



## Report on an unannounced inspection of the detention of migrants at Dover and Folkestone

### **Detention facilities: Tug Haven, Kent Intake Unit and Frontier House**

by HM Chief Inspector of Prisons

8 October and 1–3 November 2021



# Contents

Introduction.....	3
About Tug Haven, Kent Intake Unit and Frontier House .....	5
Section 1 Summary .....	6
Section 2 Safety .....	11
Section 3 Respect.....	24
Section 4 Preparation for removal and release.....	30
Section 5 Recommendations in this report .....	32
Section 6 Progress on recommendations from the last report.....	35
Appendix I About our inspections and reports .....	37
Appendix II Glossary of terms.....	39

## Introduction

This report covers inspections of the detention facilities at Tug Haven and Kent Intake Unit (KIU) in Dover, and Frontier House in Folkestone. The facilities mainly held people who had arrived from France on small boats after undertaking sea crossings from France. Several hundred people arrived at Tug Haven during the inspection and most went directly to immigration removal centres (IRCs) or hotel or hostel accommodation. The Home Office did not keep data on the length of time people spent at Tug Haven, but about 2,000 people, including over 700 unaccompanied children, had been held at KIU or Frontier House in the previous three months for an average of more than 26 hours. The longest detained person was held for over four days and the longest detained child had been held for over 90 hours.

Our last inspection in September 2020 found that these facilities were badly equipped to meet their purpose. Detainees were experiencing unacceptably poor conditions and important safeguarding processes had broken down. Poor contingency planning meant that there was not an effective response to the fluctuating numbers of arrivals. Following that inspection, we were assured by the Home Office that rapid action would be taken to improve both strategic planning and the conditions in which detainees were held. However, despite some limited progress, detainees, including large numbers of unaccompanied children, continued to experience very poor treatment and conditions.

A new marquee at Tug Haven now gave arriving migrants better cover from the elements and there was enough dry clothing and food. However, many people, including families with young children, spent over 24 hours in tents with no sleeping facilities.

The main holding room at KIU remained inadequate. The facility could comfortably hold a small number of people for a few hours but was wholly unsuitable for its intended capacity of 56 people, who could be held for several days. Detainees were confined to a permanently lit room without access to fresh air or even the chance to look outside because of the frosted windows. We observed 40 people in the holding room, barely able to move and unable to rest properly after exhausting journeys. Records showed that others had recently been held there for three to four days. There was only one shower at KIU, and detainees were not always told that it was available.

While KIU was now intended to hold only unaccompanied minors or people whose age was disputed, adult men, women, families and unaccompanied children were regularly held together in the same facility and had resulted in significant safeguarding concerns. For example, during our inspection, an adult male ex-offender considered to pose a medium risk of harm to the public was held together with unrelated children.

Detention staff reported that the poor conditions in the crowded facility and extended detention had led to a great deal of distress and frustration among detainees. Detainees did not have access to their own phones and had generally inadequate phone access to contact family, friends or lawyers after arrival.

It was positive that KIU now had sufficient social workers and 24-hour health care. However, the social workers were contracted for age-dispute cases only and their skills were underused in an environment where safeguarding was an ongoing concern for many other children and some vulnerable adults.

Overall, despite some improvements from a very low base, we found conditions that were at times completely unsatisfactory, and ongoing weaknesses in Home Office governance and systems of accountability and safeguarding. A new replacement facility at the Western Jet Foil was not due to be fully operational until June-July 2022 despite an initial plan for it to be open by the end of August 2021. Home Office leaders also told us of appropriate plans for an improved new KIU facility and up to a thousand triage places in accommodation at different sites around Dover, which could be used flexibly to meet needs. However, these facilities were not due to open until spring/summer 2022.

It is unclear why there had been such delays following the assurances that we were given by the Home Office after our last inspection. Leaders told us of difficulties in coordinating the various partners whose cooperation was required, but this was not a sufficient explanation for why, one year later, we still found people being held for even longer in conditions that were so inadequate.

**Charlie Taylor**

HM Chief Inspector of Prisons

November 2021

# About Tug Haven, Kent Intake Unit and Frontier House

## **Role of the facilities**

These facilities primarily held migrants who had arrived from France on small boats after undertaking sea crossings from Calais. Tug Haven functioned as an initial point of entry, where migrants underwent initial health and identity checks and were formally detained. The Kent Intake Unit and Frontier House are short-term holding facilities where some of the migrants detained at Tug Haven were taken to begin the asylum-screening process.

## **Locations**

Tug Haven and Kent Intake Unit are in Dover, Kent. Frontier House is in Folkestone, Kent.

## **Names of contractors**

Tug Haven – Home Office

Kent Intake Unit and Frontier House – Mitie Care and Custody

## **Escort provider**

Mitie Care and Custody

## **Date of last inspection**

September 2020

# Section 1 Summary

## Progress on recommendations

- 1.1 We last inspected Tug Haven, Kent Intake Unit (KIU) and Frontier House in 2020 and made 10 recommendations. The Home Office and Mitie accepted six of the recommendations and partially (or subject to resources) accepted four.
- 1.2 At our last inspection, we made seven recommendations in the area of safety. At this inspection we found that six of these had not been achieved and one had been partially achieved.
- 1.3 We made one recommendation in the area of respect. At this inspection we found that this recommendation had not been achieved.
- 1.4 We made two recommendations in the area of preparation for removal and release. At this inspection we found that neither had been achieved.
- 1.5 Section 6 contains a full list of recommendations made at the last full inspection and the progress against them.

## Safety

- 1.6 The arrival process at Tug Haven was organised and swift. Staff were generally brisk without being impolite, but we saw some acting in a curt or aggressive manner towards detainees. Migrants were given dry clothes and COVID-19 tests.
- 1.7 At KIU, all detainees received a short induction interview using interpreters, but the area was not private. While KIU was now intended to hold only unaccompanied minors or people whose age was disputed, men, women, families and unaccompanied children were regularly held together in the same facility, which had at times resulted in significant safeguarding concerns.
- 1.8 As at our last inspection, abridged asylum screening interviews and welfare interviews for children continued to take place before detainees had a chance to rest or in the early hours of the morning. This was unlikely to promote disclosure of safeguarding needs and in the three months to 8 October 2021, only 2% of adult detainees held at the KIU had been assessed as being at risk, which was low compared to the numbers we normally see in immigration detention. The Home Office could not provide local data on the number of adult safeguarding referrals made to social services, or the number of referrals to the National Referral Mechanism (NRM, see Glossary of terms).
- 1.9 Detainees we interviewed at KIU expressed no concerns about personal safety, but they were worried about what would happen to them next. Violence was rare, but there had been a recent altercation

between frustrated detainees held for over 24 hours in an overcrowded KIU holding room. There had been no recorded self-harm in the previous three months.

