0.87)	2,78(0.91)
Communication and autonomy	3.60(0.67)	3.21(0.73)	3.01(0.77)	3.15(0.72)	3.20(0.76)
Distress	2.66(0.89)	3.09(0.83)	3.10(0.88)	3.14(0.82)	3.03(0.87)
Drugs	2.04(1.16)	2.33(1.00)	2.42(1.08)	2.20(1.00)	2.29(1.06)

*\*The range of the scores is 1-5. An item closer to 5 signifies that most participants agreed with the statement. Those which score closer to 1 show that most participants did not agree with the statement.*

In almost all dimensions Campsfield House participants were more positive about staff, the centre and immigration staff compared to the other 3 centres. The differences between the centres supports the value of the MQLD, and its potential use in monitoring the quality of life in different IRCs.

**Dignity:** Participants in Campsfield House had statistically higher means of the dignity dimension compared to the other 3 centres.

**Safety:** Participants in Campsfield House had statistically higher means of the safety dimension compared to the other 3 centres.

**Staff decency:** Participants in Campsfield House had statistically higher means of the staff decency dimension compared to the other 3 centres.

**Staff Help and Assistance:** Participants in Campsfield House had statistically higher means of the staff help and assistance dimension compared to the other 3 centres.

**Distress:** Participants in Campsfield House had statistically lower means of the distress dimension compared to the other 3 centres.

**Healthcare:** Participants in Campsfield House had statistically higher means of the healthcare dimension compared to the other 3 centres.

**Immigration Organisation and Consistency:** Participants in Campsfield House had statistically higher means of the immigration organization and consistency dimension compared to the other 3 centres.

**Immigration procedural fairness:** Participants in Campsfield House had statistically higher means of the immigration procedural fairness dimension compared to the Dover and Colnbrook participants.

**Communication and autonomy:** Participants in Campsfield House had statistically higher means of the communication and autonomy dimension compared to the other 3 centres.

**Care for vulnerable:** Participants in Campsfield House had statistically higher means of the care for the vulnerable dimension compared to the other 3 centres. Although this is an important issue to include in the measure, a significant proportion of participants were not able to answer this question (26%).

**Drugs:** There were no statistical differences among the centres in detainee perceptions levels of drug use and problems related to it in the centre.

## **Relationships between MQLD dimensions**

Pearson correlations were conducted between Quality of Life in detention questionnaire (MQLD). Correlation analysis does not allow testing causation, so it is not possible to establish if one of the scores in any of the dimension influences the scores in the other dimensions. Instead, correlation analysis tests if there are any relationships between the different dimensions.

All of the dimensions trying to measure positive aspects of life in detention are significantly related to each other (including dignity, safety, staff decency, staff health and assistance, Healthcare, Immigration organisation and consistency, immigration procedural fairness, communication and autonomy and care for the vulnerable). This means that those agreeing with one dimension also agree with the others.

Distress (which is measuring the presence of a problem) is negatively related to all the positive dimensions, meaning those who were distressed reported fewer positive dimensions in the centre. Similarly, the drug dimension is measuring the presence of a problem. As a results those reporting more drug problems were more negative about safety and communication and autonomy.

The statistical correlations among the dimensions highlights the interconnection between the different aspects of daily life within the same centres, where positive work and strength in one field can be related to the others.

### **Relationships between the MQLD dimensions and depression**

Those who were less depressed provided more positive evaluations of healthcare, dignity, safety, staff decency, immigration organisation and consistency, immigration procedural fairness, communication and autonomy, care for vulnerable, and staff help and assistance.

As expected, those who were more depressed were also more distressed and reported higher drug issues in the centres.

### **Relationships between the MQLD dimensions and demographic characteristics**

Pearson correlations were conducted between some important demographic, familial, legal, immigration and history, health questionnaire and Quality of Life in detention questionnaire (MQLD).

