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*Quality of Life in Detention: Results from MQLD  
Questionnaire Data Collected in IRC Yarl's  
Wood, IRC Tinsley House, and IRC Brook  
House, August 2010 - June 2011.*

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## **Executive summary**

### **Overview**

This report presents the results of a questionnaire, *The Measure of the Quality of Life in Detention* (MQLD), completed by 158 men and women residents of IRC Yarl's Wood, IRC Tinsley House and IRC Brook House between August 2010-June 2011. 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. Participants were guaranteed confidentiality, unless they disclosed plans to harm others or themselves.

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-List (HSCL-D).

The second part of the questionnaire measures their 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 MQLD is divided into 12 dimensions addressing 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.

This questionnaire has been developed for use in immigration removal centres. 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.

### **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 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.<sup>1</sup> 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. The men and women who took part in the survey reported a number of medical problems with some claiming that the medication they wanted was not always made available to them.

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

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, which relate 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

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<sup>1</sup> This result reflects similar findings in other jurisdictions, eg with detainees in Norway and with former detainees in Australia.

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, 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.

Another important finding is that those detainees who had applied for asylum 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 they could make progress in it.

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 for women and two are for men, when comparing IRC Yarl's Wood 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.

## **Conclusion**

The survey uncovered some differences in detainee perceptions of the centres on specific parameters. It found asylum seekers had higher levels of distress, and ex-prisoners were more critical in general. Across all centres and populations it suggested that the privileges and incentives scheme and the varying reasons for removal from association (R40 vs R42) were poorly understood. It also found that detainees differentiated starkly between custodial staff and immigration staff, trusting the former but not 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.

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. It worked best, with a high rate of response, when administered as part of an ethnographic project that allowed detainees to become well acquainted with the researchers.

More work needs to be done on refining the questionnaire and on the method of administering it. We hope this can be done in concert with UKBA and centre staff.

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## Recommendations

We recommend that the UK Border Agency and the Contractors running Immigration Removal Centres:

1. Identify, address and mitigate the root causes of **the high levels of depression** reported by detainees starting with the following issues:
2. Revisit **mode and frequency of communication** with detention custody officers. Language barriers and low rates of literacy make it difficult for detainees to understand basic written instructions. Most detainees have some understanding of spoken English, however. Regular contact with a designated custodial officer (eg a 'personal officer' scheme) could help them to resolve problems in detention.
3. Revisit **mode and frequency of communication** with local UKBA staff and UKBA case owners. Detainees report high levels of dissatisfaction, confusion, anxiety and frustration about their immigration case and about how they are treated by local immigration staff in the centres. More personal contact and more meaningful monthly reports, in a language they can read would help them to understand what is happening.
4. Revisit **mode and frequency of communication** with legal advice practitioners. Detainees report high levels of dissatisfaction, confusion, anxiety and frustration about their legal case and about how they are treated by their solicitors. Poor legal advice leads some to claim asylum even when they have no case. Cuts to legal aid funding have made matters worse. Centres should investigate local opportunities to partner with university law faculties, who often have 'pro bono' student organisations who may be able to offer legal advice. Oxford University law students do this via Turpin & Miller in Campsfield House.
5. **More physical time with detainees.** Depending on the centre, it is easy for detainees to spend all day in their room. Isolation increases their likelihood of depression.
6. **More structure and activities in the day.** Detainees who spend more time out of their room report lower levels of depression.
7. **Build on examples of good practice** – eg cultural kitchen, 'buddy system' – **to foster greater communication and interaction between different nationality**

**groups.** Greater interaction among the detainees may help them cope. Those who reported feeling isolated, were more depressed.

8. **Build on examples of good practice** – eg 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 through fostering a more positive local presence. Eg. The Koestler awards, guest lectures and tutoring from local community colleges/universities, church groups, local businesses etc.
9. **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.
10. Initiate a **sector-wide discussion about professionalism and procedural justice.** What would constitute a ‘Decent’ detention centre? What do staff, as well as detainees, perceive the purpose of detention to be?

As part of the sector-wide discussion, we further recommend that UKBA and the private Contractors:

11. 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?
12. Commission/facilitate independent academic study of the **health needs** of detainees. Those who reported health problems were more likely to be depressed.
13. Commission/facilitate independent academic study of the **mental health** needs of detainees, in particular their suicide risk and self-harm. The MQLD identified that not all detainees with suicidal thoughts were picked up on the ACDT system.
14. Commission/facilitate independent academic study of **coping** mechanisms used by detainees. What sorts of factors might alleviate their depression and anxiety?

15. Commission/facilitate independent academic study of the needs of **ex-prisoners in detention**. Ex-prisoners tended to be more critical of life in detention, with those who had served longer sentences the most critical of all.
16. Commission/facilitate independent academic study into the needs of **women in detention**. Explore the possibility of offering treatment of and advice about domestic violence and rape.
17. Commission/facilitate independent academic study of the needs of **other vulnerable groups in detention** – eg those under 25.



## 18. Method

The aim of this project is to explore detainee perceptions of the quality of life in immigration removal centres. It is the first project of its kind in the UK and as a result is necessarily somewhat exploratory. This report details findings from the survey administered at Yarl's Wood, Tinsley House and Brook House immigration removal centres to a convenience sample of 158 men and women. The survey was piloted beforehand at IRCs Campsfield House and Colnbrook.

In Yarl's Wood and Tinsley House, the survey was administered only after the researchers 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%. This rate reflects the mixed method approach and may not be replicable under different circumstances. Though the ethnographic method enabled a high response rate it may also have contributed to the relatively small sample size, as the researchers tried out various techniques of data gathering to capture more representatives, wide and systematic accounts of life in Yarl's Wood and Tinsley House immigration removal centre, rather than focusing narrowly on just the survey.

A different strategy was used in Brook House where the UKBA staff selected at random a number of men who were invited to meet with the researcher and take part in the study. The response rate with this method was less than 20% although it varied depending on notice time given to the men prior the potential meeting with the researcher. There was a higher response from the men in the Unit (D-Wing) where one of the researchers (Dr Bosworth) spent some weeks observing and talking to the men informing them of the research project and its aims.

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 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, eg 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 in its administration.

### **Structure and content of the questionnaire**

The questionnaire was composed of initial self-reported demographic data (age, nationality, religion, ethnicity family status and structure), information on previous periods in immigration removal centres and/or terms of imprisonment, current and previous legal status, a health questionnaire, information on their privilege level in the current removal centre, the level of contact with family and others while in the current centre, health issues, and a structured questionnaire on the quality of life in removal centres. The participants were given the opportunity to summarise three positive and negative aspects of life in the removal centre, or add any other comments that could have arisen from completing the questionnaire.

The health questionnaire was an abbreviated version of 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 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.

The quality of life in removal centres questionnaire (MQLD) is an adapted version of the Measure of the Quality of Prison Life (MQPL). The questionnaire had been developed and tested in a small pilot study with male residents in IRC Campsfield House and IRC Colnbrook. The questionnaire is composed of 73 items aimed at measuring detainee perceptions of humanity, staff decency, immigration trust, immigration procedural fairness, relation to other detainees, care for vulnerable, relationships, healthcare, communication, isolation, distress, drugs, and individual statements measuring issues relating to regime, racism, and visits. The response format was 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 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.

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

The questionnaire was administered to 168 participants, although only 144 participants completed both parts of the questionnaire in full. A total of 158 cases were retained for analysis based on having completed either the health questionnaire or the quality of life in detention questionnaire in full.

Prior to completing the questionnaire, all participants were given an information sheet and a consent form to read, or had them read aloud 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 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 number of recruits. Most who were called simply failed to show up. It seems unlikely that this approach would be successful in the future, though it might be worth adjusting. Possible techniques that might improve the response rate, but keep the research brief might include: a shorter period of time on the units by the research team, greater publicity of the project by the centre staff, a small financial incentive for participation (e.g. £5), or a series of focus-groups before

hand. Such methods would require institutional support from the relevant IRC, i.e. to organize rooms for the focus groups, to facilitate researcher access to the units etc.