- 1.10 Use of force was rare at KIU and Frontier House, but some detention staff had been suspended pending completion of an investigation into a concerning use of force against a child in June 2021. Use of force by the Home Office at Tug Haven was under-recorded and systems of oversight and accountability were weak.
- 1.11 Data on the length of time people spent at Tug Haven were not kept. The length of detention at KIU and Frontier House had increased significantly and at both sites averaged over 26 hours. IS91 legal detention authority forms were often inaccurate or incomplete.
- 1.12 Some young and vulnerable children were also held for long periods in the holding rooms at KIU and Frontier House, often alongside unrelated adults. The longest detained child was held for over 90 hours; more than half of those who claimed to be unaccompanied children at KIU were held for over 24 hours.
- 1.13 It was positive that there were now sufficient social workers to manage age-dispute cases at KIU, although, their contracts did not include any other work and their skills were underused. For example, there were some concerning cases involving accompanied children who might have been at risk. Their knowledge and experience could also have supported the work of the Refugee Council workers who looked after children in the Atrium, a separate waiting area adjoining the KIU. Some children stayed in the Atrium for several days, sometimes mixing with adults, before being placed in accommodation. The level of supervision in the Atrium was not sufficiently robust.

## **Respect**

- 1.14 The new marquee arrival area at Tug Haven was still not fit for purpose and particularly unsuitable for vulnerable adults and children. There was a single shower at KIU but none at Tug Haven.
- 1.15 The main KIU holding room could comfortably hold a small number of people for a few hours, but was wholly unsuitable for the capacity of 56. Exhausted detainees slept on the floor on thin mats in between rows of fixed seating. Some were there for several days, unable to go outside or rest properly.
- 1.16 All the detainees we interviewed said they had been treated well by staff at Tug Haven and at KIU, and that they had received enough food and had clean clothes. Telephone interpreting services were used routinely on arrival at KIU, but rarely thereafter.
- 1.17 Health services were responsive to need, but there was still no overarching health needs analysis to help plan provision. Health screening at Tug Haven was limited but efficient. We saw a man being treated outside for fuel burns as the small treatment room did not have

adequate facilities. Some people arrived with significant health needs; a heavily pregnant woman was seen on arrival but should have gone to hospital for assessment, particularly in light of the journey that she had just undertaken.

- 1.18 The 24-hour health care cover at KIU was an improvement, although the paramedic only saw individuals when referred by custody staff or when they returned from hospital. Paramedics at KIU had a good stock of appropriate medicines, but no oxygen. There was no paramedic at Frontier House and provision had to be taken from KIU when needed.

## Preparation for removal and release

- 1.19 There was still no internet access and a payphone only at KIU and Frontier House. Detainees were not allowed to keep their phones and, without the numbers on them, were unable to contact anyone. They were rarely offered mobile phones without cameras from the stock held at KIU.
- 1.20 Almost all detainees were bailed to initial asylum accommodation. They had little knowledge of what would happen next in the asylum process. People stayed in the Atrium, sometimes for lengthy periods, until they were escorted to their accommodation. The private rooms for children in the Atrium had deteriorated since our last visit and had substantial damp. There was little focus on release support.

## Key concerns and recommendations

- 1.21 Key concern: Tug Haven and KIU had improved to an extent but were still not fit for purpose, and people were now held in all facilities for even longer than at the last inspection. There had been a lack of urgency in implementing positive changes, and planned new facilities designed to respond to the demands of this long-running situation were not due to be fully operational until spring/summer 2022. In the meantime, detainees experienced what were at times appalling conditions.

**Recommendation: Effective and coordinated action by all agencies involved should ensure that there are safe, decent and hygienic reception conditions for arrivals at Tug Haven, KIU and Frontier House. In particular, contingency planning should ensure there is an effective response to fluctuating numbers and rapid mobilisations of resources whenever necessary.** (Repeated recommendation 1.10)  
(To the Home Office)

- 1.22 Key concern: There were weaknesses in the screening of detainees held at KIU and Frontier House. Adults and children received short asylum screening and welfare interviews, which took place before they had a chance to recover from their journey, often at night. This made it likely that both current risks and vulnerabilities, and important information relevant to future asylum claims, could be missed. Data showed that few vulnerabilities were in fact identified at this stage.



**Recommendation: The Home Office should undertake full screening and welfare interviews for adults and children when detainees have had a chance to rest in suitable accommodation. Decision-makers should recognise the challenging circumstances in which detainees currently receive their screening interview when assessing any subsequent disclosure of vulnerability.**

(To the Home Office)

- 1.23 Key concern: Although KIU was intended to hold only unaccompanied minors or people whose age was disputed, unrelated men, women, families and unaccompanied children were regularly held together in the same facility, which had at times resulted in significant safeguarding concerns.

**Recommendation: Women and children should not be held with unrelated men.**

(To the Home Office)

- 1.24 Key concern: Children were held for long periods with little appropriate supervision or facilities. Checks on their welfare and needs were often cursory.

**Recommendation: The Home Office should ensure that its practice at Dover complies with its duty to safeguard and promote the welfare of children arriving in the UK. (Repeated recommendation 1.13.)**

(To the Home Office)

- 1.25 Key concern: Detainees were held for far too long and often overnight in regularly overcrowded facilities with no access to the open air, no proper sleeping facilities and little or no natural light.

**Recommendation: Detainees should not be held overnight in non-residential holding facilities without access to fresh air and exercise and beds for sleeping.**

(To the Home Office)

- 1.26 Key concern: Health services had continued to develop in response to changing and growing needs, and there had been some improvements. However, health care facilities were still not good enough and there had been no overall health needs assessment to establish what services, equipment and clinical supplies were required.

**Recommendation: Agencies responsible for contracting health care services at Tug Haven, Frontier House and KIU should commission a health needs assessment and establish an integrated care pathway for detainees. The pathway should contain milestones for assessment and treatment, and an agreement should be reached with East Kent Hospitals NHS Trust about when emergency hospital services are to be engaged.**

(Repeated recommendation 1.15)

(To the Home Office)

## Notable positive practice

- 1.27 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for detainees; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.28 Inspectors found one example of notable positive practice during this inspection.
- 1.29 Border Force's addition of two paramedics to the crew of the rescue vessel *Hurricane* to respond to urgent medical need at sea reduced the risks for detainees after long and dangerous journeys. (See paragraph 3.16.)

## Section 2 Safety

**Detainees are held in safety and with due regard to the insecurity of their position.**

### Arrival and early days in detention

Expected outcomes: Detainees travelling to and arriving at the facility are treated with respect and care. Risks are identified and acted on. Induction is comprehensive.

- 2.1 A new Border Force patrol ship, *Hurricane*, had been put into service alongside other vessels since our previous inspection and was able to rescue substantial numbers of migrants from boats in the English Channel. Two paramedics were on board and could identify and treat immediate medical concerns, and also completed COVID-19 tests before arrival at Dover (see paragraph 3.16).
- 2.2 The arrival process at Tug Haven was organised and swift. Staff were generally brisk without being impolite, but we saw some acting in a curt and aggressive manner, for example shouting at people who asked to use a toilet. Border Force staff could not adequately explain why some migrants were subject to guiding holds as they came off the boats and walked along the jetty, given their full compliance (see paragraph 2.17).
- 2.3 On entry into the marquee that had been erected following our last inspection, migrants were given checks of their temperature and oxygen saturation level before a lateral flow COVID-19 test was administered to those who had yet to receive one. They then had IS91 detention authorisations completed at a desk and were informed, in English, that they could not leave.