#### **Application for asylum**

Those who reported they had applied for asylum had lower mean scores for immigration procedural fairness and communication and autonomy dimensions.

#### **Used interpreters**

Those who had used interpreters/translation services in the centre and thus were likely to speak less English, had lower mean scores for healthcare, dignity, immigration organisational consistency, communication and autonomy and were more distressed.

#### **Health problems**

Those who reported having health problems had lower mean scores for healthcare, dignity, immigration procedural fairness, and were more distressed.

#### **Ex-prisoners**

Former prisoners felt less distressed.

#### **Length of stay in detention**

Those who had stayed longer in detention had lower mean scores for healthcare, dignity, safety, staff decency, immigration procedural fairness, communication and autonomy, care for the vulnerable and staff help and were more distressed.

### **Relation between MQLD dimensions and MQLD stand alone items.**

#### **I spend most of my day in my room.**

Spending time in one's room was negatively related to mean scores in healthcare, dignity, safety, staff decency, immigration organisation and consistency, procedural fairness, communication and autonomy, care for the vulnerable and staff help. As expected, those who spend more time in their rooms reported being more distressed and reported that there were drug problems in the centre.

#### **I don't receive enough visits in this centre.**

Not receiving enough visits was negatively related to mean scores of dignity, staff decency, and communication and autonomy dimensions.

#### **If you do something wrong in this removal centre officers do nothing**

Responses to question on punishment if detainees do something wrong was negatively related to mean score for communication and autonomy and positively related to drugs dimension.

#### **I have no real good friends in this removal centre**

Responses to the question of having real good friends in detention were negative related to mean score of dignity, safety, staff decency, communication and autonomy, and positively related to distress and drugs dimensions.

#### **When I am feeling really upset, there is someone here I can talk to.**

The responses to question of having someone to talk to when really upset were positively related to mean scores on healthcare, dignity, safety, staff decency, immigration organisational consistency, immigration procedural fairness, communication and autonomy, care for the vulnerable and staff help. The answers were also negatively related to distress.

#### **I am excited/ happy about the future**

The scores on being excited/happy about the future are positively related to mean scores on dignity, healthcare, safety, staff decency, immigration organisational consistency, immigration procedural fairness, communication and autonomy, care for the vulnerable and staff help. They are also negative related to distress.

In conclusion, all the individual items seem to be strongly related to other dimensions and could be important in measuring quality of life in detention.

## APPENDIX

### Hopkins symptom Checklist for Depression (HSCL-D)

Reliability analysis (Cronbach's alpha) and Principal component analysis were conducted on HSCL-D with this sample.

- **Reliability Analysis**

Reliability (testing if there is consistency in the answers of the questions which aim to measure the same construct) was tested and it was very high Cronbach's alpha  $\alpha=.93$  (acceptable levels are equal or above .70).

- **Principal component analysis**

The 14 items of the Hopkins Symptom Checklist for depression were subjected to principal component analysis (PCA). The aim of PCA is to find patterns in the data. PCA was considered suitable because correlation matrix revealed the presence of many coefficients above .3, Kaiser-Meyer-Okin values was .93 (above recommended .60) and the Barlett's Test of Sphericity reached statistical significance.

PCA revealed the presence of one component with eigenvalues exceeding 1, explaining 52.3% of the variance. An inspection of the screeplot revealed a clear break after the first component supporting the retention of only the first component. The presence of one strong factor and its interpretation is consistent with previous research using HSCL-D.

Frequencies of responses on each of the Hopkins Symptoms checklist items can be found in table 31. The responses for IRC Yarl's Wood can be found in table 31a, for IRC Colnbrook in table 31b, for IRC Dover in table 31c and for IRC Campsfield in table 31d.

