Report on an unannounced inspection of

Dungavel House Immigration Removal Centre

by HM Chief Inspector of Prisons

18–21 August and 1–4 September 2025

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Introduction

Dungavel House in South Lanarkshire, the only immigration removal centre located in Scotland, continues to play a vital role in the UK's immigration detention estate. It holds up to 150 detainees, a small number of whom are women. Since our last inspection in 2021, the centre has undergone significant change, not least a transition to a new contract provider, Mitie Care and Custody, and a substantial increase in staffing levels as well as in the number of detainees.

The leadership team at Dungavel House has demonstrated a clear commitment to improving outcomes for detainees. The creation of new management posts in key areas such as reception, fair treatment, inclusion, and safety has strengthened functional management and helped to ensure that detainee well-being remains a priority. Staff engagement with residents is a particular strength, with staff knowing detainees by name and responding well to their individual needs. This culture of care is evident throughout the centre and is reflected in the overwhelmingly positive feedback from detainees, 86% of whom reported being treated with respect by staff.

The centre's physical environment has also seen marked improvement. Investment in updating residential areas, the reception, and recreational facilities has created a more welcoming and supportive atmosphere for detainees, without detriment to security. The introduction of weekly management welfare checks for those held over six months is an example of notable positive practice, demonstrating a proactive approach to safeguarding detainee well-being. Additionally, the centre's arrangements for transport on release ensure that detainees are supported right up to the point of departure.

Outcomes for detainees at Dungavel House remain strong. Our inspection found that the centre continues to deliver good outcomes in our healthy establishment tests, safety, respect, and preparation for removal and release, with activities rated as reasonably good. The centre's approach to safety is robust, with low levels of violence and self-harm, and a calm, relaxed environment that promotes positive behaviour. The respect shown to detainees is evident not only in staff-detainee relationships but also in the provision of clean, decent living conditions and a wide range of activities and educational opportunities.

The centre's commitment to continuous improvement is clear. Leaders have responded to previous recommendations with energy and determination, achieving notable progress in areas such as paid work opportunities, library provision, and access to outdoor sports facilities. The partnership between the Home Office and Mitie has resulted in tangible benefits for detainees, and the centre's engagement with external organisations, such as the Scottish Detainee Visitors group, further enhances the support available.

Charlie Taylor
HM Chief Inspector of Prisons
October 2025

What needs to improve at Dungavel House Immigration Removal Centre

During this inspection we identified nine key concerns, of which two should be treated as priorities. Priority concerns are those that are most important to improving outcomes for detainees. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Women received inequitable treatment in several areas, leading to poorer outcomes.** Most notably they were escorted everywhere, which restricted their free movement and access to important aspects of the regime, such as facilities and activities.

2. **Some detainees assessed as vulnerable had not received a multidisciplinary review to plan for their safe release.** Some had been released to no fixed address, increasing the risk of harm.

Key concerns

3. **There was insufficient collation or analysis of data to support improvement in delivery.** This ran across several departments, limiting the scope for innovation and reform based on objective evidence.

4. **Many detainees had long journeys to the centre and arrived late at night or in the early hours of the morning.**

5. **There was poor identification of, and communication about, the vulnerability of detainees.** Some had been detained without sufficient exploration of their vulnerabilities. The completion of some relevant forms was often too vague to be useful, and rule 35 medical reports were often not submitted when necessary.

6. **Almost all detainees were handcuffed when escorted to outside appointments, such as to hospital.** This practice had been introduced in the last year, replacing individualised risk assessment.

7. **There was poor case progression in many cases that we reviewed.** Too many monthly case progression plans included actions for caseworkers to monitor the progress of the work of other Home Office teams, rather than set time limits to complete tasks.

8. **The oversight of fair treatment was weak and did not provide assurance that protected groups experienced no disparity in treatment**.

9. **Detainees did not have access to a clearly promoted, independent and confidential system for raising concerns about health services**.

About Dungavel House Immigration Removal Centre

Task of the establishment
Immigration removal centre

Certified normal accommodation and operational capacity (see Glossary) as reported by the centre during the inspection
Detainees held at the time of inspection: 133
Baseline certified normal capacity: 150
In-use certified normal capacity: 150
Operational capacity: 150

Population of the centre
In the previous six months:

- 796 new detainees received (around 132 per month).
- 297 ex-foreign national prisoners received (37%).
- Approximately 53 detainees bailed into the community each month.
- 20 detainees receiving support for substance misuse.
- 32 detainees referred for mental health assessment each month.

Name of contractor
Mitie Care and Custody

Escort provider: Mitie
Health service commissioner and providers: Med-Co Secure Health Services
Learning and skills providers: Mitie

Location
Strathaven, South Lanarkshire

Brief history
Dungavel Immigration Removal Centre has operated since 2001. Since the last inspection the centre has been managed by a new contract service provider, Mitie Care and Custody. The operational capacity is planned to increase to 200 once ongoing and additional construction projects are completed.

Short description of residential units
Four residential housing units:
Main house
Three annexes:
Duke House, first night accommodation
Loudon House
Hamilton House, includes self-contained, 12-bed female unit.

Name of centre manager and date in post
John McClure, March 2022

Independent Monitoring Board chair
Dominic Notarangelo

Date of last inspection
July–August 2021.

Section 1 Summary of key findings

Outcomes for detainees

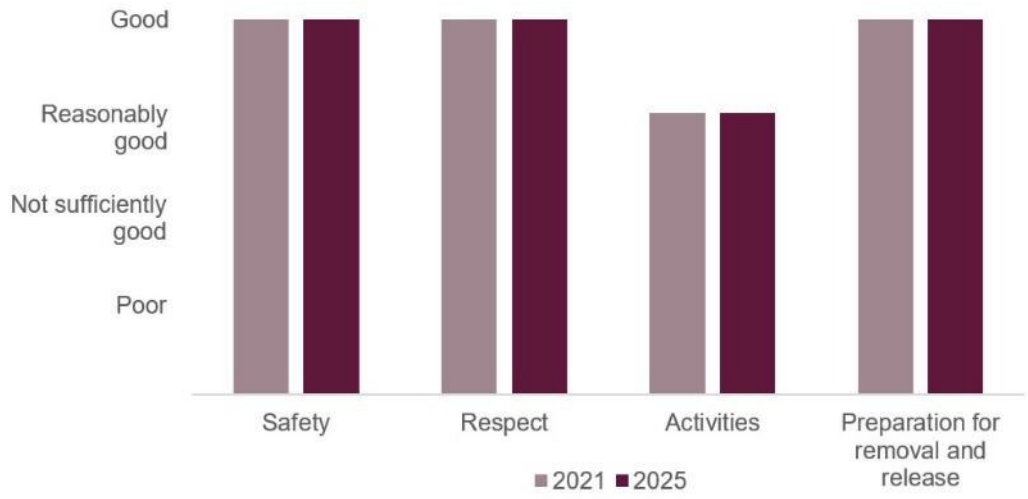
1.1 We assess outcomes for detainees against four healthy establishment tests: safety, respect, activities, and preparation for removal and release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of Dungavel House, we found that outcomes for detainees were:

- good for safety
- good for respect
- reasonably good for activities
- good for preparation for removal and release.

1.3 We last inspected Dungavel House in 2021. Figure 1 shows how outcomes for detainees have changed since the last inspection.

Figure 1: Dungavel Immigration Removal Centre healthy establishment outcomes 2021 and 2025



Progress on key concerns and recommendations

1.4 At our last inspection in 2021, we made 17 recommendations, three of which were about areas of key concern. The immigration removal centre fully accepted 10 of the recommendations and partially (or subject to resources) accepted two. It rejected five of the recommendations.