## **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 of the data was analysed using a number of inferential statistics (correlations, ANOVA, Chi-Square and regression) 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 48 different nationalities. These are categories suggested by the participants themselves.

**Table 1. Nationalities of participants**

Nationality	Frequency	%	Nationality	Frequency	%
Pakistani	14	8.9	Ghanaian	2	1.3
Nigerian	12	7.6	Congolese	2	1.3
Indian	11	7.0	Chinese	2	1.3
Jamaican	10	6.3	Eritrean	2	1.3
Afghani	8	5.1	Botswana	2	1.3
South African	7	4.4	Cameroonian	1	.6
Malaysian	6	3.8	Mongolian	1	.6
Albanian	5	3.2	Thai	1	.6
Sri Lankan	4	2.5	Liberia	1	.6
Zimbabwean	4	2.5	UK overseas citizen	1	.6
Mauritian	4	2.5	Bolivian	1	.6
Bangladeshi	4	2.5	Uzbekistani	1	.6
Somali	4	2.5	Saudi Arabian	1	.6
Brazilian	3	1.9	Kurdish	1	.6
Malawian	3	1.9	Latvian	1	.6
Ugandan	3	1.9	French	1	.6
Tunisian	3	1.9	Burundi	1	.6
Portuguese	3	1.9	Barbadian	1	.6
Kenyan	2	1.3	Swedish	1	.6
Singaporean	2	1.3	Rwandan	1	.6
Serbian	2	1.3	Abkhazian	1	.6
Gambian	2	1.3	Vietnamese	1	.6
Russian	2	1.3	Stateless	1	.6
Sierra Leonean	2	1.3	Total	152	96.2
Algerian	2	1.3	Missing	6	3.8
Iraqi	2	1.3	TOTAL	158	100.0

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

**Table 2. Ethnic identity**

Ethnic identity	Frequency	%
Asian	58	36.7
Black	51	32.3
White	10	6.3
Roma	1	.6
Mixed race	1	.6
Other	9	5.7
Total	130	82.3
Missing	28	17.7
TOTAL	158	100.0

**Table 3. Religious identity**

Religious identity	Frequency	%
Christian	71	44.9
Muslim	57	36.0
Hindu	11	7.0
Buddhist	7	4.4
None	6	3.8
Rastafarian	2	1.3
Other	1	.6
Total	155	98.1
Missing	3	1.9
TOTAL	158	100.0

Information on age and marital status was requested from all participants. The age of the participants ranged from 18-67 years old ( $M = 31.8$ ;  $SD = 8.88$ ). Marital status is presented in table 4. There was no significant difference in marital status among the three centres

**Table 4. Marital status**

Marital status	Women		Men	
	Frequency	%	Frequency	%
Single	31	56.3	63	61.2
Married/ In a relationship	13	23.6	32	31.1
Separated/divorced	5	9.1	4	3.9
Widowed	3	5.5	-	-
Total	52	94.5	99	96.1
Missing	3	5.5	4	3.9
TOTAL	55	100.0	103	100.0

The amount of time participants claimed to have lived in the UK varied enormously, from less than one month to 50 years; averaging out at 97.3 months (8 years). The veracity of their claims cannot be verified. Detainees in IRC Brook House reported a longer period of residence in the UK before detention than those in IRC Yarl's Wood and IRC Tinsley House.

The majority (n=98, 62.0%) stated they had family members in the UK, with 35.4% (n=56) reporting no family members in the UK and 2.5% (n=4) failing to answer this question. There were no significant differences on this measure among the centres.

Just over one-third (n=57, 36.0%) of the detainees had children in UK. Again there was no significant difference on this measure among the centres. Those who had children reported that most of them were in the UK (table 5) and living with their partner (table 6).

**Table 5: Place of residence of participants' children**

Where are the children living?	Women		Men	
	Frequency	%	Frequency	%
UK	5	24.0	24	66.6
Back home	7	33.0	4	11.1
Third country	3	14.3	4	11.1
Unknown whereabouts	1	4.8	-	-
Different countries	1	4.8	-	-
Total	17	80.1	32	88.9
Missing	4	19.0	4	11.1
TOTAL	21	100.0	36	100.0

**Table 6:** Individuals/groups with whom the children are residing.

Who are the children living with?	Women		Men	
	Frequency	%	Frequency	%
Other parent/husband	5	23.8	29	80.5
Close family member	3	14.3	2	5.5
With me	2	9.5	-	-
Independent	2	9.5	3	8.3
Social Services	-	-	1	2.8

- **Detention and imprisonment history**

The length of time (in months) detainees claimed to have spent in each centre varied: in IRC Yarl's Wood residence ranged from 1 day to 11 months (M=41.9; SD= 57.1), in IRC Tinsley House from 1 day to 1 year (M=44.4; SD=83.9), in Brook House from 5 days to over 2 years (M=211.4; SD= 212.3). The average length of detention was longest in IRC Brook House followed by IRC Tinsley House then IRC Yarl's Wood.

Over half of the men reported having been held in other detention centres, with those in Brook House more likely to have lived in another removal centre 54.2% (26/48), than those in Tinsley House 47.9% (23/48). Reflecting the gender make-up of the immigration estate only 5 of the respondents from Yarl's Wood had been held in a different UK removal centre. Across the population, the length of stay in previous detention centres varied from 1 day to 2 years and 6 months.

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 7 for Brook House and Tinsley House detainees. Chi Square test 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, with nearly half of Brook House detainees perceiving IRC Brook House as worse than others they had been in and 70% of Tinsley House detainees perceiving IRC Tinsley House as better.



**Table 7: Comparison of current IRC with other IRCs**

How this centre compares to others in UK	Tinsley House		Brook House	
	Frequency	%	Frequency	%
Worse	-	-	12	46
Average/ same as others	5	13	6	23
Better	16	70	4	15
Total	19	83	22	85
Missing	4	17	4	15
TOTAL	23	100	26	100

Only 9 participants claimed to have been detained in another country: Liberia, Czech Republic, France, Afghanistan, Greece, Kenya and Sri Lanka. The majority did not state when they were detained, but they reported the length of detention was between 1 week and 2 years.

- **Previous prison sentence**

The participants were asked to report whether they had been in prison before being detained in removal centres and, if so, their length of prison sentence. Forty-two per cent (n=66) of the participants stated that they had been in prison. Those in IRC Brook House were significantly more likely to report having been in prison 75% (36/48) than those in Yarl's Wood 29% (16/55) or Tinsley House 26% (14/53). The data on the length of sentences for those who were in prison is presented in table 8. Although there were detainees with longer sentences in IRC Brook House the difference was not statistically significant.

**Table 8. Length of prison sentences**

Previous centres	Frequency	%
Less than 2 months	3	4.5
Less than 1 year	34	51.5
1 year but less than 2 years	14	21.2
2 years but less than 4 years	10	15.1
4 years but less than 10 years	5	7.6
TOTAL	66	100.0

- **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 or stages of the legal process (table 9a). The information they gave for each centre separately is presented in table 9b. Their perceptions of their immigration status were not independently verified.

**Table 9a: Previous legal status in the UK**

Previous legal status	Yes	No	Missing
Has been granted the right to enter or remain in the UK	62%	34.8%	3.2%
Has been granted ILR	10.8%	82.9%	6.3%
Has overstayed a visa	38.0%	51.9%	10.1%
Removal directions (flight) set	24.1%	74.1%	1.9%
Has applied for Asylum	55.1%	34.8%	10.1%

**Table 9b: Previous legal status in the UK for each IRC**

Previous legal status	YW	TH	BH
Has been granted the right to enter or remain in the UK	70.9%	57%	57%
Has been granted ILR	5%	7%	20%
Has overstayed a visa	56.4%	33.3%	22.4%
Removal directions (flight) set	31%	31.5%	8%
Has applied for Asylum	54%	57%	47%

Detainees in IRC Brook House 20% (10/49) were significantly more likely to report that they had been granted Indefinite Leave to Remain in the UK (ILR) than those in Yarl's Wood 5% (3/54) and Tinsley House 7% (4/54). Sixty (38%) of the participants across all three centres had overstayed a visa, more than half of whom in Yarl's Wood (31). In our sample they made up 56% (31/55) of the total respondents, far more than the equivalent groups in Tinsley House 33.5% (18/54) and Brook House 22% (11/49). Across all three centres, the majority of visa overstayed, reported that they had overstayed tourist 52% (31/60) and student visas 33% (20/60). Finally, detainees in Yarl's Wood 31% (17/55) and Tinsley House 31% (17/54) were significantly more likely to report having removal directions set than those in Brook House 85% (4/49).