**Table 31:** Frequency of response and percentage for each HSCL-D item on the whole sample

<b>Item</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Quite a bit</b>	<b>Extremely</b>	<b>Missing</b>
Feeling low in energy, slowed down	15%	24%	28%	29%	4%
Blaming yourself for things	40%	19%	16%	22%	4%
Crying easily	41%	26%	14%	17%	2%
Poor appetite	25%	25%	23%	24%	4%
Difficulty falling, staying asleep	14%	21%	18%	43%	5%
Feeling hopeless about the future	28%	14%	14%	42%	3%
Feeling sad	13%	17%	22%	45%	2%
Feeling lonely	18%	16%	14%	49%	3%
Thoughts of ending your life	58%	12%	12%	16%	2%
Feeling of being trapped or caught	23%	13%	16%	45%	4%
Worrying too much about things	11%	13%	18%	55%	3%
Feeling no interest in things	28%	22%	22%	25%	4%
Feeling everything is an effort	21%	27%	22%	26%	6%
Feelings of worthlessness	36%	13%	17%	30%	3%

**Table 31a:** Frequency of response and percentage for each HSCL-D item at IRC Campsfield House

<b>Item</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Quite a bit</b>	<b>Extremely</b>	<b>Missing</b>
Feeling low in energy, slowed down	17%	27%	29%	24%	2%
Blaming yourself for things	51%	7%	17%	22%	2%
Crying easily	54%	32%	7%	5%	2%
Poor appetite	44%	20%	17%	15%	5%
Difficulty falling, staying asleep	27%	22%	20%	27%	5%
Feeling hopeless about the future	39%	12%	12%	34%	2%
Feeling sad	24%	12%	24%	39%	0%
Feeling lonely	34%	12%	17%	37%	0%
Thoughts of ending your life	68%	10%	7%	15%	0%
Feeling of being trapped	39%	15%	10%	37%	0%



or caught					
Worrying too much about things	15%	10%	15%	59%	2%
Feeling no interest in things	32%	24%	20%	22%	2%
Feeling everything is an effort	34%	20%	20%	20%	7%
Feelings of worthlessness	42%	17%	10%	29%	2%

**Table 31b:** Frequency of response and percentage for each HSCL-D item at IRC Colnbrook

<b>Item</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Quite a bit</b>	<b>Extremely</b>	<b>Missing</b>
Feeling low in energy, slowed down	17%	17%	33%	33%	0%
Blaming yourself for things	39%	25%	12%	25%	0%
Crying easily	35%	35%	14%	17%	0%
Poor appetite	29%	23%	19%	27%	2%
Difficulty falling, staying asleep	10%	23%	14%	52%	2%
Feeling hopeless about the future	31%	19%	6%	44%	0%
Feeling sad	8%	19%	23%	50%	0%
Feeling lonely	10%	21%	10%	60%	0%
Thoughts of ending your life	64%	17%	10%	10%	0%
Feeling of being trapped or caught	6%	17%	21%	54%	2%
Worrying too much about things	8%	14%	14%	64%	2%
Feeling no interest in things	27%	25%	19%	27%	2%
Feeling everything is an effort	19%	29%	25%	27%	0%
Feelings of worthlessness	42%	12%	17%	29%	0%

**Table 31c:** Frequency of response and percentage for each HSCL-D item at IRC Dover

<b>Item</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Quite a bit</b>	<b>Extremely</b>	<b>Missing</b>
Feeling low in energy, slowed down	15%	28%	31%	25%	1%
Blaming yourself for things	36%	23%	17%	21%	3%
Crying easily	51%	24%	15%	11%	0%
Poor appetite	19%	27%	32%	21%	1%
Difficulty falling, staying asleep	16%	15%	23%	45%	1%
Feeling hopeless about the future	25%	12%	17%	44%	1%
Feeling sad	13%	20%	25%	40%	1%
Feeling lonely	20%	15%	17%	45%	3%
Thoughts of ending your life	56%	13%	12%	17%	1%
Feeling of being trapped or caught	28%	12%	17%	40%	3%
Worrying too much about things	12%	12%	23%	52%	1%
Feeling no interest in things	32%	19%	17%	21%	1%
Feeling everything is an effort	19%	28%	24%	25%	4%
Feelings of worthlessness	39%	9%	24%	27%	1%

