ACTION PLAN – HMIP REPORT 2026- TINSLEY HOUSE IMMIGRATION REMOVAL CENTRE

INTERNAL USE ONLY

Concern no	HMIP Concerns	Home Office Response to HMIP Concerns Including Action Already Taken / Proposed to Address Concerns	Expected Completion Date
1	**Priority Concern** There was poor identification of and action on modern slavery indicators, including where detainees gave repeated accounts of exploitation. It took too long to produce Rule 35 reports (see Glossary), and they were not always submitted when necessary.	Since the inspection the Home Office has strengthened arrangements for identifying potential indicators of Modern Slavery through enhanced training and screening processes. As part of the screening of individuals shortly after arrival in the United Kingdom officers undertaking this activity receive mandatory safeguarding and modern slavery training, including First Responder responsibilities and National Referral Mechanism processes. Since the inspection additional emphasis has been placed on the need to explore potential indicators of exploitation through follow-up questioning where vulnerability concerns arise, supported by management assurance and quality review processes. Once an individual arrives at Tinsley House additional checks are now undertaken on all Detention Centre Rule 35 and Rule 32 reports, particularly those relating to torture concerns, to ensure potential indicators of Modern Slavery are recognised at the earliest opportunity. Where concerns are identified, cases are referred promptly for further consideration and safeguarding action where appropriate. These measures are intended to improve the consistency and timeliness of identifying potential victims and ensuring appropriate support. All GPs contracted by the Healthcare provider at Tinsley House to carry out Rule 35 Assessments have received the appropriate Rule 35 assessment training. Case owners undertake Modern Slavery First Responders mandatory e-learning training every 2 years.	28 February 2027

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2	**Priority Concern** In the previous six months, 21 detainees brought from Manston were subsequently found to be children. Poor practice and significant delays in dealing with age dispute cases meant that some children were not safeguarded while their claims were resolved.	The specific cases referenced in this report had consistently stated that they were adults upon entry to the UK and, where relevant, at a number of subsequent points in the process prior to their arrival at an Immigration Removal Centre (IRC). Age is routinely established and recorded at multiple stages, with individuals asked to confirm their age/date of birth three times prior to their arrival at an IRC. On the basis of these declarations, they were treated as adults. In a number of cases, however, age-related concerns were subsequently raised, and the individuals were released into the care of Social Services for further assessment, as they were considered potentially to be under 18, rather than having been confirmed as minors. When individuals later claimed to be children whilst in detention (Post Detention Age Dispute Cases), officers were deployed swiftly to conduct initial age decisions, with 73% of claims being responded to within 24 hours. Where it was not possible for the Home Office to conduct an assessment promptly, individuals were referred to the Local Authority for an age assessment at the earliest opportunity. Assessing age.docx The Home Office recently published an Interim Instruction updating Detention Service Order 07/2016 Care and management of age disputed individuals in immigration detention. The guidance strengthens safeguards for post detention age-dispute claims by requiring staff to treat any claim that a detainee may be under 18 as an immediate safeguarding concern and to take precautionary action without delay. The guidance requires prompt welfare assessments, the opening of an Age Dispute Care Plan, and the implementation of tailored safeguarding measures, including appropriate accommodation, healthcare input, enhanced supervision and regular review.	31 January 2027

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		By requiring staff to act on the basis that the individual may be a child until their age is resolved, the instruction helps minimise the risk of harm, exploitation or inappropriate association, while ensuring the individual's welfare remains central to all decision-making.	
3	**Priority Concern** Detainees lived in poorly ventilated rooms, and communal toilets and showers had a pervasive foul smell due to problems with the drainage. Many rooms had extensive graffiti, and detainees had little storage space.	Serco have commissioned specialist contractors to undertake ventilation rebalancing works across Tinsley House to improve temperature management and air circulation. The timing of this will be subject to operational requirements is a long-term project. In addition, refurbishment of communal shower and toilet facilities is planned for later in 2026, addressing drainage issues, ventilation, and the overall condition of facilities. Home Office Property Services (HOPS) have also been commissioned to undertake a review of the IRC Building Management Systems to identify further opportunities to improve environmental conditions across the estate. A programme of room refurbishment, including removal of graffiti and review of detainee storage provision, is being progressed by the centre with completion expected within the first half of 2027.	30 June 2027
4	**Priority Concern** There was poor governance of health care services. Staffing, training and staff supervision were all areas of risk, which compromised the provision of safe and adequate care to detainees.	The findings relating to healthcare governance, staffing, training and staff supervision are acknowledged. The Home Office, NHS England and the healthcare provider will review the concerns raised within the inspection report through both existing healthcare governance and contract assurance arrangements and via an improvement plan between the healthcare provider and NHS England. This plan will be developed and monitored to address the identified areas of concern and improve the delivery and oversight of healthcare services at Tinsley House IRC.	28 February 2027