- **Life in the present detention centre**

The participants were asked to record their residential unit whilst in IRC Yarl's Wood and IRC Brook House. IRC Tinsley House was not divided into wings or units. The answers can be found in table 10.

**Table 10:** Unit of residence while in Yarl's Wood and Brook House.

Unit in YW	Frequency	%	Wing in BH	Frequency	%
Dove	14	25.5	D	17	34.7
Avocet	30	54.5	A	14	28.6
Crane	1	1.8	C	7	14.3
Bunting	5	9.1	B	8	16.3
Total	50	90.9	Total	46	93.9
Missing	5	9.1	Missing	3	6.1
Total	55	100.0	Total	49	100.0

The participants were also asked to report their level of incentives and privileges (IEP) at the present removal centre. Amongst those participants who completed the questionnaire with the help of one of the researchers, few were aware of the different possible levels of incentives and privileges that were available to them. After the researchers explained the differences they chose categories, which do not necessarily reflect their true level, since their understanding of the topic was limited. It is not possible to comment on the understanding of the different levels of privileges and incentives amongst those participants who completed the questionnaires on their own.

Just over half (n=81; 51.3%) claimed they were on an 'enhanced' level, while 17.1% (n=27) reported they were on standard, 14.6% (n=23) did not know what level they were on, 11.4%(n=18) failed to answer the question and 5.7% (n=9) reported they were on basic. At the time of the research, none of the centres ran a basic regime on the main living units where the participants were interviewed.

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 with incentives and privileges, the majority did not appear to understand the question. Overall, only 7.6% (n=12) reported having been removed from association, and the majority of those had been removed only once. One person had been removed 6 times and another had been removed from association 3 times.

More men in IRC Brook House were removed from association 16% (8/49) than men in Tinsley House 5% (3/54) and women in Yarl's Wood 2% (1/55). However, men in Brook House had been in detention longer, and longer detention time makes it more likely to be removed from association. When asked to clarify whether they had been removed from association on rule 40 or 42, only 33% (n=4) reported that they had been placed on rule 40 or 42. Many participants did not know what rules 40 and 42 were.

- **Food Refusal**

The participants were asked to report if they had been on a hunger strike/food refusal whilst in detention, and, if so, how many times and for how long. Overall, 10.8% (n=17) reported having refused food in protest. The length of the strike varied from half a day to 14 days. There were no significant differences due to IRC, gender or time in detention.

- **Passing time in detention**

The participants were asked to indicate in their own words how they spend each day in the removal centre. In all three centres amongst the most common activities listed were sports, praying, and library. However, in all three centres more than one quarter of the respondents 25% (40/158) claimed they did not engage in any activity.

- **Visits at the centre**

The participants were asked about visits received at the centre, from whom, and if the visits were regular. The majority 67.7% (n=107) received visits (71% in Yarl's Wood, 59% in Tinsley House and 74% in Brook House). The full results amongst those who received visits on who visited them can be found in table 11.

**Table 11:** Visits received at the centre

Visits	YW	TH	BH	TOTAL
Receives visits by family	54%	66%	64%	61%
Receives visits by friends/colleges	69%	69%	31%	56%
Receives visits by outside organizations	18%	3%	11%	11%
Church	-	3%	6%	3%
Lawyers	8%	3%	-	4%

Overall, whether they received visits or not, men in IRC Brook House 22% (11/49) were less likely to be visited by friends or colleagues than those in Tinsley House 41% (22/54) and the women in Yarl's Wood 49% (27/55).

The participants were also asked if they were in touch with their families. The majority 71.5% (n=113) communicated regularly with their family though 26.6% (n=42) reported having no contact with their family at all. There were no significant differences among the IRCs on this measure. Some of the detainees explained that they preferred not be in contact with the family because they did not want to upset them or tell the family that they were detained.

Notwithstanding active visitor groups attached to each removal centre, only one quarter 25.3% (n=40), of those who completed the survey were in regular contact with outside organisations, with the vast majority reporting no contact with any outside organisations 72.2% (n=114). The detainees in Brook House 40% (19/47) were more likely to be in contact with outside organisations than those in Tinsley House 19% (10/53) and those in Yarl's Wood 20% (11/54).

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

The HSCL-D was administered to all participants. HSCL-D was developed to identify persons with suffering from Depression and Anxiety. The original scale was developed in the early 1950s by a group of researcher at Johns Hopkins University in the USA. Since then the measure has been translated into many languages and used with a varied range of population including individuals undergoing difficult live 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 depression investigating changes to sexual life was excluded because it was considered to be inappropriate for the context. The focus on depression was purposeful as the participants were already completing a lengthy questionnaire. 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 use 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 to 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 18-18c.).

Although, 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, it has not been validated with the current population. Validation of the scale is important as it allows testing whether the measure can be used with this population. 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 131 (82.9%) 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. As a comparator, it is similar to findings from research with individuals in detention in Norway and with refugees who had been detained upon arrival in Australia. 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 lonely', 'feeling of being trapped or caught', 'feeling sad', 'difficulty falling and staying asleep', '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 (15%; n=24) reported thinking about ending their life 'extremely' while 7% (n=11) 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 being crazy) or for privacy (did not want the researchers to report the information back to staff), the proportion (22.2% (n=35) is very high and worrying. Full results can be found in table 12. More detail about the individual responses for each item, and responses for each centre can be found in the Appendix.

**Table 12: Mean scores for each HSCL-D item across the sample.**

Item	YW		TH		BH	
	Mean	SD	Mean	SD	Mean	SD
Feeling low in energy, slowed down	2.81	1.03	2.59	1.05	2.78	1.13
Blaming yourself for things	2.34	1.12	2.08	1.20	2.57	1.21
Crying easily	2.85*	1.15	1.63*	.86	1.83*	1.05
Poor appetite	2.40*	1.23	1.98	1.03	2.56	1.14
Difficulty falling, staying asleep	2.88	1.07	2.58	1.18	2.91	.97
Feeling hopeless about the future	2.73	1.25	2.50	1.33	2.63	1.23
Feeling sad	2.94	1.05	3.02	1.04	3.04	1.04
Feeling lonely	2.96	1.11	2.98	1.12	3.07	1.06
Thoughts of ending your life	1.72	1.15	1.73	1.21	1.74	1.10
Feeling of being trapped or caught	3.00	1.15	2.55	1.29	2.54	1.23
Worrying too much about things	3.13	1.13	3.02	1.06	3.29	.93
Feeling no interest in things	2.63	1.25	2.32	1.11	2.56	1.18
Feeling everything is an effort	2.70	1.04	2.38	1.10	2.40	1.17
Feelings of worthlessness	2.56	1.21	2.38	1.24	2.49	1.25

\*ANOVA analyses showed that there were significant differences amongst the scores in the different centres.

### Correlations

Bivariate correlations were run among demographic data, legal, family and medical history and health outcome. Those who were more depressed had been longer in detention, had applied for asylum, were not in contact with their families and had health problems and concerns. Table 13 presents the mean of means for the three centres. There were no significant differences on the overall levels of depression among the centres, although the women were more likely to cry easily, and reported more problems with their appetite than the men in IRC Tinsley House and IRC Brook House.



**Table 13:** HSCL-D mean scores and standard deviation for each centre.

Item	IRC	Number of participants	Mean	Standard Deviations
HSCL-D	Yarl's Wood	54	2.70	.85
	Tinsley House	54	2.42	.75
	Brook House	47	2.58	.73
	Total	155	2.56	.78

- **ACDT**

The participants were asked to indicate whether they were currently or had ever been on an ACDT plan whilst in detention. The results can be found in table 14. **Only 9 participants reported currently being on an ACDT plan when 35 on the HSCL-D reported thinking about suicide over the past 7 days.**

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. Further research is needed.