1.5 At this inspection we found that one of our recommendations about an area of key concern had been achieved and two had not been achieved. Of the remaining recommendations, all three in the area of activities had been achieved, but five of the recommendations made across the areas of safety, respect, and preparation for removal and

release had not been achieved. For a full list of the progress against the recommendations, please see section 7.

Notable positive practice

1.6 We define notable positive practice as:

> Evidence of our expectations being met to deliver particularly good outcomes for detainees, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found two examples of notable positive practice during this inspection, which other centres may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	The centre had introduced weekly management welfare checks for detainees held over six months, which was positive given the risks of long-term detention for detainee well-being.	See paragraph 3.19
b)	The centre continued to make sure that detainees had transport to their destination on release. Taxis were monitored through a tracking application so that detainees did not have to wait outside the centre for too long and the release could be effected at the right time.	See paragraph 6.21

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for detainees. (For definition of leaders, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for detainees. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 There was a united and committed leadership team. Functional management had been strengthened by creating new posts, for example in reception, fair treatment and inclusion, and safety.

2.3 There was a strong focus on supporting detainee well-being, with signs of a culture of care throughout the centre shown in good staff engagement with residents. Staff knew detainees' names and responded to their individual needs and requests. Staffing levels had been greatly increased since the last inspection. There had been a similar uplift in management capacity, with 20 frontline managers now adding strength to the 24-hour operational cover, as well as taking responsibility for specific areas of work.

2.4 Leaders had improved the mentoring and support of new staff, and a reduction in the attrition rate of staff had followed. A staff culture project led by the deputy director had made a good start, so that staff morale was improving, though there was still some way to go, especially in staff confidence in the support given to them by senior managers.

2.5 Leaders had made efforts to improve equity of treatment for women detainees, including a dedicated manager, but the current provision consistently gave advantage to the men. There were plans to build a self-contained women's unit, but this should not delay leaders' efforts to improve the current experience of the women.

2.6 The Home Office and Mitie had worked together well to improve the environment in reception, the visits centre and especially in the learning and recreational areas, with work ongoing in the separation unit. Investment in updating residential areas had improved the conditions for detainees, but more needed to be done to make some of the living facilities less impersonal.

2.7 There was insufficient collation or analysis of data to support improvement in delivery. This ran across several departments, limiting the scope for innovation and reform based on objective evidence.

2.8 Health care leaders, by contrast, made good use of data, with a wide range of regular clinical audits driving improvement. Health services were well led, and had been expanded to meet the needs of the changing population.

2.9 The impact of regular oversight meetings in areas such as security and safety was unclear as decisions and actions to follow were absent. Consultation with detainees had improved with a weekly council, but there were no written outputs to enable assessment of progress.

2.10 Some Home Office requirements had prevented the contractor from making specific improvements, such as proper risk assessment before handcuffing, a confidential health care complaint system or a fully open regime.

2.11 The Home Office detention engagement team (DET) was enthusiastically led but had not yet reached full strength. In some instances, we did not find reliable identification of relevant vulnerability by the Home Office 'Detention Gatekeeper'. Weaknesses were evident in implementation of rule 34 and rule 35, which bring health-related factors into the process of decision-making on detention (see Glossary).

Section 3 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 centre are treated with respect and care. Risks are identified and acted on. Detainees are supported on their first night. Induction is comprehensive.

3.1 In the previous six months, there had been 796 arrivals, an average of 31 detainees a week. Many had experienced long journeys before finally arriving at Dungavel, including brief stays at a residential short-term holding facility. A large proportion continued to arrive overnight without good reason. Of the last 50 arrivals, 60% had arrived between 10pm and 6am, and 38% between midnight and 6am.

3.2 Since the last inspection, the reception area had moved and been fully refurbished. It was now clean, spacious and well furnished with seating, holding rooms, TVs, private search room, toilet and shower facilities, and a refreshments room.

Main reception area (top left), reception area showing refreshments room and private search room (top right), search room (bottom left), and reception holding room (bottom right)

3.3 Most detainees were dealt with promptly once they arrived in reception, and staff told us they would prioritise any who were vulnerable. The reception process was efficient: staff were helpful and used interpreting

services as required. Clean clothes were provided to those who needed them. Holding rooms displayed useful information, but mostly in English only (see paragraph 4.23). In our survey, 92% of detainees said they were treated well by reception staff, against the comparator of 77%.

3.4 Male detainees were normally located in Duke House, the first night unit, but this was not always possible when it got full, in which case they were located elsewhere in the centre. Female detainees were located in the self-contained female unit in Hamilton House. The rooms that we saw were clean and detainees were given bedding and a basic toiletries pack. Staff were aware of the location of new arrivals and checked on them three times during their first night in the centre. In our survey, 71% of detainees said they felt safe on their first night in the centre, against the comparator of 55%.

3.5 Induction by welfare staff was prompt and took place on the day after arrival. Induction materials were translated, but the presentation and induction booklets were out of date. The induction took place in the busy welfare office, was subject to frequent interruptions and was insufficiently private. Staff asked detainees sensitive questions in front of other people, which was inappropriate.

Safeguarding

Expected outcomes: The centre promotes the welfare of all detainees and protects them from all kinds of harm and neglect. The centre provides a safe environment which reduces the risk of self-harm and suicide. Detainees at risk of self-harm or suicide are identified at an early stage and given the necessary care and support.

Safeguarding of vulnerable adults

3.6 Levels of detainee vulnerability were lower than in other centres. At the time of the inspection 18% had been assessed at level 2 of the adults at risk (AAR) policy (see glossary) and no detainees had been assessed at level 3, the highest level of risk. Mitie Care and Custody had a national whistleblowing line for staff to report any concerns anonymously. Eight concerns had been reported in the previous six months.

3.7 There were weaknesses in the initial screening of detainees for vulnerability by 'Detention Gatekeeper', the Home Office team responsible for initial decisions to detain. In one case, for example, the Home Office had failed to recognise and act on significant trafficking indicators and evidence of possible exploitation before detaining a woman.

3.8 In another case, Home Office Immigration Enforcement had made a planned arrest of a woman at a hostel run by a drug recovery and mental health charity. They arranged for a social worker to be present due to concerns about the woman's physical and mental health. The

arresting officer noted she was severely malnourished and struggled to communicate when asked questions. Later that day, Detention Gatekeeper authorised detention following receipt of a referral which stated that that she was 'in good general health with no vulnerability concerns'. Two days later, the Home Office was notified that a psychiatrist had determined she lacked mental capacity. She was transferred to hospital under the Mental Health Act 1983 two weeks later.

3.9 There was better reception screening for vulnerability at Dungavel than we have seen in other IRCs, and reception interviews were conducted in private with the use of telephone interpreting when needed. However, many detainees continued to arrive at Dungavel at night unnecessarily, which undermined the effectiveness of screening (see paragraph 3.1).

3.10 Records of Home Office detention engagement team (DET) induction interviews showed appropriate identification of detainee vulnerability, and processes to make sure the centre was kept aware of all detainees assessed by offsite teams to be at risk were much improved. There was some planning and sharing of information on vulnerability in the weekly 'adults at risk' meeting. Caseworkers in decision-making teams attended by video conference for the discussion of most detainees of concern.

3.11 However, there were significant weaknesses in other processes to communicate information on risk. Not enough had been done to understand why only a minority of rule 34 (see Glossary) GP appointments were attended, and 'part C' forms, notifying casework teams of changes to detainee vulnerability, were often too vague to be useful. In a typical case, custodial staff gave notice that a detainee had been placed on constant supervision on the psychiatrist's recommendation, but no information was provided on the nature of the psychiatrist's concerns.

3.12 There were ongoing weaknesses in the rule 35 (see Glossary) process. Health care staff had submitted 79 rule 35 reports in the last six months, of which 71 concerned torture. Only three had been submitted because of concerns that a detainee might be suicidal, even though 36 detainees had been placed on constant supervision. In one case, concerns for a detainee were so high that he was put on constant supervision for four days and was twice placed in anti-ligature clothing, but no report was submitted.