#### **Outside area of Tug Haven marquee**

- 2.4 Detainees were then assigned areas in the tent according to the boat on which they had initially travelled. Families and single migrants sometimes mixed. They were searched and given fresh clothes before being interviewed by police and immigration officials. At busy times, it could take some time for these processes to be completed and Border Force staff told us that people sometimes slept on the floor in wet clothes.
- 2.5 Snacks and drinks were available and staff sometimes ordered hot food on an ad hoc basis. The Salvation Army had also set up a soup kitchen. There were some mobile toilets at the site and detainees were escorted to them by security contractors who waited outside.
- 2.6 If unaccompanied migrants said they were under 18 and there was capacity, they were transferred to the KIU. Mitie Care and Custody staff usually collected them in suitable vehicles. On arrival at KIU, detainees received a short induction interview using interpreters, where some useful information was given, including the availability of nicotine lozenges if they were smokers and the fact that they were about to be searched by a detention officer. Searching took place in a small booth with a privacy curtain. At Frontier House, searching took place in the staff observation area with only a small screen for privacy. We observed staff conducting induction interviews at KIU in a friendly and efficient manner, although the induction checklist was not followed consistently (see paragraph 2.46). The induction interview was held with detainees standing at a desk in an area that was not private and could be noisy with the traffic of people to and from the room. Medical confidentiality was not observed.



Interview area at KIU

## Safeguarding adults and personal safety

Expected outcomes: The facility promotes the welfare of all detainees and protects them from all kinds of harm and neglect. The facility provides a safe environment which reduces the risk of self-harm and suicide. Detainees are protected from bullying and victimisation, and force is only used as a last resort and for legitimate reasons.

- 2.7 As at our last inspection, asylum-screening interviews were conducted face to face, but continued to take place before detainees had a chance to rest or in the early hours of the morning, while they were still exhausted following arduous journeys. Other detainees were interviewed the day after their arrival having been held overnight in a room without adequate sleeping facilities (see paragraph 3.1).
- 2.8 Asylum-screening interviews remained abridged at busy times, asking only one question about health needs and giving limited opportunities for detainees to disclose vulnerability. Records indicated these interviews were cursory. In our sample of 14 cases, interviews ranged from five to 35 minutes, but most were under 15 minutes. Weaknesses in the screening process meant that detainees would have been less

likely to disclose sensitive information, hampering the identification of safeguarding needs. (See key concern and recommendation 1.22.)

- 2.9 Safeguarding data did not appear to reflect the level of vulnerability of detainees. In the three months to 8 October 2021, only 19 adult detainees held at the KIU had been assessed as at risk under its policy on adults at risk (see Glossary). This represented just 2% of those held in the KIU. The Home Office was unable to produce local data on the number of adult safeguarding referrals made to social services or referrals to the National Referral Mechanism (NRM, see Glossary) in the three months to 8 October 2021. In this three-month period, only six out of 2,000 adults and children held in the KIU and Frontier House had been referred to the Home Office's national asylum safeguarding hub for welfare support because they might have been trafficked. Mitie had not reported any modern slavery concerns to the Home Office. (See key concern and recommendation 1.22.)
- 2.10 There was little formal governance of safeguarding. The Home Office did not hold multidisciplinary meetings to share experience, review data on and drive improvements to safeguarding.
- 2.11 While KIU was now intended to hold only unaccompanied minors or people whose age was disputed, men, women, families and unaccompanied children were regularly held together in the same facility, which had resulted in significant safeguarding concerns. (See key concern and recommendation 1.23.) During the inspection, a 49-year-old male ex-prisoner was held overnight in the KIU with several children, including a girl and boy assessed to be 17- and 14-years-old respectively. The man had been assessed to have a medium risk of harm to the public.







**Views of the KIU holding room, showing seating areas and mattresses**

2.12 Vulnerable detainees could be detained for many hours, even after their vulnerability was identified. We saw no evidence of such detainees receiving prompt specialist support. One woman was held for

almost a day after disclosing she had been raped repeatedly by a smuggler five days before she left France. She was described as suicidal and ‘inconsolable’. On release, she was housed in unsuitable initial accommodation holding both male and female asylum seekers. In this case, the detainee had not been flagged as a potential victim of trafficking in the Home Office’s case management system. No referral has been made under the NRM and there was no record that the possibility of referral had been discussed with her.

- 2.13 Another woman was held overnight before disclosing in her screening interview that she had been sold to a man for domestic servitude. She was then held for a further 20 hours.
- 2.14 In a further case, a detainee interviewed on her day of arrival disclosed that she had been raped twice during her journey to the UK. The interview notes stated: ‘Asked if would like us to report – Does not want this reported’. It was concluded from this that the detainee did not want the matter to be reported to the police or to have an NRM referral. There was no record that the issue was followed up after she had time to recover from her journey.
- 2.15 Mitie staff had received awareness training in vulnerability. They had opened vulnerable adult warning forms on 31 occasions at KIU and four times at Frontier House in the three months to 8 October 2021. The forms evidenced little interaction and inquiry about needs. Data indicated that interpreters were rarely used after the detainee’s initial induction interview. The process was not adequate for people held for long periods.
- 2.16 Detainees we interviewed did not express any concerns about personal safety, but were worried about what would happen next. Violence was rare, but in a recent incident detainees became agitated after being held in the KIU for over 24 hours, which led to a confrontation between two of them.
- 2.17 Immigration staff had used force on 38 occasions at Tug Haven in the previous three months. Use was mostly low level. For example, guiding holds had been used on 16 occasions and handcuffs had been applied to 15 detainees. A log indicated that more active force had been used on a few occasions in Tug Haven, including pain-compliance techniques. Officers did not wear body-worn cameras and there was no formal process to report on use of force. The number of guiding holds reported did not tally with the number we saw.
- 2.18 All Mitie detainee custody officers (DCOs) were trained in the Home Office manual for escorting safely (a training package developed specifically to cover the restraint of non-compliant adult immigration detainees). DCOs applied handcuffs rarely. No force had been used at KIU in the three months to 8 October 2021. The last recorded incident was in June 2021, when three Mitie staff used it against a 14-year-old boy who was struggling with his mental health and self-harming, and should not have been held in the unit (see paragraph 2.32). None of the staff involved had been trained to restrain children. Footage we



reviewed was disturbing. Force was necessary to prevent the boy harming himself but was excessive. At the start of the incident an officer kicked the boy with some force, before dragging him to the ground with one arm around his neck. Throughout the incident there were too few staff to restrain him safely, and there was repeated use of unauthorised and potentially dangerous techniques with no paramedics on site to conduct a prompt check of any injuries. Mitie had referred the incident to the police and the Home Office's professional standards unit, and both investigations were ongoing. One of the staff involved no longer worked for Mitie and the other two remained suspended.