**Table 14:** ACDT plans in each centre

ACDT plan	YW		TH		BH	
	Frequency	%	Frequency	%	Frequency	%
No, Never been on ACDT	40	72.7	42	77.8	33	67.3
Yes, in this removal centre	3	5.5	1	1.9	3	6.1
Yes, in this and another removal centre	1	1.8	-	-	1	2.0
Yes, in another removal centre	-	-	2	3.7	2	4.1
Don't know	7	12.7	8	14.8	7	14.3
Total	51	92.7	53	98.1	46	93.9
Missing	4	7.3	1	1.9	3	6.1
TOTAL	55	100.0	54	100.0	49	100.0

- **Problems with drug and alcohol**

Most participants reported no problems with drugs or alcohol. The results can be found in table 15. There were no significant differences amongst the different IRCs.

**Table 15: Drug and alcohol problems**

Drug and Alcohol Misuse	YW		TH		BH	
	Frequency	%	Frequency	%	Frequency	%
No problem with either	50	90.9	50	90.9	35	71.4
Yes, only with drugs	3	5.5	3	5.5	7	14.3
Yes, both with drugs and Alcohol	-	-	-	-	2	4.1
Yes, only with alcohol	1	1.8	1	1.8	1	2.0
Total	54	98.2	53	98.2	45	91.8
Missing	1	1.8	1	1.8	4	8.2
TOTAL	55	100.0	54	100.0	49	100.0

The participants who answered yes were asked whether they needed help to detox from drugs or alcohol on arrival at the removal centre. Most reported that they did not need any help. One participant was already receiving assistance from the prison service before coming to Yarl's Wood and one needed help with Alcohol detox in Brook House.

- **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-nine per cent (n=77) reported health problems, 43.0% (n=68) not having health problems and 8.2% (n=13) did not answer this questions. The most frequent problems they listed were depression, other mental health problems, headaches and back pain. That nearly half the sample perceived they had poor health suggests that further research should be done on this topic by a medical health professional.

The remaining information is too limited to report.

## 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:

- ❖ **Humanity:** feeling and believing that they are treated humanely in detention and that they receive a minimum of basic services like food, living conditions and contact with their family.
- ❖ **Staff decency:** feeling and believing that staff members are honest and kind and treat them fairly and with respect.
- ❖ **Immigration trust:** feeling and believing that they can trust immigration and that immigration officers care about them.
- ❖ **Immigration procedural fairness:** feeling and believing that immigration officers listen to them, explain their case to them, and in more general terms feeling that they understand what is happening in their immigration case and that they can make progress in their immigration case.
- ❖ **Detainees:** feeling and believing they can trust the other detainees, that detainees respect each other and get along well despite national or religious diversity.
- ❖ **Care for vulnerable:** feeling and believing that the removal centre helps victims of rape, domestic violence, torture, those who attempt suicide and self harm and do not speak English.
- ❖ **Relationships:** feeling and believing that they have good relationships with officers and get help when they need it and that they have friends in detention.
- ❖ **Healthcare:** feeling and believing they are receiving and have access to good healthcare (doctors, nurses, dentists) and that doctors believe their medical concerns.

- ❖ **Communication:** feeling and believing that they can understand detention life and staff, and that they have access to translators when needed.
- ❖ **Isolation:** feeling and believing that there are people they can talk to, people who give them hope, and at least one staff member who assists them when needed.
- ❖ **Distress:** reporting that they have difficulty with sleep, feeling safe and leaving their room, as well as feeling like self-harming or suicide.
- ❖ **Drugs:** feeling and believing there is high level of drug use and problems related to it in the centre, and that the centre does not help those who have drug problems.

The questionnaire also contained individual statements measuring their perceptions of the regime, racism, and visits. The questionnaire showed a satisfactory level of reliability. A number of items did not fit within the dimensions of interest. Some of them were deleted while others were retained as individual items if they were considered important. The scale should be developed further and the retained individual items can be expanded into dimensions. 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 scored closer to 1 shows 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 16) provides the means (averages) and standard deviations for each theme across all 158 participants as well as for the full dimension. The means of the dimensions are highlighted in bold.

- **Dimensions**

Amongst those dimensions which the participants rated more positively (scored higher) were: staff decency (M=3.44), communication (M=3.42), detainees (M=3.37) and relationships (M=3.37). The lowest scoring dimensions were immigration trust (M=2.40), care for vulnerable (M=2.48) and drugs (M=2.70).

In other words, over half of the participants who answered this questionnaire perceived the custodial staff members to be honest and kind, felt they could understand what detention staff were telling them and could communicate with them, thought that detainees trusted and respected each other, and believed that there were good relations between officers and detainees. In contrast, over half of the respondents did not trust immigration staff and believed the centre they were in did not care for the vulnerable. Most did not perceive there to be a drug problem in any of the centres.

- **The individual items**

The highest scoring items, where over half of the participants agreed with them were: 'The other detainees do not threaten or bully me', 'Most officers here are kind to me', 'Most officers address and talk to me in a respectful manner', 'I always understand what the officers are telling me (R)', 'There is not enough to do at this centre', 'The other detainees help me to remain hopeful', 'I wake up a lot during the night', and 'I have difficulty falling asleep at night (R)'.

The lowest scores, where over than half of the participants disagreed with them, were 'I have cut or hurt myself at this centre (R)', 'I trust most of the immigration staff in this centre', 'People who don't speak English don't have a hard time in here (R)', 'All they care about in this removal centre is the person I really am rather than getting me deported (R)', and 'Since I arrived at this centre, I have thought about killing myself'.

**Table 16:** The mean scores for the whole sample and for each IRC are reported in the following table.

Theme	Item	M	SD
Humanity	TOTAL	2.73	.79
	I am being treated as a human being in here (R)	3.29	1.23
	The quality of my living conditions is good(R)	2.65	1.12
	All they care about in this removal centre is the person I really am rather than getting me deported (R)	2.18	1.16
	The food at this centre is good	2.57	1.17
	This centre helps me stay in contact with my family	2.84	1.16
Staff decency	TOTAL	3.44	.77
	Most officers here are kind to me	3.74	.87
	Most officers address and talk to me in a respectful manner.	3.72	.91
	Most staff members in this centre are honest and truthful	3.02	1.10
	Most staff here treat detainees fairly when applying the centre rules. (R)	3.19	1.02
Immigration trust	TOTAL	2.40	1.02
	Most of the immigration staff here show concern and understanding towards me	2.70	1.21
	I trust most of the immigration staff in this centre	2.14	1.10
Immigration procedural fairness	TOTAL	2.72	.83
	I know what is happening with my immigration/asylum case (R)	2.33	1.19
	I am confident I will succeed in my immigration asylum case (R)	3.06	1.24
	I feel it is possible to make progress in my immigration asylum case (R)	2.82	1.18
	Most of the immigration staff at this centre are good at explaining the decisions that concern my immigration/asylum case	2.66	1.25
	Most immigration staff treat me with respect and listen to me properly	2.91	1.18
Detainees	TOTAL	3.37	.63
	Most detainees do not address and talk to each other in a respectful manner. (R)	3.26	1.00
	The other detainees do not threaten or bully me (R)	3.85	.77
	Detainees from different nationalities get along well in here	3.63	.91
	Detainees from different religions get along well in here (R)	3.44	1.04
	I trust most of the other detainees at this centre (R)	2.73	.94
Care Vulnerable	TOTAL	2.48	.90
	This centre helps people who have been victims of rape or domestic violence get the care they need	2.53	1.18
	Anyone who harms themselves or attempts suicide gets the care and help from staff that they need.	3.14	1.20
	This centre helps people who have been victims of torture get the care they need	2.36	1.13
	People who don't speak English don't have a hard time in here (R)	2.13	1.01
Relationships	TOTAL	3.37	.81