3.13 The Home Office's requirement to seek authority from a senior manager to approve the release of a foreign national offender before considering a rule 35 report had led to some delays in assessing vulnerability. In one case, it took the Home Office over two months to respond to a rule 35 report and assess the detainee at level 3 as a result of the time taken to assess the case and refer to a senior manager for a decision.

3.14 We looked at a sample of 10 rule 35(3) reports. Documentation of detainees' accounts of torture generally lacked the detail required in the reporting process. Physical assessments were generally reasonable, with some assessment of the consistency of symptoms with the effects of the injuries. However, despite most reports describing symptoms of PTSD, none contained a diagnosis of the condition.

3.15 Responses were generally prompt, but some did not assess vulnerability appropriately. In one, the Home Office wrongly assessed that a detainee's daily beatings at the hands of people who held him captive in modern slavery did not meet the definition of torture, because the detainee had not experienced severe pain and suffering.

3.16 In two cases, the Home Office declined to assess the report because the detainee had been released, and in one of these cases the GP's report suggested that the detainee should have been assessed at level 3. The failure to consider the reports was poor practice, since an assessment of vulnerability could inform any future decision to detain.

3.17 Only 10% of those who had been the subject of a rule 35 report were released. This was consistent with a trajectory of declining numbers released that we have seen in recent inspections.

3.18 The Home Office could now provide data on national referral mechanism (NRM, see Glossary) referrals. There had been 44 in the last six months, 38 for men and six for women. We were not satisfied that indicators of trafficking were always sufficiently explored before the decision to detain (see paragraph 3.8).

3.19 The centre had recently introduced weekly management welfare checks for detainees held over six months. This was a positive initiative in view of the risks that detention presented to detainee well-being.

3.20 However, staff on the residential units were not well enough equipped to care for some detainees with significant mental health need. They lacked sufficient understanding of the adults at risk policy to inform appropriate monitoring of detainees in their care. Some detainees assessed as vulnerable were often woken up for intrusive night-time observations, even though there was no documented need for this.

Self-harm and suicide prevention

3.21 The number of recorded self-harm incidents was low, at 21 in the previous six months, none of which involved women. No detainees had required treatment in hospital.

3.22 In our survey, 68% of detainees said they had felt depressed while in the centre and 21% said they had felt suicidal, against the comparators of 81% and 39% respectively. Indefinite detention and the lack of information about immigration case progression were the reasons that staff gave in opening many assessment, care in detention and teamwork (ACDT) case management documents for at-risk detainees in our sample.

3.23 Staff had opened 59 ACDT documents in the previous six months, four of which were for women. Thirty-six detainees who were assessed as at the highest risk were placed on constant supervision during the same period. Female officers were responsible for the constant supervision of women.

3.24 Most detainees on constant supervision were now held in the supported living facility (SLF), which had recently reopened after being refurbished with anti-ligature furniture and fittings. The facility had two large rooms, along with a small communal area with seating and kitchen space. It was a quiet and relaxed space, which continued to allow for good staff interaction and oversight.

Supported living facility (SLF) room (top left), SLF communal room (top right), SLF kitchen space (bottom)

3.25 Anti-ligature clothing had been used seven times in the previous six months, in several cases involving the use of force to remove the detainee's clothing (see paragraph 3.44). Leaders were not aware of all these incidents, nor was there a record in every case of the use of anti-ligature clothing and its justification.

3.26 ACDT assessments were mostly reasonable, although some care plans were weak and there was often no record of whether actions had been completed. Most cases we reviewed showed good day-to-day staff engagement with the detainees about their risks, although this was less evident at the post-closure stage. It was positive that a member of the Home Office engagement team now attended most ACDT reviews, although when they were unable to attend their written submissions often lacked sufficient detail. Most reviews were held in rooms that were quiet and felt relaxed.

Therapies room – ACDT review venue

3.27 It was not always clear who had attended the monthly safer detention meetings. Minutes of meetings were brief, providing little evidence of discussion of data or of any actions raised.

Safeguarding children

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

3.28 We were told that no detainee had claimed to be a child in the previous 12 months. There was a child safeguarding policy with guidance on how to safeguard detainees who said they were a child. However, the policy did not state that centre staff should inform the Home Office if they disagreed with an age assessment so that it could be reconsidered. Nor did the policy state that it was open to a detainee to request a local authority assessment.

3.29 Processes to safeguard children attending visits were sound.

Personal safety

Expected outcomes: Everyone is and feels safe. The centre promotes positive behaviour and protects detainees from bullying and victimisation. Security measures and the use of force are proportionate to the need to keep detainees safe.

3.30 The centre remained safe, providing a relaxed and calm environment where levels of violence were low. In our survey, detainees were more favourable about their safety than in other IRCs; 41% said they had felt unsafe at some time in Dungavel, against the 58% comparator.

3.31 There had been five assaults in the previous six months, with none on staff, and the level of violence was much lower than in other centres. Most incidents were minor, although one detainee had required hospital treatment. We observed little low-level poor behaviour.

3.32 Most incident reports and investigations that we looked at were sufficiently thorough, with appropriate initial action to challenge poor behaviour and support victims. Five detainees had been formally monitored on suspicion of intimidatory behaviour in the previous six months, while three had had victim support plans. The plans did not document in sufficient detail the planning, monitoring and care provided.

3.33 In our interviews, few detainees had witnessed any form of inappropriate staff behaviour. Nearly all of those who had seen disputes thought that staff responded quickly and capably.

3.34 Some women said they felt uncomfortable when leaving the female unit to go to other parts of the centre. The centre still held men with a history of sexual violence and who presented significant ongoing risks to women. The arrangements to safeguard women affected their equitable access to the regime (see paragraphs 4.20 and 5.2). Although the centre's policy on women in detention provided for a monthly safety interview for women, these were not taking place. Governance meetings gave insufficient consideration to the safety of women.

Security and freedom of movement

Expected outcomes: Detainees feel secure. They have a relaxed regime with as much freedom of movement as is consistent with the need to maintain a safe and well-ordered community.

3.35 Leaders had adapted quickly to the changing population, which now included more former foreign national prisoners. The security team managed safety and decency well, balancing the needs of detainees with the safety of staff in a measured way.

3.36 Male detainees were never locked in their rooms and had freedom to move around the centre from 6.45am to 9.45pm. However, two newly introduced roll checks, mandated by the Home Office, restricted each person to their own residential unit for about two hours a day. Detained women still faced movement restrictions and had to be escorted everywhere.

3.37 Physical security arrangements remained proportionate and had been improved, with excellent CCTV coverage across the site. However, handcuffs were now used almost universally when detainees went on external escorts, such as hospital appointments, due to a further Home Office mandate. This marked a significant change from the previous inspection, and we were not assured this approach was proportionate or based on current risks.

3.38 Staff were submitting more information to the security team than at the previous inspection. It was processed quickly by one of the two trained analysts, and staff carried out required actions, including room searches, promptly. Weekly intelligence meetings provided oversight.

3.39 The monthly security meeting shared useful information, but was rarely well attended. Despite the security manager's efforts, staff were not always aware of the security objectives set.

3.40 It was positive that staff only searched detainees when there was supporting intelligence. Strip searches and closed visits were rare, but used appropriately when necessary.

3.41 Drugs and other illicit items were not easily available, although their presence had increased. Leaders were aware of the impact and took firm action when needed.

Use of force and single separation

Expected outcomes: Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held in the unit for the shortest possible period.

3.42 Staff used force infrequently, with only 31 recorded incidents in the previous six months. In most cases, force was used as a last resort and staff often succeeded in de-escalating challenging situations without needing to apply it. Much of the force used was to enforce Home Office removal directions when detainees continued to refuse to comply, having been given previous opportunities.