- 2.19 Self-harm was very rare and there were no known incidents in the previous three months. Where risks were identified, staff completed a suicide and self-harm or vulnerable adult/child warning form. This generally led to an increase in the level of observation on the person. One such form had been opened in the previous three months.

## Safeguarding children

Expected outcomes: The facility promotes the welfare of children and protects them from all kinds of harm and neglect.

- 2.20 In the three months to 8 October 2021, 936 individuals who claimed to be children had passed through the facilities – 749 through the KIU and 187 through Frontier House. Of these, 734 were unaccompanied and 202 were part of families. The Home Office was unable to confirm how many children had arrived at Tug Haven. As with adults, there was no formal governance or oversight of child safeguarding (see paragraph 2.10).
- 2.21 If Home Office staff had doubts about the age of a detainee, they were age-assessed by a chief immigration officer (CIO) at Tug Haven or the KIU. In the three months to our inspection, there had been 342 assessments in the KIU; the Home Office was unable to tell us how many had taken place at Tug Haven.
- 2.22 We had concerns about the determination of age upon arrival. There was no use of professional telephone interpreting in Tug Haven and we observed staff attempting to establish ages by use of hand signals. CIOs told us that they did not use interpreters when carrying out age assessments and regularly based their decisions on quick visual appraisals that were often made in dark, noisy and crowded conditions, which was not in line with Home Office guidelines. There was no formal governance or quality assurance of CIO age assessments.
- 2.23 Detainees, whom CIOs deemed to be clearly over 25, were moved directly to a residential short-term holding facility (RSTHF) or initial processing centre (IPC). Given the lack of assurances around the process, we could not be confident that minors had not been wrongly age-assessed and sent to adult accommodation. An inspection of the RSTHF at Yarl's Wood in August 2021, where adult men were being

sent from the south coast (see <https://www.justiceinspectors.gov.uk/hmiprison/>) found that 15 detainees later assessed to be children had been wrongly transferred there since the start of 2021. During the current inspection, we found similar cases, including one where a detainee assessed as being clearly over 25 was taken to hospital and subsequently released from the KIU with a catheter in place – after being dispersed to adult accommodation, he was assessed to be a child and was taken into the care of a local authority.

- 2.24 Unaccompanied children and those considered by CIOs to be between 18 and 25 were sent to the KIU or Frontier House. For the latter group, social workers were contracted by the Home Office to conduct abridged Merton-compliant age assessments (the standard social services age assessment). In the three months to 8 October 2021, 238 assessments had been carried out and 36 detainees were either judged to be under 18 or referred to a local authority for a full Merton-compliant age assessment because the onsite social workers were unable to reach a judgement. Social workers were contracted to work on age disputes only, and more effective use could have been made of their skills to enhance safeguarding for all children, and potentially vulnerable adults, held at the facilities.
- 2.25 We saw children and detainees who were awaiting age assessments being looked after by friendly staff at the KIU. They were provided with hot food, snacks and drinks. Mitie staff were required to complete observations of children in the holding rooms four times an hour. However, the records that we saw were brief and did not indicate regular engagement with children. A children's care plan was also opened for each child. Those that we sampled were basic and did not indicate in-depth assessment of risks, vulnerabilities or needs.
- 2.26 There was a separate area at Tug Haven for families with young children. Outside the main marquee, this comprised two temporary tents and was not suitable for detainees to be held for long periods. The holding room at the KIU had a separate small area for children and families. However, this could not accommodate many people, and both unaccompanied children and families were routinely held in the holding room with unrelated adults, often overnight. While holding rooms was supervised by Mitie staff, at busy times it was impossible for them to see all detainees.



**Outside and inside the family area at Tug Haven**

- 2.27 Unaccompanied children were given a welfare interview by Home Office staff. However, as at our previous inspection, we saw evidence of children being interviewed late at night and long after their arrival. We also observed interviews conducted early in the morning with children who had arrived late at night, and who were visibly exhausted. The records of interviews that we reviewed were perfunctory and did

not always demonstrate a meaningful exploration of the child's welfare. (See key concern and recommendation 1.22.)

- 2.28 Both accompanied and unaccompanied children were held far too long, for an average of 28 hours in the KIU and 33 hours at Frontier House, and were routinely held overnight in holding rooms without adequate sleeping facilities. We were told by Border Force staff that many children were held for extended periods at Tug Haven, sometimes overnight, but the Home Office was unable to provide records of how long they were held there.
- 2.29 The length of detention of unaccompanied children at the KIU and Frontier House had increased since our last inspection and the Home Office routinely breached the statutory prohibition on the detention of unaccompanied children for more than 24 hours. According to holding room records, in the three months before our inspection, at least 321 detainees (52%) who claimed to be unaccompanied children had been held in the KIU for over 24 hours, compared with 29% at our last inspection. Of these, 53 were held for between two and three days, and seven for over three days. The longest detention of an unaccompanied child was for 83 hours 45 minutes.
- 2.30 In Frontier House in the previous three months, 46 children travelling alone (40%) were held for over 24 hours. Of these, 12 were held for between one and two days, and 15 for over three days. The longest detentions were for just over 90 hours for two 15-year-old boys and two 16-year-olds. Electronic records that we reviewed showed little evidence that detention was reviewed.
- 2.31 We also saw evidence of very young and vulnerable unaccompanied children being held for long periods, often alongside adults. In one case, a 13-year-old boy was held in Frontier House for over 64 hours and in another, a 12-year-old girl who had disclosed suffering physical and mental abuse was held at the KIU for 15 hours overnight – electronic records did not specify whether she was held separately from adults and boys. During our visit, we saw a 17-year-old girl who had been held in a holding room with around 30 men overnight, including one ex-offender (see paragraph 2.11). We also saw a case in which an eight-year-old girl with serious health conditions was held at Tug Haven and KIU for a total period of 37 hours – we were told that staff at Tug Haven had forgotten that she and her siblings were there.
- 2.32 The KIU and Frontier House were not suitable environments for holding children with severe mental illnesses or vulnerabilities. In June 2021, a 14-year-old boy arrived at the KIU and disclosed that he suffered from severe mental illness, regularly self-harmed and had previously attempted to take his life. Staff at the KIU contacted Kent Social Services to arrange care for him. Kent's local authority had withdrawn from resettling unaccompanied minors from the KIU earlier in 2021 (see also paragraph 2.35) and suggested that it was no longer its responsibility to accept referrals from the KIU, even in instances when a child was particularly at risk. The following day, the child was transferred to the holding room at Frontier House, where he was held

alone and supervised by Mitie staff. His condition deteriorated and he began to self-harm resulting in him being restrained by staff and taken to hospital. The restraint was excessive and potentially dangerous and was referred to the police and the Home Office's professional standards unit for investigation. Following this incident, the child was treated in hospital before he was transferred into the care of a different local authority. There was no supervision of the incident to ensure the welfare of the child, and no post-incident support was available to him. In addition, he was not formally interviewed about the incident, neither were social services informed about it. While in hospital he said that he wished to complain about one of the officers who had restrained him, but this was not followed up. Although incidents of violence and self-harm were rare in these facilities (see paragraphs 2.16 and 2.19), this case highlights weaknesses in safeguarding. The holding rooms at KIU and Frontier House did not provide a safe environment for a child in crisis, and Mitie staff did not have the capacity or training to supervise him. Additionally, the delay in arranging professional care for this child indicates that multiagency working aimed at safeguard children was weak.

