

Developing a Measure of the Quality of Life in Detention¹
Mary Bosworth and Blerina Kellezi
University of Oxford

Introduction

Over the past ten years, the size of the immigration detention population in the UK has grown steadily. Though small in proportion to the numbers in prison, the sum of people in detention has expanded from a capacity of 250 in 1993 to more than 10 times that number today (Bacon 2005; Home Office 2012). Most detainees are held in one of ten Immigration Removal Centres, with about 100 individuals placed in short term holding facilities at ports.² These removal centres are typically located in the South of the country near Gatwick and Heathrow airports, although there is one centre in Scotland, IRC Dungavel.

Despite considerable public and political debate about such places, IRCs have not been the subject of much independent academic research. As a result, and in contrast to prisons, where there is an extensive scholarly tradition of investigation, almost all of what we know about the day-to-day life of detention centres is produced by NGOs and the occasional journalist. Work of this kind, particularly that produced by the HM Prison Inspectorate and the IMB, that is based largely on detainee perspective tells us a great deal. In this article we hope to add to that material by describing findings from the first national study of life in detention (see also Bosworth, 2012; Bosworth, forthcoming). Specifically we will detail emerging findings from a survey measure that we designed and tested between November 2009 – June 2011 (for the full report please see Bosworth and Kellezi, 2012).

Notwithstanding hard work from a number of individual removal centre and UKBA staff, the survey reveals worrying levels of depression among detainees and ongoing concerns about healthcare and regime provision. Detainees appear to differentiate among the centres on various parameters, while certain groups in all centres are more negative about their quality of life than others. On the positive side, most detainees perceive their treatment by custodial staff positively, although the same cannot be said about their views on immigration staff.

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² Additional numbers are held post-sentence in prison or in police cells awaiting transfer to an IRC (Vine, 2010).

The questionnaire is an adaptation of the Measure of Quality of Prison Life (MQPL) (Liebling, 2004) that has been developed for use in immigration removal centres. As such it seeks to measure detainee perceptions of a range of aspects of life in detention as well as the progress of their immigration case, their mental health and their quality of life. This is the first time it has been systematically applied. As such, its findings are preliminary. However, some important issues have been identified which 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.

Overview

Between November 2009 and June 2010 Mary Bosworth designed, tested and piloted the Measure of the Quality of Life in Detention (MQLD) survey in IRC Campsfield House and IRC Colnbrook. From August 2010 – June 2011, working together with Blerina Kellezi, she further refined it in IRCs Yarl's Wood, Brook House and Tinsley House where it was administered to 158 men and women. This article refers to that data.³

As is standard practice with survey administration, the respondents were anonymized and their responses were not independently verified. Not only would it have been difficult to check without betraying the identity of the participants, thus breaching their confidentiality, but, for much of the information -- like time in the UK (at least for the undocumented), contact with family and friends, medical concerns etc -- there would have been no independent consistently reliable sources in any case. Though efforts were made to obtain a wide-ranging and random sample, we do not claim that the participants were statistically representative of the whole detained population. Indeed, we are aware that, given that the majority of surveys were completed in English, non-English speakers are under-represented. On other parameters, however, e.g. in terms of the proportion of ex-prisoners, or in the numbers who had at some point claimed to have applied for asylum, the sample reflects the overall distribution of the total population. In the future we hope to translate the survey into high-frequency languages and to make greater use of interpreters.

The first half of the MQLD records a number of self-reported demographic variables including age, nationality, marital status, history of imprisonment, immigration status and addiction. It asks respondents to disclose 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-

³ 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 as appropriate including correlations, ANOVA, Chi-Square and regression. Internal reliability and Principal Component Analyses were conducted on the health scale and quality of life questionnaire suggesting that both measures can be used with this population.

List (HSCL-D).⁴ The second part of the questionnaire measures views of the 'quality of life in detention'. This section is divided into 12 dimensions addressing detainee perceptions of humanity, staff decency, immigration trust, immigration procedural fairness, relation to other detainees, care for vulnerable, relationships, healthcare, communication, isolation, distress, and drugs. It includes individual statements measuring perceptions of regime, racism, and visits 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.