3.43 Oversight of the use of force had improved and was robust. Senior leaders, use of force instructors and Home Office compliance staff routinely scrutinised incidents. They reviewed all cases and acted when concerns were identified.

3.44 The records evidenced legitimate and acceptable use of force. Body-worn camera footage and CCTV showed that the force used was generally low level, rarely prolonged, and seldom involved full control and restraint techniques. However, we were concerned about the use of force to remove detainees' clothing to replace it with anti-ligature garments. In five incidents from our sample, we found this approach disproportionate to the risks posed (see paragraph 3.25).

3.45 Although relatively few detainees experienced separation, some of the authorisation paperwork lacked sufficient detail to justify the decisions. In the previous six months, 53 separation periods were recorded, including one very short period of temporary confinement authorised under detention centre rule 42. Thirty-one had resulted in transfers following serious incidents or threats of violence that made continued placement in the open regime of the centre unsuitable. Many of the remaining separations lasted less than 24 hours and most stays in the separation unit were relatively short.

3.46 Continuance of separation was authorised every 24 hours by a multidisciplinary team, including health professionals and Home Office representatives. Reintegration planning was rarely needed, but the care plans we reviewed mostly focused on the reason for separation only and lacked broader detail.

3.47 Improvements had been made to the separation unit since the last inspection, and work was ongoing during our visit. The unit was clean, and cells included integrated sanitation and showers. However, many cells were poorly furnished, with most lacking a chair or table.

Cell awaiting refurbishment (left), and refurbished cell (right)

3.48 Staff engaged well with those held in separation. Most residents had access to a varied regime, including gym sessions, video calls to family and friends, library access, and use of the small association room with a television and games console. However, the outdoor exercise area was grim and uninviting.

CSU outdoor exercise area

Legal rights

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

3.49 The average length of detention, including detention in previous locations, was 47 days per detainee. On average, women were held for 31 days. Although this was low compared with other IRCs, most detainees who left Dungavel were transferred to another centre where they spent further time in detention. The longest period of detention for a man was 314 days and for a woman was 152 days.

3.50 In our casework sample, cases had become unreasonably prolonged for a variety of reasons, including poor case progression and a lack of travel documentation. Delay in the provision of release accommodation was a further factor increasing the length of detention.

3.51 In one case, no action had been taken on a prisoner's claim for asylum made while he was in prison. The Home Office only began to consider it when he was detained six months later, but a decision had yet to be made at the time of the inspection, five months after that, although one was made subsequently.

3.52 In another case, the Home Office had been waiting since the beginning of 2025 for the detainee's embassy to issue travel documents, with no progress. The matter was still outstanding and case progression had stalled for over eight months without adequate consideration of whether detention was still justified.

3.53 At the time of the inspection, six detainees had been bailed but were still held due to problems finding appropriate release addresses (see paragraph 6.19).

3.54 Too many action plans in the monthly detention reviews included actions for caseworkers to monitor the progress of the work of other Home Office teams, rather than set time limits for tasks to be completed. It was not clear from these reviews where ultimate responsibility lay for driving progression.

3.55 There was no duty legal advice scheme, but the centre provided support to new detainees wanting to seek legal advice. More favourable legal aid entitlement in Scotland than in England meant that there was better access to legal representation than in other centres. In our survey, 70% of detainees said they had received free legal advice, compared with 48% in other IRCs.

3.56 The work of the Home Office detention engagement team (DET) had improved since the previous inspection, but it was understaffed and not yet undertaking the full range of activities of teams in other IRCs. In particular, it was not currently providing drop-in surgeries in the centre. However, the level of face-to-face engagement was reasonable and was carefully monitored. All but 11 detainees had been seen within the last 21 days. DET was better integrated with Home Office casework teams, and DET managers escalated concerns about slow case progression and detainee vulnerability.

Section 4 Respect

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

Staff-detainee relationships

Expected outcomes: Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

4.1 In our survey, 86% of detainees said staff treated them with respect and 85% said there were staff they could turn to for help if they had a problem, both higher than the comparators. Despite some negative comments, in our private interviews many detainees told us they valued the care they received, and some said the staff were the most positive thing in the centre.

4.2 During our inspection we observed some good staff interactions with detainees, and staff used first names. Custody officers were generally visible on the units, but some spent more time in the offices and less time engaging with detainees. Staff-detainee relationships on the female unit, with female-only staff, were particularly good.

4.3 There was no personal officer scheme but all staff we spoke to knew detainees well. They added weekly welfare notes for each detainee on the local computer system and there was sufficient detail in the records to give an overview of how they were doing.

4.4 Improving staff morale and enhancing a positive working culture had been a focus from leaders since the previous inspection. There were regular staff workshops to discuss any concerns they raised and to communicate about any developments in the centre. Despite some poor results in the staff survey, this did not affect their interactions with detainees, and many staff spoke positively to us about their work.

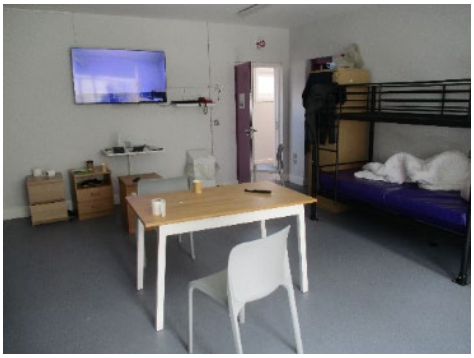
Daily life

Expected outcomes: Detainees live in a clean and decent environment suitable for immigration detainees. Detainees are aware of the rules and routines of the centre. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair. Food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

Living conditions

4.5 Living conditions were generally reasonable because of a rolling renovation programme, which had improved parts of the centre. Showers and toilet areas serving the dormitories in the main house had been refurbished, and flooring in several areas had been replaced.

4.6 In the main house, most of the accommodation was in eight-bed rooms on two corridors. In Duke and Loudon house, the rooms contained three or six beds, while those in Hamilton House had two or one. The conditions were acceptable but there were very few lockable cabinets for detainees, and some rooms lacked tables and sufficient chairs for the occupants.




Eight-bed room on the top floor of the main house (left) and a double room in Hamilton House (right)

4.7 Communal areas were clean but often bare and utilitarian, except for the association room on the female unit, which was more welcoming with comfortable seating. In our survey, 87% of detainees said communal and shared areas were normally clean.


Association room on the top floor of the main house (left), and association room on the female unit (right)

4.8 In our survey, detainees were more positive than those at other IRCs about several areas of daily life. For example, 82% said they could get enough clean clothes each week, 70% that they could get clean sheets and 77% could access cleaning materials for their room. In addition, 66% said it was quiet enough for them to sleep or relax at night compared with 47% of detainees at similar establishments.

4.9 Outside areas were clean, pleasant and well kept, enhanced by the scenic surroundings, but there was limited seating and little planting or decoration to enhance the environment.

Detainee consultation, applications and redress

4.10 There were separate weekly residents consultative committee meetings for men and women that covered a full range of practical needs. Attendance was inconsistent and there was no interpreting for those who needed it. Minutes of the meetings were displayed in English on notice boards throughout the centre, but did not provide any update on issues raised.

4.11 Most detainees who we interviewed knew how to make a complaint. Only 22 had been made in the previous six months and they were generally handled well. Most findings appeared reasonable and replies were polite, but sometimes lacked empathy. A complaint about staff conduct had been inappropriately investigated by a staff member of the same grade.

4.12 Complaint forms in a variety of languages were freely available, with complaint boxes on each unit, but not in the visits hall; this was remedied during our inspection (see paragraph 6.9).

Residential services

4.13 The food was satisfactory and plentiful, with a hot option at every meal. Meals were served directly from the kitchen at appropriate times, and detainees did not need to pre-order their options. In our survey, 77% of detainees said the food was good and 76% that they could get enough to eat, which were better than the comparators.