	On the whole, relationships between officers and detainees in this centre are good	3.56	.88
	Personally, I like most of the officers here (R)	3.43	1.07
	I have real good friends in this removal centre (R)	3.25	1.13
	I can always get help from an officer when I need it	3.41	1.06
Healthcare	TOTAL	2.93	.88
	Healthcare provision here is as good as I would expect to receive outside	2.45	1.27
	I can usually see a doctor within a reasonable amount of time	3.01	1.21
	I feel cared for by the staff in the healthcare unit (R)	3.21	1.18
	I can see a dentist within a reasonable amount of time (R)	2.46	1.20
	The nurses in this removal centre look after me	3.11	1.13
	The doctors here believe me when I tell them about my health problems (R)	2.93	1.24
Communication	TOTAL	3.42	.76
	The Induction process in this removal centre helped me to know what to expect each day	3.27	1.18
	It is easy to get a translator when I need one (R)	2.95	.94
	I find it easy to make myself understood to immigration staff here.	3.36	1.04
	I always understand what the officers are telling me (R)	3.70	.97
Isolation	TOTAL	2.98	.81
	When I am feeling really upset, there is someone here I can talk to.	2.70	1.15
	Officers help me to remain hopeful about my immigration asylum case here.	2.53	1.09
	The other detainees help me to remain hopeful	3.62	1.02
	I have been helped significantly by an officer in this centre with a particular problem	3.17	1.13
Distress	TOTAL	3.01	.64
	I have difficulty falling asleep at night (R)	3.53	1.15
	I wake up a lot during the night	3.56	1.16
	Since I arrived at this centre, I have thought about killing myself	2.26	1.21
	I have cut or hurt myself at this centre (R)	1.94	1.00
	I don't feel safe	3.21	1.11
	I spend most of my day in my room.	3.13	1.18
	I have regular bad dreams	3.31	1.22
Drugs	TOTAL	2.70	1.09
	The level of illegal drug use in this removal centre is quite high.	2.35	1.23
	This removal centre is not good at improving the wellbeing of detainees who have drug problems. (R)	3.39	1.06
	Illegal drugs cause a lot of problems between detainees in here	2.69	1.35
Stand Alone	There is not enough to do at this centre.	3.64	1.10
	To get things done in this removal centre you have to ask and ask and ask	3.47	1.17
	Immigration staff treat all the detainees the same in this removal centre.	3.31	1.11
	Racist comments by staff are rare in this removal centre	3.49	1.05
	I do not receive enough visits in this centre.	2.94	1.21

- **Comparisons among the three centres on MQLD dimensions**

The three 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 three IRCs but often the differences were between two centres rather than three. Results for each dimension can be found in table 17 and the significant differences are outlined as follows:

### **Staff decency**

Detainees in IRC Brook House overall were more critical than residents in Tinsley House about custodial staff. They were less likely to perceive them as honest, or to feel and believe that they treated them fairly and with respect.

### **Detainees**

Detainees in IRC Tinsley House overall had more positive perceptions about other detainees than those in Yarl's Wood, more frequently reporting that they could trust the other detainees, that detainees respect each other and get along with one another despite their nationality or religious differences.

### **Healthcare**

Detainees in IRC Brook House overall were more critical about their access to good quality healthcare (doctors, nurses, dentists) than residents in Tinsley House. They were also more likely to perceive that doctors did not believe their medical concerns.

### **Communication**

Detainees in IRC Brook House overall reported more problems in communication with staff and other detainees as well as less access to translators than detainees in either IRC Tinsley House or IRC Yarl's Wood.

### **Isolation**

IRC Brook House detainees felt more isolated than those in Yarl's Wood.



## **Drugs**

IRC Brook House detainees reported there were more drug problems in Brook House than those in Tinsley House.

## **Comparisons among the three centres on MQLD individual items**

### **Humanity**

'Most officers here are kind to me': IRC Tinsley House detainees felt that most officers were kinder to them, compared to those detained in IRC Brook House and IRC Yarl's Wood.

### **Relationships**

'I can always get help from an officer when I need it': IRC Tinsley House detainees felt they could get help from an officer more readily than detainees in IRC Brook House did.

### **Isolation**

'I have been helped significantly by an officer in this Centre with a particular problem': IRC Yarl's Wood detainees felt they had been helped by an officer more than people detained in IRC Brook House reported.

'I spent most of my day in my room': Detainees in IRC Tinsley House reported spending less time in their rooms than detainees in IRC Brook House and IRC Yarl's Wood.

### **Healthcare**

'I do not feel cared for by the staff in the healthcare unit': IRC Brook House detainees felt less cared for by healthcare staff than those in IRC Tinsley House reported.

'The doctors here do not believe me when I tell them about my health problems': IRC Brook House detainees felt that doctors did not believe them much more than IRC Tinsley House detainees reported.

'I can usually see a doctor within a reasonable amount of time': Detainees in IRC Tinsley House felt they could see the doctor in a more reasonable time than those in IRC Yarl's Wood reported.

## Staff decency

'Most staff here do not treat detainees fairly when applying the Centre rules': IRC Brook House detainees felt that staff treated detainees less fairly than detainees in IRC Tinsley House and IRC Yarl's Wood reported.

## Immigration procedural fairness

'Most of the immigration staff at this Centre are good at explaining the decisions that concern my immigration/asylum case': Detainees in IRC Tinsley House felt immigration officers were better at explaining decisions than those in IRC Brook House reported.

## Communication

'The Induction process in this Removal Centre helped me to know what to expect each day.' IRC Brook House detainees felt their induction was less helpful compared to detainees in IRC Tinsley House and IRC Yarl's Wood.

## Relationships

'On the whole, relationships between officers and detainees in this Centre are good'. IRC Tinsley House detainees felt there were better relationships than those in IRC Brook House reported.

**Table 17:** Mean scores for each dimension across the three centres.

Dimension	YW	TH	BH	Total
Humanity	2.72	2.84	2.60	2.72
Staff decency	3.45	3.63	3.21	3.44
Immigration trust	2.28	2.64	2.28	2.41
Immigration procedural fairness	2.60	2.89	2.67	2.72
Detainees	3.19	3.51	3.42	3.37
Care for vulnerable	2.50	2.63	2.28	2.48
Relationships	3.33	3.56	3.22	3.37
Healthcare	2.83	3.21	2.76	2.93
Communication	3.49	3.70	3.06	3.42
Isolation	3.21	3.02	2.66	2.98
Distress	3.13	2.90	3.00	3.01
Drugs	2.65	2.26	3.11	2.70

## • **Relation between MQLD dimensions**

Pearson correlations were conducted between demographic, familial, legal, immigration and history, health questionnaire and 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. Correlations test if there are any relationships between the different dimensions.

### **Humanity**

Those who felt and believed they were treated more humanely were less depressed (HSCL-D), isolated and distressed and had better relationships (with officers and other detainees).

### **Staff decency**

Those who believed staff were honest, fair and treated them with respect were less depressed (HSCL-D), distressed, isolated and had better relationships (with officers and other detainees).

### **Immigration trust**

Those who trusted immigration officers and felt cared by them were less depressed (HSCL-D), distressed, isolated and had better relationships (with officers and other detainees).

### **Immigration procedural fairness**

Those who felt immigration staff explained their case to them and who understood immigration procedures were less depressed (HSCL-D), distressed, isolated and had better relationships (with officers and other detainees).

### **Healthcare**

Those who believed that they had better healthcare were less depressed (HSCL-D), distressed, isolated and had better relationships (with officers and other detainees).

- **Relation between MQLD dimensions and demographic characteristics**

### **Application for asylum**

Those who reported they had applied for asylum felt they were treated less humanely, trusted immigration less, felt immigration staff did not explain their case to them and reported greater difficulties in understanding what was happening in their immigration case. In general terms, they were also more distressed.

### **Health problems**

Those who reported having health problems felt they were treated inhumanely, felt staff were less honest and fair, trusted immigration less, felt immigration staff did not explain their case to them and did not understand what was happening in their immigration case. This same group also felt the centre did not care for the vulnerable, felt the centre had worse healthcare than they would expect outside detention, felt more distressed and that they could not understand what staff were telling them or could not communicate what they wanted to staff.