In less than one third of the total 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 the residents' low literacy rates and their mixed levels of proficiency in English. The remaining participants preferred to read the questionnaire themselves next to the researcher or in the privacy of their own rooms and at their own 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.

Prior to completing the questionnaire, all participants were given an information sheet and a consent form to read, or had these read aloud to them by the researcher. Detainees at this stage were informed that if they told us of any plan to self-harm or harm others that we would pass that information onto staff. All participants were given the option to sign the consent form though no attempts were made to persuade the participants to sign it if they were hesitant to do so. Verbal consent was obtained from all participants.

Most questionnaires were administered in English. One was administered in Turkish, two in Eritrean, one in Arabic with the help of one of the other detainees. Three were administered in Albanian by one of the researchers. Though it was translated into Mandarin, Mandarin speakers chose to complete it in English.

Different strategies of recruitment were used in the three centres: in IRC Yarl's Wood and IRC Tinsley House 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 free access in these two centres to all parts of the building, carrying keys in Yarl's Wood and a security pass in Tinsley House. In contrast, in IRC Brook House the majority of the participants were selected at random by UKBA staff from each housing unit and called to the legal corridor for interview. The researchers did not draw keys and spent only a relatively short period of time on one residential unit. This strategy yielded a small proportion of recruits with most who were called simply failing to show up.

⁴ 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 this study had 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 retained in this study measured depression.

Main findings

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 participated in activities in the centre, but many others found being in detention very difficult and could not take part in any of the activities on offer. Some found support in each other while others felt isolated and rarely left their rooms.

The level of distress among the survey population was very high with four-fifths of the respondents, 82.9% (n=131), classified in the abbreviated form of the HSCL-D with depression. This result reflects similar findings in other jurisdictions, e.g. with detainees in Norway (Coffey et al, 2010) and with former detainees in Australia (Steel et al, 2011). Those who were more depressed were more likely to have been in detention longer, to have applied for asylum, to have refused food in protest, to be out of contact with their family and to report health problems. There were no significant differences between the overall scores (means) of depression among the removal centres. Notwithstanding such high rates of depression on the HSCL-D scale, the current ACDT plan did not extend to all participants who reported 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.

In the second part of the survey most detainees perceived custodial staff members to be honest and kind, could understand what staff told them and could communicate with them easily. They also felt that detainees in that particular removal centre trusted and respected each other, that there were good relations between custodial staff members and detainees, and that there were no drug problems. On the other hand, most participants did not trust immigration staff and they also did not feel that the removal centre cared for the vulnerable (including those who could not speak English, or who were victims of torture or domestic violence).

The survey suggests that there are five key dimensions to detainee perceptions of the quality of life in detention relating to depression, distress, isolation and quality of relationships. Those five dimensions were: humane treatment, staff decency, immigration trust, immigration procedural fairness and healthcare. In other words, those who (a) believed they were treated more humanely, (b) believed staff were honest, fair and treated them with respect, (c) trusted immigration, (d) felt they knew what was happening with their immigration case and that immigration staff explained their case to them (e) believed that they had better healthcare, were less depressed (HSCL-D), distressed, isolated and had better relationships (with officers and other detainees).

There were some differences among the centres for certain dimensions. Overall, for example, residents in IRC Brook House felt they were treated less humanely than residents in either Yarl's Wood or Tinsley House. They also reported higher levels of dissatisfaction with the healthcare than did residents in Tinsley House

or Yarl's Wood. Brook House detainees were more critical of the custodial staff too, reporting that they were less honest and fair and treated them with less respect than similar measures by IRC Yarl's Wood detainees. Brook House detainees felt they understood less what was being communicated to them by staff, and found it harder to make themselves understood than those in Yarl's Wood and Tinsley House.

