

ACTION PLAN – HMIP REPORT 2025- DUNGAVEL IMMIGRATION REMOVAL CENTRE

INTERNAL USE ONLY

No	HMIP Concerns	Home Office Response to HMIP Concerns Including Action Already Taken / Proposed to Address Concerns	Expected Completion Date
1	<p>Priority concern:</p> <p>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.</p>	<p>A project commenced in May 2025 to explore options to create a standalone female unit that provides free movement and unrestricted access to regimes, including facilities and activities. The project is currently at the technical design phase with scheduled surveys to inform structural and specialist design teams requirements.</p> <p>Once these surveys are complete the project will be reevaluated.</p> <p>At present therefore there will remain a need to escort female residents to activity areas when men are present for safeguarding purposes.</p>	31 March 27
2	<p>Priority concern:</p> <p>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.</p>	<p>Detention Services Order 1/2018 Release of Detainees states:</p> <p><i>'In accordance with DSO 08/2016 Management of adults at risk in detention when IRC or healthcare staff have significant concerns about the arrangements for releasing a detainee considered to be at risk, a multi-disciplinary meeting (or teleconference if a physical meeting is not possible due to time constraints), should be held to agree a plan to safely release the individual'.</i></p> <p>A Multi-Disciplinary Team (MDT) meeting will be undertaken in all cases when it is known someone with identified vulnerabilities is being released to no fixed address (NFA).</p> <p>The on-site Home Office teams will attend as appropriate and will regularly review compliance in this area to ensure residents needs are being met.</p> <p>In addition, Home Office National Returns Progression Command (NRPC) Detained Hub colleagues will participate in these meetings for their cases. In certain circumstances an MDT will be requested if on receipt from the Detention Gatekeeper, vulnerabilities that require an MDT approach are clearly evident.</p> <p>Prior to any release to NFA, NRPC Detained Hub will also refer to the IE Safety Valve Mechanism to explore whether there are any other possible alternatives.</p> <p>Release to NFA is an absolute last resort and individuals are signposted to local homeless support and the Voluntary Returns Service (VRS).</p>	31 March 26

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		<p>Similarly, Home Office Foreign National Offenders Removal Command (FNORC) have a responsibility to work with His Majesty's Prison and Probation Service (HMPPS) in England and the Scottish Prison Service in Scotland and local authorities in Scotland to ensure a safe release into the community for FNOs where bail has been agreed. Proposed release addresses must be approved by and the relevant Police force. Unfortunately, many addresses are rejected by having been identified as unsuitable.</p> <p>To mitigate the risk of unlawful detention and given the HO must adhere to the Hardial Singh principles, on occasion we must release to NFA where no suitable address has been identified. Where this happens, careful consideration is given to release, with tagging and reporting restrictions put into place and all appropriate agencies are informed ahead of release, to help to mitigate risk.</p> <p>The Detention Oversight Team in FNORC are currently conducting an accommodation pilot with the intention to source accommodation solutions further upstream for cases who do not meet the threshold for detention. One of the pilot's aims is to reduce the number of cases released to NFA.</p> <p>FNORC strive to hold MDTs for all cases where vulnerabilities have been identified and where a concrete support plan is required to enable a safe release into the community.</p> <p>The Detention Oversight Team also monitor critical cases of concern in the detained estate to ensure we are adhering to this policy.</p>	
3	<p>Key concern:</p> <p>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.</p>	<p>At present data is collected and reported on monthly in different reports which are viewed by the Centre Manager and discussed at subject specific monthly meetings where trends are discussed.</p> <p>Weekly and monthly meetings have started to take place in various departments showing use of the data and how it can be used going forward.</p> <p>A centralised monthly report will be produced in early 2026 containing evidence showing data supporting improvement in delivery and used as evidence of both improvements that have been undertaken and to identify further areas for improvement.</p> <p>The Home Office will both assure and review this report and share more widely to Immigration Enforcement Second Line Assurance teams regarding wider estate trends.</p>	31 March 26

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4	<p>Key concern:</p> <p>Many detainees had long journeys to the centre and arrived late at night or in the early hours of the morning.</p>	<p>The Home Office and escorting services provider seek to avoid routine night-time transfers where possible.</p> <p>The escorting service operates 24/7 and covers a wide range of activity, including moves between centres (RSTHFs/IRCs). All proposed moves consider the impact on the care and welfare of the detained individual, which includes the time and length of the journey.</p> <p>Although night moves are to be avoided where possible, moves between centres sometimes must be conducted during the night, depending on other priorities or if they are time-specific priority moves e.g. transferring detained individuals to flight.</p> <p>Given the centre's geographic location in comparison to other IRCs, DEPMU prioritises placing residents in a manner that is logistically appropriate, considering travel time, risk factors, and health conditions.</p> <p>The Home office will continue to closely monitor arrival times for residents and take forward with the Escorting provider where there are specific concerns.</p>	31 May 26
5	<p>Key concern:</p> <p>There was poor identification of, and communication about, the vulnerability of detainees.</p> <p>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</p>	<p>The Detention Gatekeeper (DGK) is a primary detention safeguard, consistently applying the Detention – General Instructions and Adults at Risk in immigration detention policy so that detention only takes place where there is a realistic prospect of return within a reasonable timescale.</p> <p>Where vulnerabilities are identified, the appropriateness of detention is balanced against any immigration control considerations on a case-by-case basis.</p> <p>The Adults at Risk policy does not exempt vulnerable people from the possibility of detention, however vulnerable individuals will only be detained under immigration</p>	31 May 26