- 2.33 Families with small children were also held at the KIU and Frontier House for long periods. Holding room records showed that a family with two daughters aged six and eight were held for over 64 hours, and a baby under a year old was held in Frontier House with her parents for over 46 hours. While basic amenities such as nappies and formula were provided, there were few facilities for young children and little private space for mothers to nurse infants. Records did not show whether families with young children had been held separately and Mitie staff told us that the limited space in the family room meant that they usually were not.
- 2.34 When safeguarding concerns arose, staff were to refer them to the Home Office safeguarding team. It had received 15 referrals involving minors in the previous three months, which was low considering the number of children who had used the facilities (see paragraph 2.9). We had concerns that child safeguarding referrals were not made when necessary. On one occasion, staff submitted an incident form after seeing a mother strike her young child. The incident report noted that the Home Office was informed, but neither electronic records nor records of referrals made by the Home Office safeguarding team showed any further action being taken at the time. Once we raised the concern, the Home Office made a referral to social services.
- 2.35 Kent Social Services had withdrawn from resettling unaccompanied children from the KIU (see paragraph 2.32). After being bailed, unaccompanied children were referred to the National Transfer Scheme (see Glossary) to wait for an alternative local authority to provide care. Until a place for them was found, they were held in the Atrium – a separate facility adjoining the KIU. The Refugee Council had capacity to supervise 15 children there and provided camp beds and spare clothing. Refugee Council staff provided good support.

- 2.36 The Atrium could accommodate up to 15 further children, supervised by Home Office staff, and had facilities such as showers and a television. The length of time that children stayed here varied, often depending on the availability of hotel accommodation or local authority placements, and staff told us that that during the summer children had been in the Atrium for as long as 10 days. The use of hotels to accommodate unaccompanied children had eased pressure, but records showed that in September 2021 one child was in the Atrium for six days. Children in the Atrium were not detained and could go outside. Refugee Council staff told us that a 17-year-old boy under their care had absconded in September 2021 and that at least two other children under Home Office supervision had absconded in recent months.
- 2.37 The Atrium area was also used to accommodate some young people awaiting age assessments who had not been confirmed as children. Refugee Council staff told us that they were not always sure which detainees in the wider Atrium area were awaiting an age assessment. This meant that children and adults could be held together in this space without the knowledge of supervising staff.

## Recommendations

- 2.38 **Chief immigration officers should follow national guidance on conducting age assessments by interacting with detainees and should use professional interpreters when doing so.**
- 2.39 **Mitie should make sure that staff have regular engagement with children and conduct individual assessments of their needs and any risks.**
- 2.40 **The Home Office should explore how safeguarding support for all children and potentially vulnerable adults could be achieved by making better use of the skills and experience of the onsite social workers.**
- 2.41 **The Home Office and Mitie should work alongside other relevant agencies to make sure there is prompt action to safeguard any children who arrive at the facilities with a significant health issue, a high risk of harm or urgent needs.**

## Legal rights

Expected outcomes: Detainees are fully aware of and understand their detention, following their arrival at the facility and on release. Detainees are supported by the facility staff to freely exercise their legal rights.

- 2.42 All migrants were arrested and told they were not free to leave Tug Haven. Detainees were often held there for several hours and sometimes overnight. The Home Office did not keep data on the length of time detainees were held.



- 2.43 The length of detention in the KIU and Frontier House had increased since the last inspection. In the three months to 8 October 2021, 1,600 people had been held at KIU for an average of more than 26 hours, compared with 15 hours 45 minutes at our last inspection. At Frontier House, 437 people had been held, also for an average of over 26 hours compared with 17 hours last time. The longest detained person was held for over four days. At KIU, 45% of detainees were held for more than 24 hours, compared with 17% at our last inspection. At Frontier House, the figure was 37% compared with 23% last time. In breach of Home Office policy, 24-hour detention reviews rarely happened and we were told this was because staff were too busy.
- 2.44 In many cases we looked at, electronic records, used to share information between various Home Office departments, were very poor, and with key documentation missing from case records.
- 2.45 IS91 legal detention authority forms were completed at Tug Haven. They were often inaccurate or incomplete. In our inspection of Yarl's Wood RSTHF at the end of August 2021 (see <https://www.justiceinspectrates.gov.uk/hmiprisons/>) Home Office and Serco records showed that this, and poor initial risk assessments, had resulted in the transfer there from Dover of detainees who were minors or who had serious injuries or health concerns (see paragraph 2.23).
- 2.46 Almost all detainees we interviewed told us that no one had explained what would happen to them next. During induction for those who came to KIU, nothing was said about access to legal advice, although it was on the induction checklist, and detainees were not offered a free phone call when they arrived there. Two A4 posters in English only with numbers of legal services providers were displayed in the holding room. Detainees were not told about them during induction interviews and there was no evidence that they understood what they were.

## Section 3 Respect

**Detainees are treated with respect for their human dignity and the circumstances of their detention.**

### Accommodation and facilities

Expected outcomes: Detainees are held in a safe, clean and decent environment. They are offered varied meals according to their individual requirements. The facility encourages activities to promote mental well-being.

- 3.1 There had been some improvements to the infrastructure at Tug Haven, but it remained inadequate for purpose and held people overnight, despite having no suitable sleeping facilities. A new reception facility at the Western Jet Foil was not due to be fully operational until summer 2022. Home Office leaders also told us of appropriate plans for up to a thousand triage places in accommodation at different sites around Dover, which could be used flexibly to meet needs. However, this capacity was not due to be available until spring/summer 2022.
- 3.2 There had also been some improvements at Kent Intake Unit (KIU), including 24-hour health care. However, facilities and processes at both KIU and Frontier House were not designed for lengthy stays and detainees, including children, were often held in very poor conditions. A new KIU facility was planned and leaders told us that it would address the major concerns about the current accommodation, including access to the outdoors and sufficient space. However, it was not due to open until spring/summer 2022.
- 3.3 The marquee arrival area at Tug Haven was still not fit for purpose and unsuitable for vulnerable people and children. The area quickly became crowded, with migrants queuing outside in wet clothes, and others sleeping on the floor inside. There were two small family tents, which did not have temperature control, and we saw adults sleeping on the floor and children playing there (see paragraph 2.26). Border Force staff told us that some families were held in the tents for one to two days in conditions that could be too cold or too hot.
- 3.4 The main tent had wooden benches and a number of detainees were also lying on the floor. There were no shower facilities at Tug Haven and there was only one shower at KIU, which was locked on our first visit. On the first day of our inspection, the shower at KIU had barely been used despite significant numbers of detainees. When we returned a few weeks later, shower use had increased but was still not high given the numbers that had passed through the facility. Although it was usually mentioned in the Mitie induction interviews that we observed, staff were not proactive in encouraging detainees to make use of the



shower and several detainees asked inspectors how they could shower.