In all three centres, those detainees who reported health problems also perceived immigration and IRC staff to be less helpful and sincere than those detainees who were healthy. They trusted immigration and custodial staff less, and felt more isolated than their healthy peers. Those who had family in the UK felt they could understand what was being communicated to them by staff, and found it easier to make themselves understood. Those who had stayed longer in detention felt treated less humanely, believed custodial staff members were less honest and fair, thought the centre did not care for the vulnerable, and were most critical about healthcare in detention.

There were also some differences among specific groups of detainees. Those who had applied for asylum, for instance, were in general terms more negative about most aspects of detention. This population was more distressed and depressed, felt treated less humanely, trusted immigration less, felt and believed that immigration officers neither listened to them nor explained their case to them. This group also felt that they did not understand what was happening in their immigration case nor that could they make progress in it.

Former prisoners had more negative perceptions about levels of communication. Specifically, compared to those who had not served a prison term, ex-prisoners were more likely to report that the induction process was not as good at explaining what to expect each day. They also could not understand what staff were telling them or could not communicate what they wanted to staff. The longer the prison sentence they had served, the less ex-prisoners felt that induction was good and the less they felt they were understood by officers or were able to communicate with them. The authors found during their qualitative work that ex-prisoners continually compared prisons with immigration removal centres. Their views on the induction process may in this case have reflected their comparison of it with the prison induction process.

Similarly, their views on communication with staff may have been relative to their experience of communicating with prison officers. This issue needs to be investigated further.

When participants were asked to report negative aspects of detention their responses focused on the justification of detention itself and the emotional impact of being confined awaiting removal/deportation. More prosaically, many also commented negatively on the food. Positive aspects of life in detention included relationship with other detainees, officers or healthcare staff, and the opportunity to practice and reaffirm their religious beliefs.

Since one centre is primarily for women and two are for men, when comparing

IRC Yarl's Wood⁵ to Tinsley House and Brook House it is not possible to conclude which of the differences in perception is due to gender or which is a result of different regimes or practices in the IRCs. In order to tease out gender differences it might be worth interviewing the small numbers of women held in those centres (eg Colnbrook and Dungavel) which hold both women and men.

Discussion

Some of these findings are likely to be disheartening for centre managers and staff as well as for those working in UKBA, many of whom are actively striving to improve conditions in detention and detainee quality of life. They are also likely to be familiar. The question that needs addressing then, is why are these issues so hard to resolve and what, if anything might the MQLD contribute to understanding them better?

It is clear that most people in detention do not wish to be confined. Though some spoke positively about friendships they had forged with other detainees or skills they had learned in art and craft, nobody would choose to be detained. Likewise, though some acknowledged that given their lack of immigration status detention was a known risk, or that they were ready to return, the majority of those we interviewed were also not happy to be deported or removed. Such people are hardly likely to be satisfied with their experiences. Similarly, given their range of language, culture, ties to the UK, and pathway to detention, they present a diversity that is unmatched in other analogous institutions. It is, in short, hard and probably foolish, to generalise.

It is here that a survey tool like the MQLD can be useful, canvassing views from a range of people and identifying patterns. Surveys instruments, however, are best used in conjunction without other qualitative methods like interviews and observation. The MQLD can 'take the temperature' of an institution, identifying potential areas of strength and concern, helping centre managers be more proactive in running their institutions. However, what to make of the data in the MQLD and, ideally, how to resolve any concerns the survey may reveal, requires deeper analysis.

To illustrate by example, the MQLD revealed a startlingly high level of depression. While it also suggested some aspects of detention connected to this distress and certain subsections of the population who were more vulnerable to it, alone it could not fully explain the phenomenon. To achieve greater understanding of this important issue requires careful interaction and observation. What are some of the triggers? What is the effect of depression? Who is better insulated against it and why?

In the qualitative part of the project, we sought to go deeper into the causes of people's distress and their experiences. In this part of the project a common

⁵ When we conducted our research in IRC Yarl's Wood it held family groups with minor and adult children, so there were some men in the institution. As our research came to an end in December 2010 it stopped housing children under the age of 18 though continued to hold married couples and couples with adult children. In March 2012 it opened a small unit for single men as well.

theme emerged, from staff as well as detainees, concerning the open-ended nature of detention and the bureaucratic nature of the immigration decision-making process. Though in legal terms, foreigners should only be detained pending 'imminent' removal or deportation, in practice many are held well beyond an immediate time frame. Sometimes their period in detention is a result of their refusal to engage in the process while other times it is a result of difficulties associated with their Embassy or High Commission. Delays are also caused by problems on the UKBA end.