### **Family contact**

Those who were in regular contact with their family felt treated more humanely and were less distressed.

### **Ex-prisoners**

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.

### **Contact with outside organisation**

Those who were in contact with outside organisation had the most negative perceptions of the centre's health care and were more distressed than those who were not in contact with any groups.

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

Those who had stayed longer in detention felt they were being treated less humanely, believed that staff were less honest and fair, felt the centre did not care for the vulnerable, and that the particular centre in which they were located had worse healthcare than they would expect to receive outside detention.

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

**‘To get things done in this removal centre you have to ask and ask and ask’**

Those who felt they had to ask many times to get things done felt treated less humanely, thought staff were less kind and fair, trusted immigration less, felt immigration staff did not listen to them or explained their case to them, felt the centre did not care for the vulnerable, felt the centre had worse healthcare than they would expect to receive outside detention, and were more isolated and distressed than other detainees.

**‘There is not enough to do at this centre’**

Those who felt there was not enough to do in the centre felt treated less humanely and felt staff were less kind and fair, trusted immigration staff less, had worse relations with other detainees and staff, felt centre did not care for vulnerable, felt centre had worse healthcare than they would expect to receive outside detention, felt they could not understand what staff were telling them or could not communicate what they wanted to staff, and were more isolated and distressed.

**‘Immigration staff treat all detainees the same in this removal centre’**

Those who felt immigration staff treated everyone the same felt treated more humanely, felt also that staff were more kind and fair, trusted immigration staff more, felt immigration explained to them their case and treated them kindly, had better relationships, felt that the centre had better healthcare, and felt less isolated and distressed.

**‘I don’t received enough visits at this centre’**

Those who reported that they did not receive enough visits felt treated less humanely, felt staff were less kind to them, trusted immigration less, felt that the centre had worse healthcare than they would expect outside detention, felt they could not understand what staff were telling them or could not communicate what they wanted to staff, and were more distressed and isolated.

## **Multiple regression analysis**

Multiple regression analyses were conducted to investigate which demographic variables (length of stay in detention, having been in prison prior to detention, and having applied for asylum) could predict MQLD dimensions scores and HSCL-D scores.

Length of detention and having applied for asylum significantly predicted the 'Humanity' scores. In other words, those who had been in detention longer or who had applied for asylum felt treated less humanely.

Having applied for asylum and/or having been in prison significantly predicted the 'Immigration trust' scores. Those who had never applied for asylum, and those who had not been imprisoned before detention, trusted immigration staff more.

Having applied for asylum significantly predicted 'Immigration procedural fairness' scores. Those who had never applied for asylum perceived immigration staff more positively. They felt and believed that immigration officers listened to them, explained their case to them, and in more general terms felt that they understood what was happening in their immigration case. They also believed that they could make progress in their immigration case.

Having applied for asylum significantly predicted 'Distress' scores. Those who applied for asylum felt more distressed.

Having applied for asylum significantly predicted 'HSCL-D' scores. Those who had applied for asylum were more depressed.

- **Positive and negative aspects of life in detention**

The participants were asked to report three positive and three negative aspects about their life in the detention centre. The most frequently reported negative aspects of life in detention related to general aspects of detention itself: lack of freedom and isolation, food and feeling alone/isolated.

Positive aspects of life in detention included relationship with other detainees, officers or health staff, and the possibility to practice religion. There was no unanimity in either negative or positive aspects. Some aspects could be found to be either positive or negative.

The participants were also asked to report any other comments or issues they would like to raise and did not have a chance to during the questionnaire. Most comments were negative and focused on the problems with immigration system in the UK and criticism towards life in detention. They emphasised their distress about being in detention and the restrictions and nature of their 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  $\alpha=.90$  (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-Oklun values was .93 (above recommended .60) and the Barlett's Test of Sphericity reached statistical significance.

PCA revealed the presence of two components with eigenvalues exceeding 1, explaining 47.8% and 8.2% of the variance respectively. 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 18. The responses for IRC Yarl's Wood can be found in table 18a, for IRC Tinsley House in table 18b, and in IRC Brook House in table 18c.

**Table 18:** Frequency of response and percentage for each HSCL-D item on the whole sample

Item	Not a all	A little bit	Quite a bit	Extremely	Missing
Feeling low in energy, slowed down	17.1%	19.6%	31.7%	27.8%	3.8%
Blaming yourself for things	34.8%	15.8%	22.8%	20.9%	5.1%
Crying easily	39.9%	17.7%	20.3%	15.8%	6.3%
Poor appetite	32.3%	21.5%	20.3%	20.3%	5.7%
Difficulty falling, staying asleep	17.1%	17.1%	30.4%	31.0%	4.4%
Feeling hopeless about the future	30.4%	10.8%	19.6%	34.8%	4.4%
Feeling sad	11.4%	17.7%	27.2%	40.5%	3.2%
Feeling lonely	14.6%	12.7%	25.3%	41.8%	5.7%
Thoughts of ending your life	62.2%	8.9%	7.0%	15.2%	6.3%
Feeling of being trapped or caught	25.3%	12.7%	19.0%	35.4%	7.6%
Worrying too much about things	12.0%	10.1%	25.4%	48.1%	4.4%
Feeling no interest in things	27.8%	15.2%	24.7%	25.3%	7.0%
Feeling everything is an effort	23.4%	17.1%	29.1%	19.6%	10.8%
Feelings of worthlessness	29.7%	16.5%	17.7%	27.8%	8.2%

**Table 18a:** Frequency of response and percentage for each HSCL-D item on Yarl’s Wood IRC

Item	Not a all	A little bit	Quite a bit	Extremely	Missing
Feeling low in energy, slowed down	15%	20%	33%	29%	4%
Blaming yourself for things	31%	22%	24%	18%	5%
Crying easily	18%	13%	31%	35%	4%
Poor appetite	35%	16%	20%	25%	4%
Difficulty falling, staying asleep	15%	16%	31%	35%	4%
Feeling hopeless about the future	25%	11%	20%	36%	7%
Feeling sad	13%	18%	31%	36%	2%
Feeling lonely	16%	9%	29%	38%	7%
Thoughts of ending your life	65%	7%	9%	15%	4%
Feeling of being trapped or caught	18%	4%	27%	40%	11%
Worrying too much about things	16%	9.1%	20%	53%	2%
Feeling no interest in things	29%	11%	22%	33%	5%
Feeling everything is an effort	15%	22%	29%	24%	11%
Feelings of worthlessness	25%	20%	18%	29%	7%

**Table 18b:** Frequency of response and percentage for each HSCL-D item on Tinsley House IRC

Item	Not a all	A little bit	Quite a bit	Extremely	Missing
Feeling low in energy, slowed down	18.5%	27.8%	29.6%	24.1%	-
Blaming yourself for things	48.1%	14.8%	16.7%	20.4%	-
Crying easily	57.4%	18.5%	18.5%	1.9%	3.7%
Poor appetite	40.7%	29.6%	16.7%	11.1%	1.9%
Difficulty falling, staying asleep	27.8%	13.0%	29.6%	27.8%	1.9%
Feeling hopeless about the future	38.9%	7.4%	18.5%	35.2%	-
Feeling sad	11.1%	18.5%	27.8%	42.6%	-
Feeling lonely	16.7%	13.0%	25.9%	44.4%	-
Thoughts of ending your life	68.9%	5.6%	5.6%	18.5%	1.9%
Feeling of being trapped or caught	31.5%	18.5%	11.1%	37.0%	1.9%
Worrying too much about things	13.0%	14.8%	27.8%	42.6%	1.9%
Feeling no interest in things	31.5%	18.5%	29.6%	16.7%	3.7%
Feeling everything is an effort	27.8%	18.5%	29.6%	16.7%	7.4%
Feelings of worthlessness	37.0%	13.0%	22.2%	25.9%	1.9%