4.14 Women could use the communal dining room if escorted or could choose to eat their meals together in the cultural kitchen (see paragraph 4.16). In practice, they chose to collect their meals and return to their own unit. Men, similarly, could use the communal dining room or small dining areas on their unit or in their room.

Communal dining room (left) and kitchen servery (right)

4.15 Catering staff attended the residents consultative committee meetings once a month. The food comments books, which had been missing,

were found during our inspection and returned to use. The kitchen was clean and well equipped.

4.16 The 'cultural kitchen' where detainees could cook for themselves was available for three sessions a day and was well used at all times, with up to six detainees cooking and another six able to attend as guests. Otherwise, microwaves, toasters and sandwich makers were the extent of self-cook facilities available on the residential units, and not all were kept in good condition.


Cultural kitchen (left), and dirty microwave in the main house (right)

4.17 The centre shop had moved to larger premises and now stocked a wider range of appropriate goods, including fresh fruit and vegetables. It continued to be well used.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality and diversity, underpinned by processes to identify and address any inequality or discrimination. Distinct needs arising from detainees' protected characteristics are recognised and addressed.

4.18 Leaders had recently appointed two new managers to oversee equality, diversity and inclusion work, and the treatment of women. They also assigned individual senior leaders to engage with detainees sharing specific characteristics. Displays across the centre promoted diversity and inclusion well. Despite this culture of care and the intention to meet detainees' diverse needs, some of the weaknesses identified at the last inspection remained.

4.19 The centre's equality action plan had not made progress. Leaders could not evidence systematic discussion or action on the treatment of protected groups, and there was too little oversight of data to identify or address potential disparities. As a result, neither we nor centre managers could be confident that detainees from protected groups were treated equitably in areas such as use of force, separation and access to activities. An online platform was in development to collect and process equality data and to inform new initiatives.

4.20 We were particularly concerned that women continued to receive unequal treatment. Leaders acknowledged this but had taken too little action to address the shortfalls. Disparities affecting women (detailed throughout this report) included restricted movement, limited access to the regime, and less contact than their male counterparts with professionals such as the welfare team and Home Office staff. Some women told us they felt uncomfortable leaving their unit, and reported that male detainees shouted at them or made inappropriate comments.

4.21 The small, dedicated women's unit was pleasant, but bedrooms were less inviting. Women had limited access to female clothing, and most items provided were unisex. Nightwear was not available, and women told us they slept in tracksuits. Unlike men, women had no access to hairdressing services. The newly appointed manager for the unit also held another full-time role and was stretched, but showed enthusiasm and had promising plans to improve the experience for women. Only female staff worked on the unit. They knew the women well, and the women appreciated their support. However, staff had not received specific training to work with women, especially on trauma.

4.22 Staff did not consistently identify new arrivals from protected groups, such as those who were gay, bisexual or neurodivergent. This limited the support available to them. Initial induction interviews often took place in open, busy offices, which discouraged detainees from speaking honestly about their needs (see paragraph 3.5).

4.23 Staff used telephone interpreting services at key times, such as during arrival and health consultations. However, they sometimes relied on other detainees to interpret in such contexts, which was inappropriate. Tablets designed for translation often failed due to poor connectivity, and the centre had very little translated material readily available or on display.

4.24 Few residents with disabilities were held at the centre. Health staff usually assessed their needs on arrival and created evacuation plans when necessary. Centre staff knew who required assistance in an emergency. A spacious room with a well-equipped bathroom for residents with significant disabilities or mobility impairments was available, but it lacked other aids or facilities.

4.25 A few transgender detainees had been held at the centre and received care tailored to their individual needs. However, provision for young adults, older residents and those who were gay, bisexual or neurodivergent remained underdeveloped.

Faith and religion

4.26 The chaplaincy supported residents well to practise their religion or faith and provided very good pastoral care. In our survey, most respondents said their religion was respected, and detainees told us their faith needs were met.

4.27 Leaders had now employed two religious ministers who attended the centre five days a week. This was a significant improvement. Volunteer chaplains continued to support the team and helped meet the needs of most faiths. When faith leaders were not on site, staff could contact them if needed.

4.28 Residents appreciated the worship facilities, which were accessible and well maintained. The chapel remained an attractive and welcoming space. The space for Muslim prayers was well kept and had a very good washing facility, and there were two well-appointed prayer rooms, one in Loudoun House and one in the women's unit.

Chapel (top left and right), mosque washing room (bottom left), and prayer room (bottom right)

4.29 The centre observed and celebrated a comprehensive calendar of religious festivals, often accompanied by food, which residents appreciated.

Health services

Expected outcomes: Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

Governance arrangements

4.30 In our survey, 78% of respondents described health services as good, against the comparator of 58%, and most staff and detainees we spoke to were positive about the health services in the centre.

4.31 Med-Co Secure Health Services continued to be directly commissioned by Mitie Custody and Care to deliver health care. GP, pharmacy, allied health and dental services were subcontracted. The contract was monitored through monthly data reporting and regular, well-attended partnership meetings. The provider undertook an annual health needs analysis.

4.32 Partnership working between health services and the centre was a real strength, and we saw many examples where staff and leaders worked collaboratively to improve health outcomes for detainees.

4.33 Health services were delivered 24 hours every day and staffing was good, with an effective recruitment and retention strategy in place. All health staff we spoke to felt well supported and valued. Experienced operational and clinical leaders managed the service effectively and oversight was strong. Staff were up to date with mandatory training requirements, and the provider encouraged and supported professional development and extended roles. Leaders were currently working through annual appraisals, and staff spoke positively about supervision arrangements, with the service sighted on the need to improve the recording of this. Regular staff meetings were used to disseminate any lessons learned, locally and nationally. The service now provided an accredited learning environment for student nurses and paramedics in collaboration with the local university.

4.34 Clinical governance was generally good, with regular clinical audits used for service improvement. Regular, well-attended clinical governance meetings took place and leaders had effective oversight of services.

4.35 Clinical incidents were reported and leaders investigated them promptly.

4.36 Leaders attended the monthly residents consultative committee (see paragraph 4.10) and were collecting patient feedback following clinical consultations. Health complaints, although infrequent, were submitted to the centre, which was not appropriate and continued to compromise confidentiality; we were told this was a Home Office instruction.

4.37 Clinical record-keeping was reasonable, but paper care plans were used separately from the electronic record, and health staff could not access previous electronic patient records, which compromised patient safety even though leaders had raised the issue nationally.

4.38 Clinical areas were accessible, clean and met infection-control standards. Due to the increased number of detainees held, clinic room

demand was outstripping supply, but there were advanced plans to extend the health care department.

4.39 Health staff had access to suitable and regularly checked emergency equipment, which was well maintained, and centre staff told us there were no delays in ambulances entering and leaving the centre in an emergency.

4.40 In the records we reviewed, interpreting was used regularly for health consultations when needed, and a range of health information was displayed or available in languages other than English.

Primary care and inpatient services

4.41 A registered clinician carried out a comprehensive initial health screen for all new arrivals to identify their health needs, medicines or substance misuse support within two hours of arrival. Any referrals were made, and immediate needs addressed.

4.42 All detainees were offered a GP appointment within 24 hours of arrival, in line with IRC regulations, but over half of detainees did not attend this appointment. More work was needed to understand this. GPs continued to deliver a seven-day service, supplemented by a nurse prescriber and a trainee advanced nurse practitioner.

4.43 Rule 35 (see Glossary) referrals and appointments were managed well within the health care context, and detainees had prompt access to a rule 35 assessment if required.

4.44 Detainees had good access to primary care services, with low waiting numbers and short waiting times. They were encouraged to drop into the health centre to discuss issues and make appointments. Female detainees had equitable access to health care, and those we spoke to were happy with their access.