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		Strengthened site governance and regular assurance meetings are being put in place to strengthen accountability, oversight and risk escalation. Clinical and managerial supervision has been strengthened, with routine compliance review and escalation of exceptions. Improvement will be evidenced through workforce, training, supervision, incident, audit and patient-outcome data, reported through provider and NHS England governance until sustained compliance is achieved. Immediate staffing risks are managed through daily safe-staffing reviews, senior clinical oversight and qualified temporary staff where needed. Recruitment to all vacancies continues alongside a workforce review to confirm the skill mix required to meet residents' needs safely. Mandatory and role-specific training for healthcare staff is monitored through a training matrix, with protected time and recovery plans for gaps. Daily staff handover meetings are now operating with a revised agenda and being chaired each day by a member of the healthcare senior management team, as part of the improved governance and assurance processes. Compliance levels for both Mandatory Training and Clinical Supervision have shown clear measurable improvements since the inspection, and the emphasis now is maintaining these improvements as business as usual.	
5	**Priority Concern** Despite a high level of need, there were no psychological and therapy services and	A newly appointed Mental Health Clinical Lead is now overseeing a comprehensive needs assessment, pathway review and time-bound improvement plan to improve services in these areas.	28 February 2027

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	overall mental health provision was poor.	Until the substantive service is established, interim arrangements will provide timely screening, risk assessment, care planning, crisis response and specialist referral. Recruitment is under way for a multidisciplinary workforce, including psychological and therapeutic provision, based on assessed population need. Bank and agency staff continue to be used only in the short term, with competence, induction and supervision assured. A trauma-informed, culturally appropriate and accessible psychological therapies pathway will be introduced, with interpreting support where needed. Residents will receive clear information on available services and access. Referral volumes, waiting times, caseloads, care-plan quality, outcomes, incidents and feedback will be monitored through provider and NHS England governance until sustained improvement is demonstrated. As part of wider improvements in this area Serco are exploring opportunities to strengthen support provision, including recruitment activity to support the delivery of services collaboratively with PPG where appropriate. The identified gaps in provision will continue to be reviewed through healthcare governance and assurance forums to support improvements in mental health service delivery.	

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6	**Priority Concern** The needs of those being removed and released were not systematically assessed or addressed. Release planning for detainees with complex needs was weak and detainees being removed to France were given insufficient information. Some vulnerable and high-risk detainees had been released homeless.	As per Detention Services Order 01/2018 Release of Detainees and *DSO 08/2016 Management of adults at risk in immigration detention*. Multi-Disciplinary Team meetings (MDTs) will be undertaken where it is known someone with identified vulnerabilities is being released to no fixed address. Relevant case owners will participate in these meetings with the on-site Home Office teams will review both that these meetings are taking place and that the appropriate attendees are present. An MDT may also be requested if on receipt from the Detention Gatekeeper, vulnerabilities that require an MDT approach are clearly evident. Prior to any release to no fixed address (NFA), NRPC Detained Hub will refer to the IE Safety Valve Mechanism to explore whether there are any other possible alternative. Release to NFA is an absolute last resort and individuals are signposted to local homeless support and the Voluntary Returns Service (VRS). All individuals being returned to France are provided with a leaflet explaining their options for claiming asylum, what to expect on arrival, and the voluntary departure options available in France. Any proposed address (private or Home Office) must be checked for suitability by the Probation Service if the individual is subject to Probation Licence conditions. A high-risk or vulnerable individual may be released homeless where detention can no longer be lawfully justified and the individual has not applied or does not qualify for Home Office accommodation and alternative suitable accommodation is unavailable or cannot be secured within a reasonable timeframe. Home Office policy requires escalation,	31 January 2027

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		multi-disciplinary consideration and exploration of all available accommodation options before release. However, detention cannot be prolonged solely because accommodation has not been secured. As a result, in exceptional circumstances, release to No Fixed Abode may occur as a last resort, with safeguarding measures and signposting put in place where appropriate.	
7	**Key Concern** Many staff remained reluctant to use whistleblowing procedures. None of the respondents to our staff survey who had raised concerns felt that they had been taken seriously.	The centre recognises the importance of ensuring staff feel confident to raise concerns and that such concerns are taken seriously. Home Office and Serco leadership will increase promotion of available whistleblowing mechanisms through staff briefings, team meetings, leadership engagement and internal communications. The recent publication of DSO 08/2026 – Management of counter corruption in immigration removal centres and pre departure accommodation will provide additional assurance measures in this area Whistleblowing routes and staff responsibilities will be routinely reinforced, with managers encouraged to provide feedback where appropriate to improve confidence in the process. Governance forums will monitor themes, trends and learning arising from concerns raised to help promote a culture of openness, transparency and professional accountability. In addition, an anonymous Immigration Detention Integrity Line enabled by Crimestoppers was launched in November 2025. Monitoring of whistleblowing usage occurs in professional standards meetings, and compliance teams promote the process where uptake is low. Improved collaboration between the DS counter corruption team and CSPs has improved oversight and intelligence gathering.	31 January 2027