**Table 18c:** Frequency of response and percentage for each HSCL-D item on Brook House IRC

Item	Not a all	A little bit	Quite a bit	Extremely	Missing
Feeling low in energy, slowed down	18.4%	14.3%	28.6%	30.6%	8.2%
Blaming yourself for things	26.5%	12.2%	24.5%	26.5%	10.2%
Crying easily	44.9%	22.4%	10.2%	10.2%	12.2%
Poor appetite	20.4%	22.4%	20.4%	24.5%	12.2%
Difficulty falling, staying asleep	8.2%	22.4%	30.6%	30.6%	8.2%
Feeling hopeless about the future	26.5%	14.3%	20.4%	32.7%	6.1%
Feeling sad	10.2%	16.3%	24.5%	40.8%	8.2%
Feeling lonely	10.2%	16.3%	20.4%	42.9%	10.2%
Thoughts of ending your life	53.1%	14.3%	6.1%	12.2%	14.3%
Feeling of being trapped or caught	26.5%	16.3%	18.4%	28.6%	10.2%
Worrying too much about things	6.1%	10.2%	24.9%	49.0%	10.2%
Feeling no interest in things	22.4%	20.4%	18.4%	26.5%	12.2%
Feeling everything is an effort	28.6%	12.2%	26.5%	18.4%	14.3%
Feelings of worthlessness	26.5%	16.3%	14.3%	26.5%	16.3%

## 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 19. Acceptable levels are equal or above .70 and some of the scales were just below this value. Since the questionnaire was developed and tested for the first time, these values are considered acceptable and all the subscales were retained for analysis. 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 19.

**Table 19:** Cronbach's alpha scores for each dimensions of HSCL-D

SCALE DIMENSIONS	Cronbach' s alpha
Humanity	.68
Staff decency	.74
Immigration trust	.66
Immigration procedural fairness	.65
Relation to other detainees	.65
Care for vulnerable	.73
Relationships	.69
Healthcare	.80
Communication	.67
Isolation	.66
Distress	.66
Drugs	.71
INDIVIDUAL ITEMS	
There is not enough to do at this centre.	N/A
To get things done in this removal centre you have to ask and ask and ask	N/A
Immigration staff treat all the detainees the same in this removal centre.	N/A
Racist comments by staff are rare in this removal centre	N/A
I do not receive enough visits in this centre.	N/A

- **Principal component analysis**

The 73 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 Measure of Quality of Life in Prison 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 a number of dimensions were subjected to PCA: thoughts and feelings about immigration staff, healthcare staff, centre staff and other detainees, communication, humanity, relationships, isolation, distress, and drugs. PCA was conducted on all these groups. 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 (retained as individual items). Items on immigration staff and immigration status loaded mostly on two factors and are now separated in two subgroups (Immigration procedural fairness and immigration trust).

Items on detainees loaded mostly on the first factor and were retained in the same group. Items on 'Humanity' 'Care for the vulnerable", "drugs", 'healthcare', 'communication', 'isolation', and 'distress' loaded mostly on one factor so they were retained within those dimension. 'Relationships' loaded on more than 1 factor but due to its theoretical importance it was retained for analysis. The dimension needs to be developed further in the future.

- **Frequencies of responses on MQLD**

The detailed answers for each item as it appears in the questionnaire can be found in table 20. When over 50% (n=80) of answers are either agree/strongly agree or disagree/strongly disagree the responses will be highlighted in grey. On some statements the number of missing responses of don't know/not applicable responses was higher. All items in table 20 appear as they were in the original questionnaire. In consecutive analysis some items have been reversed to allow grouping of items in dimensions.

**Table 20: Frequencies of responses for each item on the quality of life questionnaire**

	Strongly Disagree/ Disagree	Neither agree nor disagree	Agree/ Strongly agree	Don' t know/not applicable	Missing	TOTAL
Most officers here are kind to me	17	25	109	4	3	158
I am not being treated as a human being in here	90	19	43	2	4	158
Most of the immigration staff here show concern and understanding towards me	70	24	51	9	4	158
The quality of my living conditions is poor	45	30	75	6	2	158
The food at this centre is good	73	44	36	3	2	158
All they care about in this removal centre is getting me deported, rather than the person I really am	26	20	98	10	4	158
Most officers address and talk to me in a respectful manner.	21	18	114	3	2	158
Most detainees do not address and talk to each other in a respectful manner.	71	49	32	4	2	158
Most immigration staff treat me with respect and listen to me properly	56	27	62	10	3	158
I have been helped significantly by an officer in this centre with a particular problem	52	20	70	13	3	158
I do not feel cared for by the staff in the healthcare unit	78	24	42	12	2	158
This centre helps people who have been victims of rape or domestic violence get the care they need	22	11	10	101	14	158
This centre helps people who have been victims of torture get the care they need	36	9	13	87	13	158
Most staff members in this centre are honest and truthful	44	30	54	24	6	158
The doctors here do not believe me when I tell them about my health problems	50	22	49	31	6	158



I trust most of the immigration staff in this centre	95	20	24	12	7	158
I do not trust most of the other detainees at this centre	29	49	59	11	10	158
I do not feel safe at this centre	54	16	71	7	10	158
There is not enough to do at this centre.	32	17	98	7	4	158
I spend most of my day in my room.	58	25	66	3	6	158
To get things done in this removal centre you have to ask and ask and ask	41	23	85	4	5	158
Staff do not bully or threaten me// I feel safe from being injured, bullied or threatened by other staff in here.	22	14	113	4	5	158
The other detainees threaten or bully me/	114	20	10	7	7	158
People who don' t speak English have a hard time in here	23	10	110	11	4	158
Since I arrived at this centre, I have thought about killing myself	103	13	29	6	7	158
Anyone who harms themselves or attempts suicide gets the care and help from staff that they need.	28	17	46	60	7	158
I have never cut or hurt myself at this centre	16	2	128	6	6	158
I do not receive enough visits in this centre.	66	14	57	15	6	158
This centre helps me stay in contact with my family	62	18	53	12	13	158
I do not know where my children are	50	5	13	72	18	158
I can speak often enough to my family/friends on the telephone	36	8	103	5	6	158
My children visit me here	33	6	16	85	18	158
Most staff here do not treat detainees fairly when applying the centre rules.	69	23	46	13	7	158
Most of the immigration staff at this centre are good at explaining the decisions that	73	14	51	15	5	158

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concern my immigration/asylum case						
Decisions made in my immigration/asylum case are made efficiently	98	11	23	17	9	158
I do not know what is happening with my immigration/asylum case	33	14	97	8	6	158
I am not confident I will succeed in my immigration asylum case	53	27	46	23	9	158
Racist comments by staff are rare in this removal centre	28	20	85	16	9	158
Detainees from different nationalities get along well in here	20	21	102	9	6	158
Detainees from different religions do not get along well in here	84	22	31	15	6	158
I mainly hang out with other detainees from the same country as me	62	10	66	12	8	158
The shop does not cater to the needs of all ethnic and religious groups here	37	23	55	34	9	158
Immigration staff treat all the detainees the same in this removal centre.	33	16	73	27	9	158
Healthcare provision here is as good as I would expect to receive outside	78	12	40	21	7	158
I can usually see a doctor within a reasonable amount of time	50	14	64	21	9	158
I cannot see a dentist within a reasonable amount of time	22	16	59	50	11	158
The nurses in this removal centre look after me	37	27	64	20	10	158
On the whole, relationships between officers and detainees in this centre are good	17	34	92	6	9	158
I can always get help from an officer when I need it	35	21	92	4	6	158
Personally, I do not like most of the officers here	88	21	33	9	7	158
I have no real good friends in	76	23	47	5	7	158

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this removal centre.						
It is not easy to get a translator when I need one	20	17	22	85	14	158
I find it easy to make myself understood to immigration staff here.	35	14	82	18	9	158
I do not always understand what the officers are telling me	100	18	21	12	7	158
The Induction process in this removal centre helped me to know what to expect each day	35	12	82	19	10	158
When I am feeling really upset, there is someone here I can talk to.	77	15	48	10	8	158
I have no difficulty falling asleep at night	94	17	41	-	6	158
I wake up a lot during the night	38	9	100	1	10	158
I have regular bad dreams	52	15	76	4	11	158
My religion helps me cope with detention	25	10	104	10	9	158
I am looking forward to the future	58	17	63	12	8	158
Officers help me to remain hopeful about my immigration asylum case here.	83	27	34	5	9	158
The other detainees help me to remain hopeful	27	16	100	6	9	158
I feel it is impossible to make progress in my immigration asylum case	48	22	64	14	10	158
I fear for my physical safety if I am removed from the UK.	61	9	74	6	8	158
The level of illegal drug use in this removal centre is quite high.	43	7	14	75	19	158
This removal centre is good at improving the wellbeing of detainees who have drug problems.	25	14	12	87	20	158
Illegal drugs cause a lot of problems between detainees in here	25	10	14	89	20	158

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## Mean scores of MQLD for each centre

Table 21 presents the mean scores of the MQLD for each centre and for each item. The reversed items are highlighted with (R).