4.45 The management of long-term conditions was nurse-led by the primary care team and was generally well run. All patients had individualised care plans to support management of their condition alongside necessary reviews.

4.46 Patients with complex health needs were managed well; health care and centre staff held regular multidisciplinary meetings to make sure their care was effective.

4.47 The experienced health care administrator had excellent oversight of external hospital appointments. Data shared with us showed that very few appointments required cancellation, and generally there were enough custody staff to facilitate escorts.

4.48 Allied health services such as podiatry and optometry were available, with acceptable waiting times. Clinicians visited monthly and sessions could be increased if required.

4.49 There was no overarching health promotion strategy, but staff worked well with kitchen and gym staff to promote health and well-being across the centre.

4.50 Blood-borne virus testing was offered in reception with reasonable uptake, and follow-up treatment was arranged where required. Preparations for flu vaccinations were being made during the inspection, and health services had worked well with public health colleagues to manage a recent measles outbreak.

4.51 Detainees were seen by a nurse before leaving the centre, if the health care team were informed, and given a summary of their medical records and at least four weeks' supply of any medication.

Mental health

4.52 The need for mental health support had risen sharply since the last inspection. Since 2021, referrals to the mental health team had increased from about seven a month to about 30. The team had expanded and now offered a seven-day service. Referrals were clinically triaged; the data we saw confirmed that urgent referrals were seen within 24 hours and non-urgent within five days.

4.53 The team consisted of experienced mental health nurses and a visiting psychiatrist. The provider was advertising for a counsellor and psychologist, and a learning disabilities nurse was due to join the team.

4.54 Mental health nurses attended all ACDT reviews and patients we spoke to were happy with the support offered. Custody staff and leaders valued the team's input and responsiveness.

4.55 The team offered individualised treatment alongside some groups, depending on need. Patients supported by the team had care plans that were regularly reviewed, and stress packs were offered to detainees who would benefit from them.

4.56 Patients requiring health checks relating to mental health medicines were referred to the primary care team for blood tests and ECGs, and these were carried out promptly.

4.57 Access to psychiatry appointments was prompt. We saw several examples of the team coordinating care effectively with the centre for patients in a mental health crisis. In the previous 12 months, three patients had been transferred to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003, all transferred within seven days.

4.58 If a detainee with ongoing mental health needs was leaving the centre, the provision of medication and liaison with community services were organised, if possible.

4.59 The provider had delivered mental health first aid training to some custody staff.

Substance misuse treatment

4.60 Due to the lack of required clinical space and access to substance misuse service (SMS) specialist staff, the number of detainees with substance misuse issues had been capped at three, in agreement with the Home Office. This was due to be reviewed following completion of building works and clinical staff further training.

4.61 All new arrivals were routinely assessed for substance misuse. Those presenting with withdrawal from alcohol or opiates were promptly started on appropriate treatment. Clinicians used validated screening tools to identify withdrawal symptoms, and patients requiring support were monitored for a minimum of five days to make sure of their safety.

4.62 GPs and the nurse prescriber provided clinical SMS treatment. Records showed that prescribing and clinical reviews took place in line with best practice.

4.63 Psychosocial support was mostly individualised and provided by the mental health team, and some groups had been delivered. All detainees suspected of being under the influence of drugs were seen for support.

4.64 Custody staff had been trained in the use of naloxone (to treat opiate overdose) and had access to this on the residential units. Health staff arranged necessary ongoing support to detainees with substance misuse needs on release or transfer and gave them naloxone to take away if necessary.

Medicines optimisation and pharmacy services

4.65 There was no in-house pharmacy service, but a local community pharmacy provided a service to the centre. A pharmacist visited monthly and undertook stock and environmental checks. Patients no longer had access to pharmacist medicine use reviews, which was a gap.

4.66 Medicines were currently dispensed remotely on a named-patient basis and were received on the same or next day. There were good processes to obtain critical medicines if necessary. Medicines reconciliation was completed promptly when detainees arrived, and a pharmacist clinically screened all prescriptions.

4.67 Around half of detainees receiving medicines did so in possession, and in-possession risk assessments were in place and reviewed at the necessary points. Most detainees were given a 28-day supply. The team followed up non-collection of in-possession medication or non-attendance for medicines.

4.68 Medicines were administered three times a day from the health centre, with appropriate arrangements for night-time administration and for patients in the supported living facility (see paragraph 3.24) or

separation unit. We observed good supervision of medicines queues by custody staff, and patients received their medicines confidentially.

4.69 The pharmacy was clean, well-organised and medicines were managed securely. Controlled drugs were stored and transported safely, and cold-chain items were kept in a monitored refrigerator. Regular stock checks and audits ensured that all medicines remained within their expiry dates.

4.70 There was an appropriate selection of medicines in the onsite out-of-hours cupboard for urgent detainee needs, with accurate records maintained for any items used. A minor ailments protocol and patient group directions allowed patients to access certain medicines without requiring a prescription.

4.71 A drugs and therapeutics meeting reviewed prescribing trends and discussed new standard operational procedures.

Oral health

4.72 Dental services continued to be provided by a local community dental practice who offered appointments for urgent care three times a week. Any emergencies outside these times could access the local NHS facility in Wishaw. Waiting times were short and health care staff told us that escort arrangements by custody staff were reliable. Oral health advice was given during the sessions, and telephone interpreting services were used. Health staff told us that the dentist was able to prescribe antibiotics and pain relief remotely if required.

Section 5 Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

The inspection of activities at Dungavel immigration removal centre in Scotland was conducted jointly with Education Scotland.

Access to activities

5.1 Detainees could participate in a wide and appropriate range of activities during the day and evening sessions, which totalled nine hours a day, including weekends. They had access to the gym, cinema, learning centre and social hub, which included the library, shop, barber salon and computer suite. These areas were modern, spacious and well equipped. Pastimes such as card games, games nights, bingo and other games were popular.

5.2 Although leaders said it was possible for female detainees to access the activities on offer, with a staff escort, and to mix with the male detainees, several staff reflected that this would be culturally unsuitable for many women. We found only one activity, table tennis, that women had attended in this way. Female-only sessions were scheduled across all activities during the roll-check periods of two hours a day, but their attendance was poor. Women could not access some activities they had indicated they would value, such as yoga classes, or services such as a hairdresser to support their well-being.

5.3 Apart from this issue of access, the resources available were of a high standard and the range of activities was extensive. The number of detainees who engaged in activities was considerable, and rates of satisfaction were higher than in other centres. Attendance rates in education classes were generally low. Flexible learning materials were provided, allowing detainees to work on them in their own time or at a location of their choice.

5.4 Informal feedback from detainees frequently generated new ideas for activities, and helped the activities staff team to improve arrangements and plan special events. Staff responded quickly to adjust schedules

and invest in new resources. The findings from formal review meetings were minuted and shared with detainees.

Education and work

5.5 The offer in education had improved markedly since the last visit. A range of Open College Network (OCN) programmes provided certification and recognition, also allowing detainees to continue their own courses after leaving the centre. In our survey, 39% of detainees said they were currently taking part in education, more than the 22% comparator, of whom 97% said it was helpful. Academic achievements were celebrated through well-attended graduation ceremonies. The education offer could be enhanced even further with an increased focus on employment-related skills. No external partnerships enriched the education offer, due to security checking.

5.6 There was a purposeful, friendly and equitable working relationship between activities staff and detainees. All staff were proactive in supporting detainees to attend activities and events, such as a five-a-side football tournament and a 'spa day' for women. Text messaging was used daily to promote new activities and staff worked hard to increase participation rates. Regular informal discussions with detainees also highlighted the offer. Detainees valued this approach and appreciated the strong interpersonal and supportive relationships with staff. Course reviews featured very positive comments on the support provided by tutors and the wide range of leisure activities, such as English for speakers of other languages (ESOL), arts and crafts, mindfulness and IT. Detainee artwork had been submitted for Koestler awards.