Without getting into the broader questions surrounding deportation or immigration decision-making, it is apparent that the lack of clarity over the duration of a period of detention has an immediate and deleterious impact on the experience of custody. As one man in Brook House put it rather poetically, *in this place, there's not an end game. There's no cut off point. There's just a continuous thing. You're on a treadmill and you just jogging and jogging in place. [But] you're not losing weight.*

The lack of clarity over duration did not just affect detainees. It was also a cause for concern for many staff members, who recognised the difficulties many of the individuals in their care were facing. Often the prison served as a comparison, as this female DCO in Tinsley House observed:

People in here, you know, if you were in prison, you know that that's your sentence and at the end of that sentence, I'm outta here, whereas here they're not, they're in limbo. They've got no idea what's happening and I just think that it's an awful thing for them to mull over all the time.

Purely pragmatically, the lack of clarity of the duration of detention has a direct impact on the regime provision since without knowing how long the population will be present, centre managers reported that it was financially illogical and impractical to create courses and paid work for a transient population. Attempts to build up detainee support groups likewise suffered from the same problem. Thus, for example, in Colnbrook, a detention custody manager complained that it was being difficult to develop a 'buddy scheme' based on the Listeners programme in prison, since *'as soon I as I train them up, they go.'*

In the survey and in follow-up interviews, detainees spoke of the importance of interpersonal relationships both with other detainees and with custodial staff. Those who felt they had good relationships with centre staff and other detainees found the experience of detention easier to deal with. In contrast, those who were isolated and rarely left their rooms were struggling to cope. As prisons research has found (Liebling, 2004), individual actions that made a difference could be small. Staff who made a difference, one Sri Lankan woman explained, were patient, compassionate and friendly.

There's a lady here, she is very good. Whenever you meet her, she will be smiling to you... even if you have something hurting you, whenever

you meet her, she will smile to you and "Are you okay? You want to go out?" you will feel good, you will feel happy.

Conclusion

The development of the MQLD is at the earliest of stages. Having been administered in three centres, it needs to be rolled out further. The MQLD offers an opportunity for the centres and the UKBA to investigate issues and aspects of best practice in detention. Currently IRCs have to wait for a couple of years between HMIP inspections to get a detailed, impartial, sense of what their occupants think of the centre. The MQLD means that managers will have strong ongoing data to inform practice. It also provides the detainees with a forum to express their views and to feed back any concerns they may have about their treatment.

The survey uncovered some differences in detainee perceptions of the centres on specific parameters. While it is important to acknowledge that comparisons of this kind are more difficult to make in the context of IRCs than in prison given that there is no equivalent classification system of the institutions, that detainees identified some diversity in their experiences could be used as starting point to think more holistically about the centres. Why might detainees in Brook House find officers harder to understand than they do in Tinsley House, when detainees in the former are more likely to have been longer-term British residents than those in the latter? Why might communication in one be more difficult than in the other?

In its current iteration, the MQLD found more commonalities than differences between the three establishments. Asylum seekers across the board had higher levels of distress, and ex-prisoners in each institution were more critical in general. Likewise, detainees in all three centres and populations seemed to have a limited understanding of the privileges and incentives scheme and the varying reasons for removal from association (R40 vs. R42). Detainees, no matter where they were housed, differentiated starkly between custodial staff and immigration staff, trusting the former but not the latter, while in all three places it found 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.

The issues faced by the men and women in detention are complex and need to be understood in more depth. Future studies are needed on the different stages of vulnerability in detention, and individual strengths and vulnerabilities in coping with detention, depression and distress. A quantitative instrument like the MQLD provides an important starting point for these kinds of investigations.

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