**Table 21:** Mean scores of MQLD questionnaire for each centre

Theme	Item	YW	TH	BH
Humanity	TOTAL	2.72	2.84	2.60
	I am being treated as a human being in here (R)	3.27	3.43	3.17
	The quality of my living conditions is good (R)	2.65	2.80	2.49
	All they care about in this removal centre is the person I really am rather than getting me deported (R)	2.08	2.14	2.34
	The food at this centre is good	2.68	2.69	2.31
	This centre helps me stay in contact with my family	2.90	3.02	2.58
Staff decency	TOTAL	3.45	3.63	3.21
	Most officers here are kind to me	3.63	4.03	3.51
	Most officers address and talk to me in a respectful manner.	3.69	3.85	3.63
	Most staff members in this centre are honest and truthful	3.07	3.19	2.76
	Most staff here treat detainees fairly when applying the centre rules (R)	3.41	3.36	2.77
Immigration trust	TOTAL	2.28	2.64	2.28
	Most of the immigration staff here show concern and understanding towards me	2.57	3.02	2.50
	I trust most of the immigration staff in this centre	1.97	2.35	2.06
Immigration procedural fairness	TOTAL	2.60	2.89	2.67
	I know what is happening with my immigration/asylum case (R)	2.24	2.48	2.27
	I am confident I will succeed in my immigration asylum case (R)	2.81	3.04	3.40
	I feel it is possible to make progress in my immigration asylum case (R)	2.82	2.86	2.78
	Most of the immigration staff at this centre are good at explaining the decisions that concern my immigration/asylum case	2.57	3.05	2.38
	Most immigration staff treat me with respect and listen to me properly	2.69	3.17	2.87
Detainees	TOTAL	3.19	3.51	3.42
	Most detainees do not address and talk to each other in a respectful manner. (R)	2.98	3.59	3.21
	The other detainees do not threaten or bully me (R)	3.74	3.76	4.07
	Detainees from different nationalities get along well in here	3.38	3.79	3.70

	Detainees from different religions get along well in here (R)	3.28	3.58	3.48
Care Vulnerable	I trust most of the other detainees at this centre (R)	2.57	2.89	2.76
	TOTAL	2.50	2.63	2.28
	This centre helps people who have been victims of rape or domestic violence get the care they need	2.61	2.67	2.20
	Anyone who harms themselves or attempts suicide gets the care and help from staff that they need.	3.32	3.21	2.80
	This centre helps people who have been victims of torture get the care they need	2.16	2.70	2.20
	People who do not speak English do not have a hard time in here (R)	2.00	2.36	2.00
Relationships	TOTAL	3.33	3.56	3.22
	On the whole, relationships between officers and detainees in this centre are good	3.57	3.78	3.34
	Personally, I like most of the officers here (R)	3.34	3.74	3.22
	I have real good friends in this removal centre.(R)	3.15	3.33	3.28
	I can always get help from an officer when I need it	3.42	3.73	3.08
Healthcare	TOTAL	2.83	3.21	2.76
	Healthcare provision here is as good as I would expect to receive outside	2.47	2.65	2.24
	I can usually see a doctor within a reasonable amount of time	2.57	3.47	3.09
	I feel cared for by the staff in the healthcare unit (R)	3.25	3.50	2.87
	I can see a dentist within a reasonable amount of time (R)	2.30	2.48	2.62
	The nurses in this removal centre look after me	3.10	3.31	2.92
	The doctors here believe me when I tell them about my health problems (R)	2.89	3.32	2.60
Communication	TOTAL	3.49	3.70	3.06
	The Induction process in this removal centre helped me to know what to expect each day	3.41	3.76	2.46
	It is easy to get a translator when I need one (R)	3.05	3.16	2.66
	I find it easy to make myself understood to immigration staff here.	3.36	3.52	3.19
	I always understand what the officers are telling me (R)	3.69	3.80	3.59
Isolation	TOTAL	3.21	3.02	2.66
	When I am feeling really upset, there is someone here I can talk to.	2.80	2.87	2.42
	Officers help me to remain hopeful about my immigration asylum case here.	2.67	2.64	2.27
	The other detainees help me to remain hopeful	3.96	3.65	3.22
	I have been helped significantly by an officer in this centre with a particular problem	3.44	3.21	2.84
Distress	TOTAL	3.13	2.89	3.00

	I have difficulty falling asleep at night (R)	3.57	3.30	3.74
	I wake up a lot during the night	3.74	3.37	3.59
	Since I arrived at this centre, I have thought about killing myself	2.30	2.27	2.20
	I have cut or hurt myself at this centre (R)	2.05	1.96	1.78
	I do not feel safe	3.43	3.17	3.00
	I spend most of my day in my room.	3.38	2.69	3.36
	I have regular bad dreams	3.41	3.27	3.26
Drugs	TOTAL	2.65	2.26	3.11
	The level of illegal drug use in this removal centre is quite high.	2.17	1.52	3.15
	This removal centre is not good at improving the wellbeing of detainees who have drug problems. (R)	3.25	3.22	3.62
	Illegal drugs cause a lot of problems between detainees in here	2.70	2.00	3.22
Stand Alone	There is not enough to do at this centre.	3.63	3.48	3.84
	To get things done in this removal centre you have to ask and ask and ask	3.72	3.21	3.50
	Immigration staff treat all the detainees the same in this removal centre.	3.12	3.29	3.52
	Racist comments by staff are rare in this removal centre	3.62	3.51	3.32
	I do not receive enough visits in this centre.	3.04	2.72	3.07

- **Relations between the different dimensions.**

Table 22 presents the relationships between the dimensions of the Measure of Quality of Life in Detention questionnaire. Most of the dimensions are strongly related to each other. The higher the numbers the stronger the relationships. When the relationships are statistically significant they are highlighted with two stars ‘\*\*’ or one star ‘\*’ for less strong relationships.

**Table 22:** Bivariate correlations amongst the different dimensions of the MQLD

Dimensions	1	2	3	4	5	6	7	8	9	10	11
1. Humanity	-										
2. Staff decency	.49**	-									
3. Immigration trust	.45**	.30**	-								
4. Immigraiton procedural fairness	.38**	.30**	.49**	-							
5. Detainees	.12	.17*	-.43	.08	-						
6. Care for vulnerable	.28**	.30**	.25**	.25**	.20*	-					
7. Relationships	.40**	.62**	.29**	.45**	.29**	.26**	-				
8. Healthcare	.49**	.44**	.24**	.36**	.06	.49**	.42**	-			
9. Communications	.38**	.24**	.23**	.20*	.10	.32**	.19*	.32**	-		
10. Isolation	.38**	.44**	.23**	.29**	.17*	.33**	.52**	.44**	.32**	-	
11. Distress	-.40**	-.30**	-.19*	-	-.17*	-.17*	-	-	-	-.16*	-
12. Drugs	-.42**	-.45**	-.04	-.22	-	-.26*	-.44	-	-	-	.12
					.38**			.37**	.42**	.42**	

Note: ns = 75-158 due to missing values: p<.05, \*\* p<.01