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		The internal professional standards reporting system continues to be used actively, with 296 reports logged in 2024 and 312 in 2025, which are in addition to the counter corruption reporting.	
8	**Key Concern** Detainees being returned to France needed speedy legal representation, but in some instances it took up to a week to receive a legal advice surgery appointment, and some attended several times before receiving representation.	The Home Office continues to work closely with our IRC contracted service providers and the Legal Aid Agency (LAA) to monitor the Detained Duty Advice Scheme (DDAS). Where there are notable increases to waiting times for DDAS appointments the HO and LAA work at pace to provide extra capacity. At Tinsley House an additional weekly DDAS surgery was added from w/c 17/08/26 to address this concern. Regarding receiving legal representation – all DDAS appointments are a triage service, where the legal provider gains as much information from the detained individual as possible. This initial triage appointment supports detained individuals to make contact with a legal provider that may provide further advice, subject to merits and eligibility. Not every individual seen through DDAS will necessarily be determined to be eligible for legal aid - if a DDAS solicitor has not taken on the case, then it is possible that the case does not meet the eligibility criteria. The legal aid 2024 Standard Civil Contract requires that providers are clear with individuals they have seen as to any determination they have made regarding qualification for further civil legal aid services following a DDAS appointment. An individual's circumstances can of course change, which is why there is no limit to the number of DDAS appointments that a detained individual can attend.	31 December 2026

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9	**Key Concern** Some security measures were disproportionate to the risks at the centre, including contact restrictions during visits and overzealous procedures for checking detainees' mail.	Home Office and Serco have started to review local processes to ensure security measures remain proportionate, risk-based and aligned with policy requirements. Compliance with procedures relating to visits and correspondence will be reinforced with staff through local briefings and assurance activity, with ongoing oversight through governance forums to ensure restrictions are applied only where justified and necessary.	31 December 26
10	**Key Concern** Interpreting services were not always used when needed, and available translated documents were not routinely issued to detainees.	Interpretation DSO 02/2022 was updated in June 2026 DSO 02 2022 Interpretation Services – with paragraphs 38-40 specifically referring to arrangements at healthcare screening. Home Office, Serco and healthcare partners will reinforce the requirement for interpretation services to be utilised where appropriate and will review local assurance arrangements to promote consistent use. The availability and distribution of translated documents will also be reviewed to ensure detainees are routinely provided with information in a language they understand. The healthcare provider will also explore sustainable translation options, supported by an action plan, audit and clinical governance oversight Improved availability and visibility of posters and general information in various languages is being explored with NHS England to roll out across the Immigration Detention estate. Professional interpreters will continue to confirm patient understanding of individual care plans where appropriate.	31 January 2027

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11	**Key Concern** The library had very few books, and there were no systems to manage stock. Legal texts were out of date.	Arrangements will be introduced to improve oversight and management of library stock, including the review and replenishment of materials where appropriate. In addition, legal reference materials will be reviewed regularly to ensure information available to detainees remains current and relevant. The Home Office Compliance Team will ensure that both contractual obligations and published guidance are met.	31 December 2026
12	**Key Concern** Teachers did not have the opportunity to work collaboratively to develop the curriculum, or to strengthen their expertise through ongoing training and professional development. Teachers planned learning activities in isolation, with limited consideration of detainees' prior learning.	Opportunities for ongoing professional development and regular engagement between teaching staff will be incorporated into service delivery arrangements and monitored through existing assurance and governance processes The Home Office Compliance Team will ensure that both contractual obligations and published guidance are met.	31 December 2026
13	**Key Concern** Detainees experienced barriers when trying to communicate with family, friends and legal advisors. Phone calls	Serco will continue to review communication arrangements, including access to telephony, email services and digital resources, to ensure detainees are able to maintain appropriate contact with external support networks and legal advisors.	28 February 2027

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	were expensive and many detainees had difficulties setting up or accessing their emails.	Existing support available to detainees for setting up and accessing email accounts will be reinforced, and feedback from detainees will be used to identify opportunities for improvement. Progress will be monitored through local governance and assurance arrangements. The provision of "Smart phones" has enabled individuals to have improved access to certain functions via their phone and although some calls can be more expensive than previously the Home Office reviews call charges on a quarterly basis to ensure they remain proportionate.	
14	**Key Concern** There was little use of data to understand and respond to detainees' needs, and most of it was still not disaggregated. This made it impossible for leaders to have a clear sense of the distinct issues facing the centre.	The Home Office and Serco will improve the use of Tinsley House-specific data to support local decision-making, identify trends and better understand detainee needs. Centre-level data and resulting actions will be routinely reviewed through local governance and assurance forums.	31 December 2026