5.7 Tutors had relevant and appropriate qualifications and experience. They routinely discussed plans and promotional activities. Managers held regular meetings with staff, which were recorded to plan and implement improvements. Records of interest, attendance and feedback were collected. However, the wider staff team needed a more formal and systematic approach to data analysis and quality assurance to plan and drive improvements.

5.8 A suitable range of 72 paid job roles was available to detainees with an average uptake of 75%. The encouragement offered by staff and the speed of placing detainees into work compared very favourably with other IRCs. Job descriptions were available, but formal training was not usually provided. Female detainees were limited to work activities based in their accommodation.

Library provision

5.9 The library had an adequate but dated stock of books, including titles in an appropriate range of languages. In our survey, 62% of detainees said they were satisfied with the library, against the 34% comparator. There was a large and appropriate stock of DVDs, game consoles and games.

5.10 The stock was sensibly grouped and classified, and detainees found the library easy to use. Several English language and foreign daily newspapers and magazines were also available. There were legal textbooks for detainees, who had access to a fax and photocopying machine to send material to legal representatives and the Home Office.

5.11 A suite of internet-enabled computers was available in the social hub for detainees to use for email, browsing and research. These were modern desktop machines of good quality. Use of the PCs was carefully monitored, and no social media use was allowed. Detainees also used the PCs regularly to read a wider range of online newspapers and news items in their own language.

Fitness provision

5.12 There were good indoor and outdoor fitness facilities available every day between 9am and 9pm, including weekends. The newly updated all-weather pitch, modern gym, games hall and outdoor facilities were valued and used well by detainees. All gym equipment was in good condition and subject to regular checking and servicing. Table tennis, badminton and basketball were offered. Although female detainees had requested yoga, and appropriate DVDs and yoga mats were available, the television screens were not connected during the inspection and there was no qualified yoga instructor in the fitness team. As a result, yoga could not be offered using an instructor or DVD for guidance.

Games hall (left), and weights room (right)

Spectators at football tournament

5.13 Male detainees could access the gym, with up to five sessions a day. Female detainees had a daily dedicated one-hour session to access the gym, but surveys showed they would have valued greater access. All detainees completed a health questionnaire during induction and any who declared a health condition was referred to the health centre staff for advice before using the facilities. The health questionnaire was only available in English, although interpreting could be used to assist detainees.

5.14 A modern and attractive outdoor multi-use sports facility was used for a variety of sports, including football and cricket. An outdoor gym facility was available to male detainees and used frequently. There were no outdoor fitness activities or equipment for women. As the outdoor gym equipment was next to a male dormitory, it was not practical for the female detainees to access. The open air area allocated for women was away from male residential areas but comprised just grass and a couple of picnic benches, an unattractive area that was waterlogged at the time of our visit.

Outside exercise equipment

5.15 Gym staff were suitably qualified and were planning additional professional development to improve their offer. Staff held regular consultative meetings with detainees in addition to gathering informal feedback to improve their service.

Section 6 Preparation for removal and release

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

Welfare

Expected outcomes: Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

6.1 Detainees spoke positively about the enthusiastic welfare team who were well known around the centre. Some staff were able to speak several different languages. There were plans to train the newer staff in basic awareness of immigration issues. There were always at least two welfare staff working at a time, but they were sometimes cross-deployed to other duties.

6.2 Male detainees benefited from an open access service, almost 12 hours a day, seven days a week. Women had to wait to be escorted or for staff to see them on their unit; these visits were unpredictable with no set times. Two detainee welfare 'Buddies' were employed, but it was not clear what their job entailed and they played no role in the welfare office.

6.3 There was no space for private interviews or a waiting area in the welfare office, which was very busy at times. We observed sensitive conversations in close proximity to other detainees, which was inappropriate. A separate interview room was identified during our inspection after we had raised these concerns.

Welfare office

6.4 The recording of welfare contacts had improved since the last inspection, but no data were analysed, and it was not clear how many detainees had been supported in the previous six months. Missing property appeared to be the commonest issue raised. The team also completed daily inductions, seeing every detainee within 24 hours of arrival.

6.5 There was a good working relationship with the Scottish Detainee Visitors group. They offered a befriending service and twice-monthly drop-in sessions for more practical support, including help with money for the destitute and sourcing essential clothing. No other support organisations actively engaged with the centre, and there were no gender-specific support services for the women.

Visits and family contact

Expected outcomes: Detainees can easily maintain contact with their families and the outside world. Visits take place in a clean, respectful and safe environment.

6.6 Visits were available seven days a week in the afternoon and evenings and there were no time limits on them. Visiting information on the website was incorrect but was being amended. Visitors did not need to pre-book and could arrive with just the relevant identification. Because the centre was remote and not on any bus route, leaders continued to pay for transport to and from the local train station.

6.7 Not enough information was gathered about a detainee's family circumstances on arrival, and the impact of separation was not

sufficiently recognised. Detainees were asked how many children they had, but not about their ages, where they were living and who was caring for them. Welfare staff would offer support when detainees had any concerns about family matters, but only if this was flagged to them.

6.8 There had been a positive focus on maintaining relationships for partners who were in the centre together. Although they were not able to reside on the same unit, staff could facilitate daily contact through unrestricted time together in the visits hall, cooking together in the cultural kitchen and making use of the gym facilities. This was much appreciated during the hard times of separation.

6.9 The uptake of social visits was low, with an average of four visits a day. Little had been done to promote visiting or engage with visitors, or to understand the issues of distance from home which many detainees raised. No complaint forms had been available for visitors, but this was rectified during our inspection. Scottish Detainee Visitors (see paragraph 6.5), who were supported by 42 volunteers, offered a twice-weekly befriending session and at the time of our inspection were actively engaged with 25 detainees.

6.10 The visits room had been refurbished and was clean and comfortable. There was an attractive play area for young children, which was being developed to also offer activities for those who were older. Hot food was available for visitors during mealtimes at no cost. Snacks and hot and cold drinks could be bought at a reasonable cost from the vending machines in the visits room.

Visits room (left) and children's play area (right)

6.11 During a visit, detainees and their visitors could sit at any of the free tables. However, there were disproportionate rules about physical contact, and some signs emphasised this. These rules were inconsistently applied by staff, and leaders assured us that the rules and signs would soon be a thing of the past.

Communications

Expected outcomes: Detainees can maintain contact with the outside world regularly using a full range of communications media.

6.12 All detainees were allowed to make a five-minute phone call to family and friends on arrival at the centre and were issued with a basic mobile phone. They had to complete their centre induction the following day before they were issued with £5 phone credit, which was an unnecessary delay in contact with loved ones or solicitors.

6.13 The phone signal was poor in some areas of the centre. It was checked twice daily by the centre, but this did not pick up issues in specific locations. This was mainly in the rooms on the women's unit, so that women had to make their calls in the unit's communal areas. The centre was due to install a Wi-Fi network and roll-out smart phones, with limited functionality, to mitigate some of these problems, but there were no firm dates for this.

6.14 There were enough computers for detainees to access the internet and the equipment was well maintained, including printers and scanners. Female detainees could use the main computer room during their own dedicated session or, when an escort was available, another room that was not used by the men. There were no concerns about legitimate websites being blocked. Detainess continued to have no access to social networking, which was unnecessary in an immigration removal centre.

6.15 There were four new video-calling booths in the computer and shop area and one on the female unit, although this was not yet set up for use. In the meantime, female detainees continued to use the facility in the visits hall. The booths allowed for privacy and sound minimisation, and the sessions available had also greatly increased. Despite this, the uptake was low and there was not enough promotion to increase uptake. Skype had recently been replaced with Teams calls.