#### **Inside the Tug Haven marquee**

- 3.5 The KIU induction room had been enlarged and had a better staff area where interviews were conducted, and separate searching booths. However, the main holding room was largely unchanged since our previous inspection. It could comfortably hold a small number of people for a few hours, but was wholly unsuitable for the capacity of 56. On our first day at the site, we saw the facility with just eight people in it and it was already hard to move around the room because exhausted detainees were sleeping on thin mats on the floor in between rows of fixed seating. We later saw 40 people crammed into the room. Detention staff told us about one day when more than 40 people, including women and children, had been held together for over 24 hours. This had resulted in some detainees crying at the door to be allowed out, and an altercation. The rooms were cleaned regularly, but quickly became messy with food and rubbish when busy. The rooms were constantly lit, there was no access to fresh air and the frosted windows meant that detainees could not see outside.
- 3.6 Frontier House was not occupied during the inspection. It consisted of a small holding room with capacity for 42, with rows of seats and some tables. The toilets and sinks were metal and we did not see sanitary products available in the women's toilet. There were no showers and the sinks in the toilets were built into the wall and could not easily be used for washing. As at KIU, there were some mats for detainees to sleep on the floor, but space was very limited. The holding room was clean, but not suitable for holding people for more than a few hours. There was no induction room or searching area. Detainees were

searched in the staff observation office behind a privacy screen. Microwave meals and snacks were available.



Frontier House

## Respectful treatment

Expected outcomes: Detainees are treated with respect by all staff. Effective complaints procedures are in place for detainees. There is understanding of detainees' diverse cultural backgrounds. Detainees' health care needs are met.

- 3.7 The detainees we interviewed said they had been treated well by staff at Tug Haven and at KIU, and had received enough food and had clean clothes. Some detention staff told us they had become distressed at the conditions in which detainees were held at KIU and that they themselves would not have been able to manage in the conditions in which people were held for extended periods.

- 3.8 Interpreters were not used at Tug Haven although some staff were using translation applications for simple communications. At KIU and Frontier House, professional telephone interpreting services were used routinely to speak with arrivals. Logs showed 1,472 such calls in the previous three months at KIU and 429 at Frontier House. Interpreters were very rarely used after the induction.
- 3.9 Complaints and feedback forms were in the main KIU holding room and there was an unmarked complaints box. During induction, we did not hear detainees being told about the process. No complaints had been received recently.
- 3.10 The holding rooms were inadequate for those with disabilities and managers told us that they had refused to accept people with mobility difficulties. People with disabilities generally went direct to hotel accommodation.
- 3.11 Detainees had access to snacks, drinks and fruit in the holding rooms, and child-friendly snacks were provided. Microwave meals met a range of dietary needs and were first offered shortly after detainees arrived at the facility. There were some prayer mats and religious books in the corner of the main holding room at KIU.

## Health care

- 3.12 The number of people arriving at Dover with serious health needs had increased and the breadth of ages, from babies to pregnant women to older adults, had expanded.
- 3.13 While health services had developed in response to changing and growing needs, there was still no overall health needs assessment to help inform what services, equipment and clinical supplies were necessary or to indicate the pathways of care required. (See key concern and recommendation 1.26.)
- 3.14 Two companies were contracted to provide paramedic services, Medevent Medical Services at Tug Haven and IPRS Aeromed at KIU. Both companies made sure their staff were competent, supervised and registered with the Health Care Professionals Council, and were responsive to need.
- 3.15 Health contracts and governance arrangements were managed and functioned separately, although some of the paramedics worked across both companies and with NHS ambulance services.
- 3.16 There had been developments in the health care delivered by both companies. Medevent was providing two paramedics to assess and treat people landing at the beaches at Dungeness and Lydd. Aeromed had been commissioned to provide two paramedics on board the Border Force patrol vessel *Hurricane*. They were able to attend to urgent needs more quickly while out at sea, such as hypothermia, and they also completed lateral flow tests (LFTs) on board.

- 3.17 There was now 24-hour paramedic cover at KIU, which was an improvement since last year, although the paramedic only saw individuals when referred by custody staff or when they returned from hospital. Some people were held at KIU for long periods without their health needs being identified, which could have put their well-being and that of others at risk. (See key concern and recommendation 1.26.)
- 3.18 We were informed that relationships with local hospitals were better since the introduction of a 24-hour health provision at KIU. Previously detainees were sent to hospital for simple pain relief and other minor issues as the paramedic was only on site between 10am and 4pm. A TB pathway had been established by the paramedics at KIU and the local TB nurses, which was working well.
- 3.19 The crowded conditions at all of the inspected places of detention increased the likelihood of transmission of airborne communicable diseases, such as TB or the COVID-19 virus.
- 3.20 LFTs were conducted at Tug Haven and the KIU. individuals were tested before entering the building at KIU unless they had already been tested at Tug Haven. If the person tested positive at either site, they were transferred to hotels individually by private ambulance or taxi to continue their isolation. If a person developed symptoms while at KIU, the centre was closed and the positive case and all within the centre were moved to hotels to isolate. We were informed that Frontier House would be opened to accommodate others while KIU was closed or if KIU became too full.
- 3.21 KIU paramedics were deployed to Frontier House when demand was high, which could affect the service delivery at KIU. There was no equipment in the medical room there and it did not meet infection prevention and control standards. Paramedics had to take equipment with them or the person was escorted to KIU to be seen there. (See key concern and recommendation 1.26.)
- 3.22 Oxygen was available for detainees in need of potentially lifesaving treatment at Tug Haven, but not at KIU or Frontier House. We were told that a migrant had had an asthma attack at KIU where oxygen would have helped. There was also no equipment to undertake an echocardiogram at KIU. This meant that ambulances had to be called rather than the skilled paramedic on site completing this and making a clinical decision on whether the person needed to go to hospital or not. (See key concern and recommendation 1.26.)
- 3.23 Medevent had been involved in the plans for the new Western Jet Foil facility at Tug Haven, which had identified the need for two treatment rooms with showers attached, which would be an improvement.
- 3.24 The paramedics at Tug Haven brought comprehensive medical equipment with them and could treat any emergency. We observed a competent team of paramedics dealing with a large intake of people, completing initial welfare and health screening. This included a LFT, temperature check, heart rate and oxygen saturation test. Results of

the tests were attached to the individual's IS91 authority to detain at both sites.