**Table 31d:** Frequency of response and percentage for each HSCL-D item at Yarl's Wood IRC

<b>Item</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Quite a bit</b>	<b>Extremely</b>	<b>Missing</b>
Feeling low in energy, slowed down	10%	24%	20%	33%	14%
Blaming yourself for things	37%	18%	16%	20%	10%
Crying easily	21%	16%	18%	37%	8%
Poor appetite	16%	28%	18%	31%	8%
Difficulty falling, staying asleep	4%	26%	16%	43%	12%
Feeling hopeless about the future	20%	12%	20%	41 %	8%
Feeling sad	8%	16%	16%	53%	8%
Feeling lonely	12%	16%	10%	55%	8%
Thoughts of ending your life	47%	8%	16%	22%	8%

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Feeling of being trapped or caught	20%	8%	12%	51%	10%
Worrying too much about things	8%	16%	20%	49%	8%
Feeling no interest in things	22%	20%	2%	31%	10%
Feeling everything is an effort	14%	28%	18%	29%	12%
Feelings of worthlessness	22%	18%	14%	37%	10%

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## Measure of the quality of life in detention.

Reliability analysis (Cronbach's alpha scores) and Principal Component Analysis (PCA) were conducted on the MQLD with this sample.

- **Reliability Analysis**

Reliability (testing if there is consistency in the answers of the questions which aim to measure the same construct) was tested and it informed the selection of the subscales in the questionnaire. The results for each subscale are presented in the table 32. Acceptable levels are equal or above .70. Only one scale (communication and autonomy) were just below this value and all the rest were above. A number of items did not fit in any of the dimensions and they were either deleted or retained due to their theoretical importance. The scale can be developed further in the future and these individual items can serve as basis for developing further dimensions. The list of the retained items can also be found in table 33.

**Table 32:** Cronbach's alpha scores for each dimensions of HSCL-D

<b>SCALE DIMENSIONS</b>	<b>Cronbach's alpha</b>
Dignity	.75
Staff decency	.82
Staff help and assistance	.73
Immigration organization and consistency	.73
Immigration procedural fairness	.85
Safety	.72
Care for vulnerable	.74
Healthcare	.78
Communication and autonomy	.66
Distress	.72
Drugs	.78

- **Principal component analysis**

The 64 items of the Measure of Quality of life in Detention were subjected to principal component analysis (PCA). It was not possible to include all items together in one analysis due to the relatively small sample. The choice of items to be included in the dimensions was guided by the theoretical framework, the dimensions used in the MQPL on which the MQLD is based, qualitative research conducted by the authors in conjunction with the questionnaire, reliability and PCA analysis results.

Based on the above, all items relating to staff, immigration, healthcare, decency, safety, communication and autonomy, and distress were subjected to PCA. PCA can identify how to group a number of items. If items load mostly on one factor than all the items loading highly on that factors can be retained within the same dimension. If items load on two factors, this suggests dividing the items loading on the two factors in two dimensions. Items on centre

staff (now grouped under staff decency) loaded mostly on the first factor, and other items relating to centre staff loaded on other factors (now grouped as staff help and assistance). Items on immigration staff and immigration status loaded mostly on two factors and are now separated in two subgroups (Immigration procedural fairness and immigration organisation and consistency). Items on ‘decency’ ‘care for the vulnerable’, “drugs”, ‘healthcare’, ‘communication and autonomy’ and ‘distress’ loaded mostly on one factor so they were retained within those dimension.

- **Individual responses for each MLQD statement.**

The individual responses for each item on quality of life in detention questionnaire have been included in table 33. All the items have been reverse scored to reflect what the dimension is measuring overall so that comparisons can be made between the different statements within the same dimensions.