Teams booths

6.16 Incoming and outgoing post was processed daily and managed well. Detainees could send one free personal letter a week.

Leaving the centre

Expected outcomes: Detainees leaving detention are prepared for their release, transfer or removal. Detainees are treated sensitively and humanely and are able to retain or recover their property.

6.17 In the previous six months, 777 detainees had left the centre, of whom an average of 41% had been released into the community, rising to 67% for female detainees. Many detainees were transferred to other immigration removal centres in preparation for removal or release, and only a few were removed directly from Dungavel owing to its location.

6.18 Six detainees had been released with no fixed address in the previous 12 months. Some of those had been required to comply with electronic monitoring, despite not having a fixed base to charge the device. We saw evidence of some strong multi-agency working to support a complex individual on his release; this involved many agencies both in the centre and the community, with transport provided to make sure he was able to reach his destination safely. Despite this, we found another

detainee deemed very vulnerable who received no multidisciplinary support before discharge.

6.19 At the time of our inspection, six detainees were held after having been given bail because of problems finding appropriate release addresses. The longest had been waiting for almost four months. As in previous inspections, we found that one factor was the complex and poorly understood requirements for the provision of Home Office release accommodation. In one case, the Home Office refused accommodation for a detainee with a severe mental illness that was made under section 95 of the Asylum and Immigration Act 1999, rather than schedule 10 of the Asylum Act 2016.

6.20 We observed some good engagement from staff with detainees in the discharge area before release and transfer. The area was spacious and allowed for private conversations. Reception staff contacted the welfare team ahead of any planned releases or removals to make sure the detainee was seen and a discharge needs assessment completed. Discharge questionnaires were not analysed, which was a missed opportunity for service development.

6.21 Late releases were held until the following day if it was too late to reach their destination, which was appropriate. Information was provided from IRARA (a global team of humanitarian and immigration specialists) if a detainee were returning to their country of origin, while for local releases, information was available on food banks and sources of support. Taxis and travel warrants were paid for, and a printout of train times was provided and explained. Taxis were monitored through a tracking application so that detainees did not have to wait outside the centre for too long and the release could be effected at the right time. Staff made sure that each detainee released had at least £20, appropriate clothing and a suitable bag to carry belongings. Health care documents and medication were provided in a sealed envelope.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy establishment.

Safety

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

At the last inspection, in 2021, we found that outcomes for detainees were good against this healthy establishment test.

Key recommendations

The Home Office should ensure that detention is not unnecessarily prolonged when there is little prospect of removal within a reasonable timeframe, especially for vulnerable detainees whose health and well-being is detrimentally affected by ongoing detention.
Not achieved

Detainees who pose a risk to women should not be held in the centre when women are held.
Not achieved

Recommendations

Detainees should not be escorted during the night unless this is required for urgent operational reasons.
Not achieved

The Home Office should maintain an up-to date record of NRM referrals made at the centre.
Achieved

Home Office detention engagement staff should attend all case reviews where detention or the prospect of removal are factors in a detainee's risk of self-harm.
Achieved

Room and detainee searches should only be carried out where intelligence or risks suggest they are necessary.
Achieved

All use of force incidents should be subject to a recorded review process and leaders should ensure that all recommendations are acted on.
Achieved

All decisions concerning the separation of detainees should be clearly documented. Detainees should not be denied their clothing or bedding without express written authority from a senior member of staff and the Home Office compliance team.
Not achieved

Respect

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

At the last inspection, in 2021, we found that outcomes for detainees were good against this healthy establishment test.

Recommendations

Centre staff should systematically identify all detainees with a protected characteristic when they arrive in the centre and make sure their individual needs are assessed and met.
Not achieved

Health staff should have access to a fully functioning electronic medical record system and receive training on the technology to enhance the efficiency of the service.
Achieved

Detainees should be able to complain about health services through a well-advertised separate confidential health complaints system.
Not achieved

Detainees should have access to the full range of NHS-equivalent treatment that can reasonably be delivered.
Achieved

Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

At the last inspection, in 2021, we found that outcomes for detainees were reasonably good against this healthy establishment test.

Key recommendation
Leaders should substantially increase the range of paid work opportunities for detainees to help support their mental and physical well-being.
Achieved

Recommendations
Leaders should work with the local authority library service to improve the range of stock and the provision for detainees.
Achieved

Leaders should repair the all-weather pitch to allow detainees access to outdoor sports facilities.
Achieved

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.

At the last inspection, in 2021, we found that outcomes for detainees were good against this healthy establishment test.

Recommendations
Centre staff should make sure all welfare requests are properly recorded.
Achieved

Detainees should only be prevented from accessing social networking sites based on an individual risk assessment.
Not achieved

Appendix I About our inspections and reports

HM 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, 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 prisoners/detainees, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For immigration removal centres 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.

Activities
The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

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

Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.

Outcomes for detainees are good.
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

Outcomes for detainees are reasonably good.
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for detainees are not sufficiently good.
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for detainees are poor.
There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

The tests for immigration detention facilities take into account the specific circumstances applying to detainees, and the fact that they are not being held for committing a criminal offence and their detention may not have been as a result of a judicial process. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees: in a relaxed regime; with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment; to encourage and assist detainees to make the most productive use of their time; and respecting in particular their dignity and the right to individual expression.

The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of the particular anxieties to which detainees may be subject, and the sensitivity that this will require, especially when handling issues of cultural diversity.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list 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 prisoners; 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.

Five key sources of evidence are used by inspectors: observation; detainee and staff surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. 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.

All inspections of immigration removal centres in Scotland are conducted jointly with Healthcare Improvement Scotland and Education Scotland. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy establishment tests. There then follow four 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 Expectations – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of detainees and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Martin Kettle	Team leader
Deri Hughes-Roberts	Inspector
Chelsey Pattison	Inspector
Kellie Reeve	Inspector
Fiona Shearlaw	Inspector
Emma Crook	Researcher
Emma King	Researcher
Joe Simmonds	Researcher
Shaun Thomson	Health and social care inspector
Sarah Halliwell	Education Scotland inspector
John Laird	Education Scotland inspector
Graeme Neill (Observer)	HMI Prisons Scotland

Appendix II Glossary

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.

Adults at risk (AAR) policy
The Adults at risk policy is a framework for determining, where a person is assessed as vulnerable, whether there is a conclusive presumption against detention, or whether there are balancing immigration concerns that might justify maintaining detention.

Certified normal accommodation (CNA) and operational capacity
Baseline CNA is the sum total of all certified accommodation in an establishment except rooms in segregation units, health care rooms or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged rooms, rooms affected by building works, and rooms taken out of use due to staff shortages. Operational capacity is the total number of detainees that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

National referral mechanism (NRM)
A framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Protected characteristics
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk
Safeguarding duties apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Rule 34 Detention Centre Rules
Requires a medical examination of every detained person by a GP within 24 hours of their arrival at an immigration removal centre.

Rule 35 Detention Centre Rules
Provides that:
(1) The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.
(2) The medical practitioner shall report to the manager on the case of any detained person they suspect of having suicidal intentions, and the detained person shall be placed under special observation for so long as

those suspicions remain, and a record of their treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.

(3) The medical practitioner shall report to the manager on the case of any detained person who they are concerned may have been the victim of torture.

(4) The manager shall send a copy of any report under paragraphs (1), (2) or (3) to the Secretary of State without delay.

(5) The medical practitioner shall pay special attention to any detained person whose mental condition appears to require it, and make any special arrangements (including counselling arrangements) which appear necessary for their supervision or care.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the establishment). For this report, these are:

Detainee population profile

We request a population profile from each centre as part of the information we gather during our inspection. We have published this breakdown on our website.

Detainee survey methodology and results

A representative survey of detainees is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Survey of centre staff

Staff from the centre are invited to complete a staff survey. The results are published alongside the report on our website.

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

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk).

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