- 3.25 There was now a separate area at Tug Haven for those testing positive for COVID-19, but it was too small. We observed four people who had tested positive being moved to this cramped space. We were informed that they would receive a further LFT and be moved quickly to isolate at a hotel.
- 3.26 A separate room had been identified as a treatment room at Tug Haven, but it did not have a sink or an examination couch, was cluttered with non-medical items and was inadequate. Paramedics had used it on occasion for confidential discussions, and they could also use their ambulance just outside the facility. We observed one man being treated outside for fuel burns as they did not have the appropriate facilities to treat these inside. This type of injury had increased and they were all treated outside in the open air and sometimes in bad weather. (See key concern and recommendation 1.26.)
- 3.27 During our inspection, a heavily pregnant woman was waiting with other migrants at Tug Haven rather than being taken to hospital for assessment, which we considered to be the more appropriate action following her journey. KIU sent pregnant women to hospital or emailed the safeguarding lead to identify the need for midwifery and maternity services to be organised. (See key concern and recommendation 1.26.)
- 3.28 Medicines for use in emergencies or to relieve suffering were available from the paramedics at both sites. Detainees could continue with their prescribed medicines, subject to a verification of previous prescribing and current needs.
- 3.29 We were informed that anyone with acute mental health issues was sent to the hospital accident and emergency department where there was a mental health liaison team. Aeromed paramedics worked closely with the Home Office safeguarding lead to organise an early transfer or release for detainees with health problems.
- 3.30 Opiate substitution therapy was not available at either site, although KIU had limited symptomatic relief. Paramedics said that if anyone was exhibiting substance misuse withdrawal symptoms, they would send them to hospital for observation and treatment. Nicotine replacement gum was available.

## **Recommendations**

- 3.31 **There should be a care pathway for detainees who are pregnant, including routinely taking them to hospital for assessment.**
- 3.32 **The health care provision at Frontier House should meet infection prevention and control standards, and have adequate provision to meet detainees' health care needs.**

## Section 4 Preparation for removal and release

**Detainees are able to maintain contact with the outside world and be prepared for their release, transfer or removal.**

### Communications

Expected outcomes: Detainees are able to maintain contact with the outside world using a full range of communications media.

- 4.1 Detainees arriving at Tug Haven no longer automatically had their mobile phones seized for the purposes of criminal investigations. However, their phones were still taken from them and placed in property bags and detainees could not access them until they were bailed.
- 4.2 Although there were payphones in the holding rooms at KIU and Frontier House, not all detainees had cash and some told us that they had not been able to retrieve contact numbers from their mobile phones. Detainees had no access to the internet.

### Recommendation

- 4.3 **Detainees should have access to the internet, including email, video calling and social networks, unless an individual risk assessment indicates otherwise.** (Repeated recommendation 1.69)

### Leaving the facility

Expected outcomes: Detainees are prepared for their release, transfer or removal. They are able to retain or recover their property. Families with children and others with specific needs are not detained without items essential for their welfare.

- 4.4 Single adults were now taken directly to residential short-term holding facilities or initial processing centres from Tug Haven to begin the asylum-screening process.
- 4.5 We were told that families were routinely bailed directly from Tug Haven to hotel accommodation. However, holding room records showed that a significant number of families with children had been taken to the KIU and Frontier House in the previous three months. Staff told us that this was a contingency during busy periods when arrivals were higher and hotel accommodation was not available. Unaccompanied children were taken to the KIU or Frontier House and bailed to the Atrium and hotel accommodation before being handed into the care of local authorities via the National Transfer Scheme. The Refugee Council now employed a hotel coordinator, who liaised

between the Atrium and hotel staff to flag children's specific needs. However, this was a very recent development and we were unable to assess the extent to which it had improved the support provided to unaccompanied children.

- 4.6 The bail documents that we saw were provided to detainees in English. Detainees who we spoke to had little understanding of their bail conditions and no knowledge of what would happen next in the process or where they were to be taken.
- 4.7 We saw little evidence that detainees' welfare needs were checked before their departure from the KIU. This included basic needs such as the provision of food and drink, suitable clothing, communications devices and assessment of any unmet health needs or vulnerabilities that may not have been detected during the screening process.

### **Recommendations**

- 4.8 **Immigration staff should ensure that detainees understand their bail conditions and what will happen to them when they leave the detention facility. All documentation should be provided in a language and format understood by the person being bailed.**  
(Repeated recommendation 1.75)
- 4.9 **Home Office and Mitie staff should make sure that any unmet welfare needs are identified ahead of detainees leaving the facilities, and that information is passed on to their accommodation providers and relevant referrals made where necessary.**

## Section 5 Recommendations in this report

The following is a list of repeated and new recommendations in this report.

### Key concerns and recommendations

- 5.1 Key concern 1.21: Tug Haven and KIU had improved to an extent but were still not fit for purpose, and people were now held in all facilities for even longer than at the last inspection. There had been a lack of urgency in implementing positive changes, and planned new facilities designed to respond to the demands of this long-running situation were not due to be fully operational until spring/summer 2022. In the meantime, detainees experienced what were at times appalling conditions.

**Recommendation: Effective and coordinated action by all agencies involved should ensure that there are safe, decent and hygienic reception conditions for arrivals at Tug Haven, KIU and Frontier House. In particular, contingency planning should ensure there is an effective response to fluctuating numbers and rapid mobilisations of resources whenever necessary.** (Repeated recommendation 1.10)  
(To the Home Office)

- 5.2 Key concern 1.22: There were weaknesses in the screening of detainees held at KIU and Frontier House. Adults and children received short asylum screening and welfare interviews, which took place before they had a chance to recover from their journey, often at night. This made it likely that both current risks and vulnerabilities, and important information relevant to future asylum claims, could be missed. Data showed that few vulnerabilities were in fact identified at this stage.

**Recommendation: The Home Office should undertake full screening and welfare interviews for adults and children when detainees have had a chance to rest in suitable accommodation. Decision-makers should recognise the challenging circumstances in which detainees currently receive their screening interview when assessing any subsequent disclosure of vulnerability.**  
(To the Home Office)

- 5.3 Key concern 1.23: Although KIU was intended to hold only unaccompanied minors or people whose age was disputed, unrelated men, women, families and unaccompanied children were regularly held together in the same facility, which had at times resulted in significant safeguarding concerns.

**Recommendation: Women and children should not be held with unrelated men.**  
(To the Home Office)



- 5.4 Key concern 1.24: Children were held for long periods with little appropriate supervision or facilities. Checks on their welfare and needs were often cursory.

**Recommendation: The Home Office should ensure that its practice at Dover complies with its duty to safeguard and promote the welfare of children arriving in the UK.** (Repeated recommendation 1.13.)  
(To the Home Office)

- 5.5 Key concern 1.25: Detainees were held for far too long and often overnight in regularly overcrowded facilities with no access to the open air, no proper sleeping facilities and little or no natural light.

**Recommendation: Detainees should not be held overnight in non-residential holding facilities without access to fresh air and exercise and beds for sleeping.**  
(To the Home Office)

- 5.6 Key concern 1.26: Health services had continued to develop in response to changing and growing needs, and there had been some improvements. However, health care facilities were still not good enough and there had been no overall health needs assessment to establish what services, equipment and clinical supplies were required.