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	35 medical reports were often not submitted when necessary.	<p>powers where those immigration control considerations or public protection factors outweigh any risk factors in their case.</p> <p>Once a person is in detention, regular reviews are undertaken to ensure their detention remains lawful, appropriate and proportionate. Case Progression Panels continue to provide additional assurance and challenge on the progress of cases in detention, reinforcing the consideration of removability, vulnerability, and risk factors in decisions to maintain detention.</p> <p>A training package has been developed by the Home Office Rule 35 Team and is being delivered to medical practitioners and other relevant healthcare staff, including those based in short-term holding facilities. The package focusses on the process for preparing and considering reports and aims to improve the reporting of vulnerabilities.</p>	
6	<p>Key concern:</p> <p>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.</p>	<p>The use of handcuffs must be based on an individualised risk assessment, in line with Detention Services Order 07/2016 Use of Restraints</p> <p>In addition, the interim guidance issued in October 2024, explicitly discourages blanket handcuffing. Detainee Custody Officers (DCOs) are trained to make dynamic assessments considering personal circumstances, behaviour, and known risks. Where no risk information exists, this absence may still inform the assessment.</p> <p>Restraints must be justified, authorised by a senior manager, and removed at the earliest opportunity. All decisions must be clearly documented, including the authorising officer's details.</p> <p>Risk assessments are reviewed and signed by Home Office staff, and monthly dip sampling of 20% of assessments takes place.</p>	30 April 26
7	<p>Key concern:</p> <p>There was poor case progression in many cases that we reviewed. Too many monthly case progression plans included</p>	<p>The role of case progression officers is to co-ordinate the progression of the case through proactive engagement with other teams, including decision making teams (such as barrier casework and the IE Competent Authority) and travel desks (responsible for arranging and booking flights).</p>	30 June 26

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	actions for caseworkers to monitor the progress of the work of other Home Office teams, rather than set time limits to complete tasks.	<p>Within the National Returns Progression Cases (NRPC), all cases received a 7-, 14- and 28-day detention review, with monthly reviews thereafter. These are prepared by case progression officers and authorised at Higher Executive Officer (7 day) and Senior Executive Officer (14 day onwards) level.</p> <p>Regular work in progress (WIP) checks are completed to ensure that cases are being pulled through the system with barriers being progressed and authority to remove provided as soon as is possible. This includes prioritising cases where voluntary departure is being sought.</p> <p>For any NRPC cases held over 3 months, they are considered as part of the Case Progression Panel (CPP). CPPs are conducted with business experts from across the detention management system, which includes an independent panel member. Scrutiny is given to each case to ensure case progression is being maintained and detention remains proportionate, lawful and justifiable.</p> <p>Similarly FNORC is strengthening compliance with CPP recommendations through a multi-layered approach: the Business Improvement Team provides dedicated oversight, tracking actions from issue to closure and ensuring accountability; monthly compliance reports highlight non-compliant cases and drive corrective action; targeted training and refresher sessions on Atlas processes, alongside collaboration with Rule 35 teams, improve awareness and safeguarding; assurance mapping and governance frameworks embed robust first, second, and third-line checks.</p>	
8	<p>Key concern:</p> <p>The oversight of fair treatment was weak and did not provide assurance that protected groups experienced no disparity in treatment.</p>	<p>A new structure has been put in place since the inspection with individual managers appointed as leads for all protected groups strands.</p> <p>This process will be overseen by the Deputy Director and Head of Business assurance and reported on monthly to the Centre Manager to ensure no group is treated differently.</p> <p>The Home Office will closely monitor this area.</p>	31 March 26

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9	<p>Key concern:</p> <p>Detainees did not have access to a clearly promoted, independent and confidential system for raising concerns about health services.</p>	<p>Although all detained individuals have access to an accessible to an independent and confidential system for raising concerns about healthcare.</p> <p>Mitie Care and Custody are working in conjunction with the Healthcare supplier and Home Office who will ensure that the promotion of the healthcare complaints system at Dungavel is better explained to residents given it differs from that in place at other IRCs due to the centres location.</p> <p>In line with the Detention Services Order (DSO) 03/2015 Handling complaints (page 10, para 18) refers specifically to Scotland.</p> <p>These procedures are designed to ensure that detained individuals can raise concerns about any aspect of healthcare services, including the conduct of healthcare staff, delays in treatment, or access to medication, in a manner that is both confidential and independent of the Home Office.</p> <p>Healthcare providers are required to make information about these procedures readily available to detained individuals, including through translated materials and support from interpreters where necessary. Detained individuals can submit complaints directly to the healthcare provider or through the Detention Services Complaints Team.</p> <p>Individuals can also raise a complaint with Health Improvement Scotland (HIS) at any stage of the complaint's procedure (page 11, para 25), though complaints to local Healthcare providers are encouraged in the first instance</p>	28 February 26