**Recommendation: Agencies responsible for contracting health care services at Tug Haven, Frontier House and KIU should commission a health needs assessment and establish an integrated care pathway for detainees. The pathway should contain milestones for assessment and treatment, and an agreement should be reached with East Kent Hospitals NHS Trust about when emergency hospital services are to be engaged.**  
(Repeated recommendation 1.15)  
(To the Home Office)

## **Safety**

- 5.7 Recommendation 2.38: Chief immigration officers should follow national guidance on conducting age assessments by interacting with detainees and should use professional interpreters when doing so.  
(To the Home Office)

- 5.8 Recommendation 2.39: Mitie should make sure that staff have regular engagement with children and conduct individual assessments of their needs and any risks.  
(To the facility contractor)

- 5.9 Recommendation 2.40: The Home Office should explore how safeguarding support for all children and potentially vulnerable adults could be achieved by making better use of the skills and experience of the onsite social workers.  
(To the Home Office)

- 5.10 Recommendation 2.41: The Home Office and Mitie should work alongside other relevant agencies to make sure there is prompt action to safeguard any children who arrive at the facilities with a significant health issue, a high risk of harm or urgent needs.  
(To the Home Office and facility contractor)

## **Respect**

- 5.11 Recommendation 3.31: There should be a care pathway for detainees who are pregnant, including routinely taking them to hospital for assessment.  
(To the Home Office)
- 5.12 Recommendation 3.32: The health care provision at Frontier House should meet infection prevention and control standards, and have adequate provision to meet detainees' health care needs.  
(To the Home Office)

## **Preparation for removal and release**

- 5.13 Recommendation 4.3: Detainees should have access to the internet, including email, video calling and social networks, unless an individual risk assessment indicates otherwise. (Repeated recommendation 1.69)  
(To the Home Office and facility contractor)
- 5.14 Recommendation 4.8: Immigration staff should ensure that detainees understand their bail conditions and what will happen to them when they leave the detention facility. All documentation should be provided in a language and format understood by the person being bailed.  
(Repeated recommendation 1.75)  
(To the Home Office)
- 5.15 Recommendation 4.9: Home Office and Mitie staff should make sure that any unmet welfare needs are identified ahead of detainees leaving the facilities, and that information is passed on to their accommodation providers and relevant referrals made where necessary.  
(To the Home Office and facility contractor)

## Section 6 Progress on recommendations from the last report

The following is a list of all the recommendations made in the last report, organised under the four tests of a healthy establishment. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

### Safety

**Detainees are held in safety and with due regard to the insecurity of their position.**

#### Recommendations

Effective and coordinated action by all agencies involved should ensure that there are safe, decent and hygienic reception conditions for arrivals at Tug Haven, KIU and Frontier House. In particular, contingency planning should ensure there is an effective response to fluctuating numbers and rapid mobilisation of resources whenever necessary. (1.10)

**Not achieved** (recommendation repeated, 1.21)

Detainees arriving in the UK should be able to make initial contact with their family and friends by telephone free of charge. (1.11)

**Not achieved**

The Home Office should promptly assess and meet the needs of vulnerable detainees. Care plans should be in place for all detainees at risk. (1.12)

**Not achieved**

The Home Office should ensure that its practice at Dover complies with its duty to safeguard and promote the welfare of children arriving in the UK. (1.13)

**Not achieved** (recommendation repeated, 1.24)

Detainees should only be held overnight in non-residential holding facilities without access to fresh air and exercise in exceptional circumstances and reviews of their detention should be timely and thorough. (1.14)

**Not achieved**

Initial interviews should take place promptly, be held in private and focus on identifying safeguarding concerns as well as detainees' immediate welfare needs. (1.23)

**Partially achieved**

The Home Office should ensure that detainees' vulnerability is thoroughly assessed at the earliest stage, and that their identified needs are met. (2.11)

**Not achieved**

## **Respect**

**Detainees are treated with respect for their human dignity and the circumstances of their detention.**

### **Recommendation**

Agencies responsible for contracting health care services at Tug Haven, Frontier House and KIU should commission a health needs assessment and establish an integrated pathway for detainees. The pathway should contain milestones for assessment and treatment, and an agreement should be reached with East Kent Hospitals NHS Trust about when emergency hospital services are to be engaged. (1.15)

**Not achieved** (recommendation repeated, 1.26)

## **Preparation for removal and release**

**Detainees are able to maintain contact with the outside world and be prepared for their release, transfer or removal.**

### **Recommendations**

Detainees should have access to the internet, including email, video calling and social networks, unless an individual risk assessment indicates otherwise. (1.69)

**Not achieved** (recommendation repeated, 4.3)

Immigration staff should ensure that detainees understand their bail conditions and what will happen to them when they leave the detention facility. All documentation should be provided in a language and format understood by the person being bailed. (1.75)

**Not achieved** (recommendation repeated, 4.8)

## Appendix I About our inspections and reports

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of detainees, based on the tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For short-term holding facilities (STHFs) the tests are:

### **Safety**

Detainees are held in safety and with due regard to the insecurity of their position.

### **Respect**

Detainees are treated with respect for their human dignity and the circumstances of their detention.

### **Preparation for removal and release**

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

(Note: One of our standard tests is 'purposeful activity'. Since STHFs provide for short stays, there is a limit to what activities can or need to be provided. We will therefore report any notable issues concerning activities in the accommodation and facilities section.)

Inspectors keep fully in mind that although these are custodial facilities, detainees are not held because they have been charged with a criminal offence and have not been detained through normal judicial processes.

Our assessments might result in one of the following:

**Recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

**Examples of notable positive practice:** innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for detainees; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Inspectors use key sources of evidence: observation; discussions with detainees; discussions with staff and relevant third parties; documentation; and, where appropriate, surveys. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

## **This report**

This report provides a summary of recommendations made and notable positive practice identified during the inspection. There then follow sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees* (Version 4, 2018) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/immigration-detention-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 5 lists all recommendations made in the report. Section 6 lists the recommendations from the previous full inspection and our assessment of whether they have been achieved.

## **Inspection team**

This inspection was carried out by:

Hindpal Singh Bhui	Team leader
Deri Hughes-Roberts	Inspector
Rebecca Mavin	Inspector
Chris Rush	Inspector
Maureen Jamieson	Health and social care inspector
Caroline Parkes	Independent Chief Inspector of Borders and Immigration Inspector (observer)

## Appendix II Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

### **Adults at risk policy**

This Home Office policy sets out what is to be taken into account when determining whether a person would be particularly vulnerable to harm if they remained in detention.

### **ICIBI**

Independent Chief Inspector of Borders and Immigration.

### **IS91**

Authority to detain notification.

### **National Referral Mechanism (NRM)**

A framework for identifying and referring potential victims of modern slavery and making sure they receive the appropriate support. It is the responsibility of immigration staff in the KIU to refer detainees held there for consideration under the NRM.

### **National Transfer Scheme (NTS)**

A scheme that seeks to distribute responsibility for unaccompanied asylum seeking children between different local authorities.

Crown copyright 2021

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](http://nationalarchives.gov.uk/doc/open-government-licence/version/3) or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or: [hmiprisons.enquiries@hmiprisons.gsi.gov.uk](mailto:hmiprisons.enquiries@hmiprisons.gsi.gov.uk)

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
3rd floor  
10 South Colonnade  
Canary Wharf  
London  
E14 4PU  
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated.