

## **Report**

**to the United Kingdom Government  
on the ad hoc visit to United Kingdom  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)**

**from 25 to 28 November 2022**

The Government of the United Kingdom has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2023) 15.

Strasbourg, 29 June 2023

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## GLOSSARY

Atlas	New Immigration case working system for the Home Office
Aeromed	Private contractor providing healthcare to migrants
Border Force	Law enforcement command within the Home Office carrying out customs and immigration controls for people and goods entering the UK
CCTC	Clandestine Channel Threat Command
CID	Case Information Database – Home Office database with case details of all foreign nationals with whom the Home Office has come into contact, either through applications or enforcement
CORT	Clandestine Operational Response Team, part of CCTC
DGK	Detention Gate Keeper – Immigration Enforcement team who makes detention decisions – they assess the particulars of a case to ensure that any detention is lawful and appropriate
ECPT	European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
HMIP	Her Majesty’s Inspectorate of Prisons
Holding Room	Type of Short-term Holding Facility (STHF) for the detention of persons of up to 24 hours for identification and processing purposes
ICIBI	Independent Chief Inspector of Borders and Immigration
Immigration Enforcement	Immigration Enforcement – UK law enforcement agency responsible for preventing abuse, tracking immigration offenders and increasing compliance with immigration law
IMB	Independent Monitoring Board (part of the NPM)
IRC	Immigration Removal Centre
IS81	Home Office legal document issued in case of refusal of entry
IS91	Home Office legal document giving power to detain a person
IS201 or Bail201	Home Office legal document confirmation release on immigration bail
KIU	Kent Intake Unit (I and II) asylum processing centres in Dover
Manston STHF	Triage-processing centre for newly arrived migrants in small boat crossing set up in February 2022 on the site of Royal Airforce Base
Medevent	Private contractor providing healthcare to migrants
Mitie Care and Custody	Contractor providing services of custodial supervision at Manston STHF
MP	Member of Parliament
NAIU	National Asylum Intake Unit responsible for establishing the identity and registering asylum claims including from small boat arrivals
NPM	National Preventive Mechanism

NRM	National Referrals Mechanism – framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support
Operation ALTAIR	Operation in response of the small boat migrants arrivals
Pronto	Police and reporting notebook organiser – database used by Immigration Enforcement to record details of visits and manage casework in relation to enforcement visits and immigration offenders
Residential Holding Room	Type of residential Short-term Holding Facility being set up by the UK authorities for the processing of migrants of up to 96 hours for identification and processing purposes
Small boat	A ‘small boat’ is one of a number of vessels used by individuals who cross the English Channel, with the aim of gaining entry to the UK without a visa or permission to enter – either directly by landing in the UK or having been intercepted at sea by the authorities and brought ashore. The most common small vessels detected making these types of crossings are rigid-hulled inflatable boats (RHIBs), dinghies and kayaks.
SOP	Standard Operating Procedures
STHF	Short-term Holding Facility, establishment generally in use for the detention of irregular migrants for processing and identification purposes for up to seven days. It can be of a residential or non-residential type
STHF Rules	Short-term Holding Facility Rules regulate various aspects related to the length of detention, material conditions, regime, provision of health care, disciplinary and security measures in STHFs. Certain STHF Rules are disapplied in the context of holding rooms.
Tug Haven	Small portacabin facility for the processing of migrants upon their disembarkation in Dover closed at the end of 2021
UASC	Unaccompanied and Separated Children
Western Jet Foil (WJF)	Large portacabin used to hold and process migrants. Opened in November 2021

## **I. INTRODUCTION**

### **A. The visit, the report and follow-up**

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out an ad hoc visit to the United Kingdom from 25 to 28 November 2022. It was the Committee's 25th visit to the United Kingdom.

The main objective of the visit was to examine the treatment of foreign nationals arriving by small boat in the United Kingdom after crossing the English Channel. The delegation visited Western Jet Foil and Manston Short-Term Holding Facility (STHF), where all such persons are processed and held during the first 24 hours of their arrival in the country. The delegation also visited the Kent Intake Unit in Dover, where unaccompanied and separated children are treated upon their arrival.

2. The visit was carried out by the following members of the CPT:

- Hans Wolff, 1st Vice-President of the CPT (Head of delegation)
- Nikola Kovačević
- Alexander Minchev
- Helena Papa
- Jari Pirjola

They were supported by Hugh Chetwynd (Head of Division) and Christian Loda of the CPT Secretariat.

The report on the visit was adopted by written procedure by the CPT on 10 February 2023 and transmitted to the authorities of the United Kingdom on 13 February 2023. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the United Kingdom (UK) authorities provide, by 24 March 2023, a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

### **B. Consultations held by the delegation and co-operation encountered**

3. The CPT delegation met with Robert Jenrick Minister for Immigration and senior officials of the Channel Crossings Threat Command (CCTC) and exchanged views on reception procedures and the necessary changes that need to be introduced at Manston STHF to improve the conditions of detention, regime and quality of healthcare provided for detained migrants.

4. The delegation received excellent cooperation overall from the UK authorities both prior to and during the visit in terms of access to all places it wished to visit, the possibility to speak in private with migrants and staff and the provision of information documenting the deprivation of liberty of migrants. It wishes to place on record its gratitude to all the staff who facilitated its work as well as to the CPT liaison officers for the smooth running of the visit. In relation to the specific requests outlined in the notification letter concerning data on occupancy levels, average length of detention and inflow and outflow of migrants at Manston STHF from 1 August to 15 November 2022, the UK authorities have not been able, to date, to furnish the documentation (see paragraph 24 below).

**C. Immediate observations under Article 8, paragraph 5, of the Convention**

5. At the end of the visit, the delegation invoked Article 8, paragraph 5 of the Convention and requested that the rear secure area of the Immigration Enforcement vans at Manston STHF no longer be used for holding agitated migrants and that an alternative secure and safe holding room be commissioned for such a purpose.

By letter received on 23 December 2022, the Director of the Small Boats Operational Command informed the Committee that the van had been taken out of use and that the UK authorities were considering several models in relation to the redesign and improvement of the capacity of Manston STHF. These elements are reflected in the report.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Immigration Detention

#### 1. Preliminary remarks

##### a. background information

6. The increase in the number of migrants<sup>1</sup> attempting to reach the UK in small boats<sup>2</sup> across the English Channel since 2018, and especially during 2022,<sup>3</sup> has posed serious challenges in terms of monitoring and detecting small boat Channel crossings and ensuring the safety of life at sea (SOLAS),<sup>4</sup> as well as in respect of the system of reception and registration of the migrants and the processing of asylum claims. The UK authorities have responded to this development by setting up a dedicated task force, Channel Crossings Threat Command (CCTC), with clear operational responsibilities, delegating part of the task of rescuing migrants at sea to the Ministry of Defence, strengthening bilateral cooperation with France to disrupt criminal trafficking and smuggling platforms, and investing efforts in reviewing the reception and asylum determination system. The typology of migration flows reaching the UK by small boats has also been characterised by changing nationality profiles and the UK's withdrawal from the European Union's Dublin system of returns.<sup>5</sup>

The surge in arrivals since the end of 2021 and the impact this has had on the UK's reception system in terms of SOLAS rescue operations, provision of humanitarian assistance, disembarkation, biometric processing, vulnerability assessment and screening for asylum protection has been the subject of careful scrutiny by the UK Parliament's (House of Commons) Home Affairs Committee<sup>6</sup> and by monitoring bodies such as the Independent Chief Inspector for Borders and Immigration (ICIBI) and Her Majesty's Inspectorate of Prisons (HMIP), as well as local visiting committees.

7. The unexpected surge in arrivals in the course of 2022 has forced the UK authorities to rethink especially the reception and initial processing system for migrants intercepted in the English Channel. In particular, they reacted to the serious failings highlighted by ICIBI and HMIP at the Tug Haven triage entry point in Dover in the course of 2021, to address the poor material conditions, the inadequate assessment of migrants' vulnerabilities and the inconsistencies in records.<sup>7</sup>

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<sup>1</sup> The generic term 'migrants' is used to describe persons on the move and includes refugees, asylum seekers and migrants, regardless of their legal status.

<sup>2</sup> According to the Home Office: "A 'small boat' is one of a number of vessels used by individuals who cross the English Channel, with the aim of gaining entry to the UK without a visa or permission to enter – either directly by landing in the UK or having been intercepted at sea by the authorities and brought ashore. The most common small vessels detected making these types of crossings are rigid-hulled inflatable boats (RHIBs), dinghies and kayaks."

<sup>3</sup> According to Home Office data, by mid-December 2022 more than 43 000 migrants had crossed the English Channel with small boats to reach the UK, compared with around 300 in 2018 and nearly 30 000 in 2021.

<sup>4</sup> In the course of 2021, over 97% of crossings had been intercepted and controlled by UK law enforcement officers coordinated through a newly established Home Office Joint Control Room (see Parliamentary Home Affairs Committee Oral evidence: Channel crossings, HC 822, Wednesday 26 October 2022).

<sup>5</sup> From January 2018 to June 2022, Iranian (28%) and Iraqi (20%) nationals represented nearly half of all small boat arrivals. In the first six months of 2022, over half (51%) of small boat arrivals were from three nationalities – Albanian (18%), Afghan (18%) and Iranian (15%). However, since May 2022, there has been a significant increase in the number of Albanians crossing the channel on small boats. From May to September 2022 Albanian nationals alone comprised 42% of small boat crossings, with 11 102 Albanians arriving by small boat in those five months.

<sup>6</sup> See Home Affairs Committee work on Migration and Asylum.

<sup>7</sup> See in this respect the ICIBI Report: "An inspection of the initial processing of migrants arriving via small boats at Tug Haven and Western Jet Foil December 2021 – January 2022".

8. As of January 2022, a new facility (namely, Western Jet Foil) for the initial reception and processing of migrants became operational in the Western Docks of Dover, replacing the Tug Haven site. In addition, from February 2022, a former Royal Air Force (RAF) base at Manston, close to the town of Ramsgate, was converted into a reception/triage centre for the processing of up to 1 600 migrants per day (according to the CCTC) and categorised as a non-residential short-term holding facility (STHF) or holding room, with a maximum detention period of 24 hours. Manston STHF came under stress from late August 2022 onwards, when the rate of daily small boat arrivals of migrants increased dramatically and the facility began to receive more persons than it could process.

By October 2022 there were reports of up to 4 000 persons, including families with children, held in cramped and unsanitary conditions at Manston STHF, instances of arbitrary and/or unlawful detention well beyond the legal limit of 24 hours, episodes of rioting in the detention marquees and the spread of infectious diseases among the detained population (see paragraph 50 below). The deteriorating situation at Manston STHF led to increased scrutiny by the Home Affairs Committee, and to the facility being visited by MPs, national monitoring bodies and the media.

9. On 15 December 2022 the UK Government laid before Parliament the Short-term Holding Facility (Amendment) Rules 2022, which amended the STHF Rules and created a new type of detention facility (known as a “residential holding room”) where individuals can be detained for up to 96 hours, subject to an extension in exceptional circumstances.<sup>8</sup> In practice, this means that parts of the Manston STHF would be reclassified as a “residential holding room” whereby those STHF rules which were disapplied when the Manston STHF was a ‘holding room’ would now be applied.<sup>9</sup> The remainder of the site would continue to operate as a “holding room”. The amendment set out in Rule 6A, in particular, of the STHF (Amendment) Rules 2022 would appear to be along the lines suggested by the delegation to ensure that all persons deprived of their liberty in Manston STHF for up to 96 hours are able to be held in decent conditions and receive appropriate care and support within the applicable legal framework.

**The CPT would like to receive a copy of the updated STHF 2018 guidance which should provide further detail on the requirements of residential holding rooms in line with the Short-term Holding Facility (Amendment) Rules 2022.**

b. facilities visited

10. During its ad hoc visit in 2022, the delegation examined the situation of newly arrived migrants at the main sites under the responsibility of the CCTC and the National Asylum intake Unit (NAIU) in the county of Kent, in order to follow the path they followed from their interception at sea by Royal Navy or Border Force vessels to their release on immigration bail or transfer to an immigration detention facility under the authority of the Home Secretary (that is, an Immigration Removal Centre or IRC or residential STHF). The facilities visited by the delegation were as follows:

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<sup>8</sup> The Short-term Holding Facility (Amendment) Rules 2022 entered into force on 5 January 2023.

<sup>9</sup> According to the letter sent by the Minister of Immigration to the Chair of the Home Committee of the UK Parliament on 22 December: “A residential holding room will provide more extensive facilities than are available in holding rooms to reflect the fact it may be used for a longer period of detention. These include Rule 13 (accommodation), Rule 14 (sleeping accommodation), Rule 16 (clothing), Rule 18 (hygiene), Rule 20 (time in open air), Rule 30 (medical screening) and Rule 32 (special illnesses and conditions). Rule 15 (families and minors), Rule 23 (outside contacts), Rule 27 (legal adviser) and Rule 31 (general medical care) which apply to holding rooms in a modified form will be amended to apply to residential holding rooms. A number of the STHF rules which are disapplied insofar as holding rooms are concerned will be similarly disapplied for residential holding rooms. The STHF 2018 guidance will be updated to reflect these Regulations and set out the requirements of residential holding rooms in further detail.”



Western Jet Foil (WJF) consisted of a secured area on the western docks of the Port of Dover containing a heated marquee area for the reception of persons upon their disembarkation, which was equipped with several rows of wooden benches and separate changing areas/booths for families, adult men and women. There was also a portacabin area for the initial processing of all persons which included a waiting area, immigration desks with biometric registration equipment, an infirmary, several offices for conducting assessment interviews with vulnerable persons such as unaccompanied or separated children (UASCs)<sup>10</sup>, and several containers/portacabins for medical isolation purposes. The capacity of the reception marquee had been increased and the facility was supposedly able to receive and triage 150 persons per hour and approximately 1 500 in a day. Based upon the delegation's observations of the process in relation to a small number of arrivals at WJF, it appeared far too optimistic to expect that this facility will have the capacity to process these numbers of persons.

The Kent Intake Unit (KIU), under the authority of the NAIU and located on the eastern docks of the Port of Dover, consisted of a two-storey building with a 56-bed closed detention unit for the temporary accommodation of UASCs as well as of adult migrants intercepted in lorries from the adjacent ferry terminal. The facility also had a pre-release waiting room (the *atrium*) where UASCs were accommodated pending their release, as well as an infirmary and a number of offices for the interview and preliminary screening of detained migrants by staff of the Home Office (that is, biometric registration, vulnerability assessment, etc.). The delegation also visited the newly constructed Kent Intake Unit 2, due to become operational in the following weeks, with a capacity of 119 places and which offered improved conditions of detention in terms of spacious rooms with beds, communal facilities and a courtyard. At the time of the visit, five UASCs were being held in the KIU, having arrived by small boat that morning.

The Manston STHF, located on the site of the eponymous Royal Airforce base three miles west of Ramsgate, consisted of a main administration building and six marquees,<sup>11</sup> three of which were used for the accommodation of migrants. Each marquee had an official capacity of 100 to 150 places. The structure of the facility is designed to adapt to the number of daily arrivals. To this end, at least 15 more marquees of the same design,<sup>12</sup> several barrack blocks and other contingency buildings were also in place at the time of the visit, ready to be brought into service for accommodation purposes when needed. There were also two separate infirmaries, staffed by the two contracted companies, and a third infirmary was in the process of being established. The Manston STHF was designed as a non-residential STHF for a maximum detention period of 24 hours. At the outset of the visit, the facility was empty, following a 10-day period of no migrant arrivals which had permitted the very lengthy backlog of detained migrants to be processed and transferred out of the facility.<sup>13</sup> On the second day of the visit, a first contingent of 26 newly landed migrants arrived at Manston STHF from WJF.

11. WJF and Manston STHF were under the same operational management of the CCTC, which consisted of a 16-member Clandestine Operation Response Team (CORT) who were supported by a range of stakeholders such as Home Office, Border Force staff and contractors (for example, Mitie Care and Custody, and Interforce) tasked with the supervision and welfare of detained migrants. The provision of healthcare to migrants had been outsourced to two private companies, Aeromed and Medevent.

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<sup>10</sup> UASCs are further processed at KIU under the responsibility of the NAIU.

<sup>11</sup> That is, one for the reception, immigration control and biometric registration of migrants, one for the triage of received migrants by contracted custodial staff, one equipped for the accommodation of families and three for general accommodation.

<sup>12</sup> For instance, marquees 7,8 and 9 were identical to the Marquees 1 and 2, while marquees A,B,C,D,E,F,G and H had no furnishings or sanitary facilities.

<sup>13</sup> On 1 November 2022, Manston STHF was reportedly accommodating 4 000 persons, but by 20 November the facility was empty. In the week of 29 November to 2 December 2022, Manston STHF hosted some 2 000 persons who had crossed the Channel during these four days.

The operational regulations for non-residential STHFs or holding facilities such as Manston, WJF and KIU, are set out in the 2018 STHF Rules, with the exception of certain important provisions (such as material conditions, access to fresh air, compulsory medical screening, visiting entitlements etc.) which are not applicable to “holding rooms”.<sup>14</sup>

12. The delegation found that the standard operational procedures (SOPs) for the treatment of persons arriving by small boat consisted of the following actions:

- After being rescued by a Royal Navy or Border Force vessel, each migrant would be recorded on a spreadsheet listing the number of the small boat<sup>15</sup> and assigned a wristband with a QR code. All migrants were taken to WJF, where they would be searched with a metal detector, provided with hot drinks and food, and afforded the possibility to change clothes before undergoing medical screening (namely, a voluntary COVID-19 swab testing in case of symptoms, pulse and oximetry). A first interview with Home Office staff took place in the adjacent portacabin, where the IS91 form<sup>16</sup> would be pre-filled, biometric registration would be initiated and every migrant would be subjected to a pat down search. UASCs would already receive their IS91 form and be officially detained at this stage, before undergoing an age assessment interview with NAIU staff and being transferred to the KIU. This stage could take a few hours (but sometimes up to a day), depending on the number of arrivals that day.
- All young persons claiming or considered to be UASCs (approximately one sixth of the total number of arrivals) after an initial age assessment at WJF by NAIU staff would be referred to the KIU for welfare and medical screening and asylum application. Afterwards, they would be released to a local social care facility or hotel accommodation.
- Adult migrants and families would be transported by coach (escorted by Interforce staff) to Manston STHF where, following a medical check by Medevent staff, they would be given an initial immigration interview, formally detained and issued with an IS91 form in the reception marquee. After being biometrically enrolled,<sup>17</sup> responsibility for their custody would be transferred to Mitie Care and Custody in an adjacent marquee. All persons would thereafter be subjected to an additional pat down search followed by an initial vulnerability assessment interview and then transferred to the holding area (marquee). The length of detention in the marquee would depend on the timeframe for feedback on their biometric enrolment, the time necessary to launch an asylum application and the availability of accommodation in a hotel or dispersed accommodation (in the case of an asylum claim) or in an IRC for “harm cases” or those who had not expressed an intention to seek international protection.

In practice, the entire triage/identification/screening process at Manston STHF would, in principle, take less than 24 hours if the number of arrivals was not too high. The delegation was informed that up to 400 persons per day could be processed within 24 hours but, from its observations, this figure appeared rather exaggerated. In fact, during periods of increased influxes, notably from late August to mid-November 2022, the management of the STHF had to deploy additional marquees to accommodate migrants for days on end before they could even be formally detained. The consequences for the treatment of persons held in the STHF during this period are set out below.

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<sup>14</sup>. These provisions are in particular those related to accommodation (Rule 13), sleeping accommodation (Rule 14), families and minors (Rule 15), clothing (Rule 16), hygiene (Rule 18), correspondence and visits (Rules 24 and 25), access to the internet (Rule 29), medical screening and special illnesses and conditions (Rules 30 and 32), removal from association and temporary confinement (Rules 35 and 37), and Visitors (Rule 48). Further, Rule 20 is modified in order to restrict access to outdoor exercise and Rule 23 on visits in order to allow contact only by telephone with the outside world.

<sup>15</sup>. The “Op Altair Encounter Log”.

<sup>16</sup>. Form IS91 is a legal document giving the Home Office the authority to detain.

<sup>17</sup>. That is, fingerprinted and photographed, and data shared with a number of law enforcement databases with the exception of Eurodac.

## **2. Ill treatment**

13. The delegation could only speak to a very limited number of migrants (approximately 20) during the visit. It received no allegations of ill-treatment or other indications of malpractice from staff. On the contrary, a caring and professional attitude during the provision of humanitarian assistance, identity checks and processing of migrants was observed at all sites. Both core and contracted staff spoke and interacted politely with the migrants, demonstrating an empathetic attitude to their distress after a difficult journey across the Channel. The CPT recognises that during periods of mass arrivals staff were placed under immense pressure and had had to manage many agitated persons who had been detained for long periods under poor conditions. The CPT considers that there is a need to ensure that robust procedures are in place and staff are properly trained and supported to ensure that all use of force and application of means of restraint (including confinement) is proportionate, legitimate and necessary (see paragraphs 42 and 43 below).

The CPT also notes that, in its view, during the latter half of October 2022 and the beginning of November 2022 when Manston STHF was severely overcrowded, the cumulation of prolonged detention in very poor conditions may have resulted in many persons held at Manston STHF having been subjected to inhuman and degrading treatment.

## **3. Conditions of detention**

### **a. material conditions**

14. The CPT delegation was able to observe that the whole CCTC and NAIU operations demonstrated a high degree of resilience and responsiveness to the observations of external bodies and internal reviews. For example, the former Tug Haven triage site in Dover, which had been severely criticised by the ICIBI and HMIP for its spartan and poor conditions (for example, unheated marquees, limited reception space, ruptures in the stocks of clothes, blankets and hygiene products), had been closed and replaced by the WJF facility as of January 2022. Similarly, the construction and commissioning of KIU 2 came about as a response to criticism of conditions in the KIU. This is positive.

15. As mentioned in paragraph 11, the legislation on minimum standards for non-residential STHFs or holding rooms does not provide for any specific requirements in terms of material conditions (such as beds, sleeping platforms, etc.).<sup>18</sup>

16. At the time of the visit, the new WJF facility was in the process of being upgraded and a heated marquee, with wooden benches and changing facilities, with a capacity to hold 600 persons was being installed. Material conditions were satisfactory for short stays in the marquee, and the sanitary facilities (showers and toilets) and changing areas provided the necessary level of privacy and were in a good state of repair. A second portacabin area with wooden benches and TV screens with signage in different languages was used for the initial interview screening with Home Office staff, biometric enrolment, initial vulnerability assessment and medical treatment in the infirmary. In principle, the WJF provided good conditions for disembarking migrants in the initial stages of their detention after a difficult journey, provided it did not last longer than a few hours.

However, the personal case-processing files examined by the delegation at Manston STHF showed that during the periods of peak arrivals in September and October 2022, it was not infrequent for migrants to stay overnight or longer at WJF before being transferred to Manston STHF.<sup>19</sup>

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<sup>18</sup> Rule 13 on the size and minimum requirements of rooms and Rule 14 on separated sleeping accommodation are specifically disapplied in the context of non-residential STHFs.

<sup>19</sup> For example, a migrant disembarked at WJF and recorded on 9 October 2010 at midnight arrived at Manston STHF only on 11 October at 11:50.

17. At the Kent Intake Unit, male UASCs were accommodated in a common room of approximately 75m<sup>2</sup> equipped with row seating, tables and chairs, a television screen and separate shower and toilet facilities (consisting of two toilets and washbasins). At the time of the visit, the facility was in a good state of repair and hygiene and was accommodating five UASCs. However, it was not suitable for holding more than 25 UASCs for a few hours pending their assessment and, given the lack of sleeping platforms and beds, not for overnight stays. The detention registers showed that it was not uncommon for UASCs to spend a night or even several days in overcrowded conditions at KIU.<sup>20</sup> Consequently, the UK authorities had decided to build a new facility on the hills of Dover (Kent Intake Unit 2) with a capacity of 119 places. The premises visited by the delegation were far more appropriate for the short-term accommodation of UASCs and consisted of spacious waiting rooms, two family rooms, a children's play area, communal courtyard facilities, toilet and shower facilities, TV screens and a prayer room.

18. At Manston STHF, the two marquees designated for the accommodation of male migrants (Nos. 1 and 2), each measuring 270m<sup>2</sup>, were equipped with rows of plastic seating, prayer rooms and a sanitary facility (50m<sup>2</sup>) of 12 stainless steel toilets, eight showers and long wash basins). The marquee designated for the accommodation of families (No. 3) measured 290m<sup>2</sup> and was equipped with soft furniture and sleeping mats as well as a breastfeeding room and a toy area. The marquee also had a sanitary facility (30m<sup>2</sup>) with six toilets, two showers and wash basins. In addition, adjoining each marquee was a fenced outdoor area of approximately 70m<sup>2</sup>.<sup>21</sup> All marquees were heated. In the CPT's view, these marquees were adequate for accommodating persons for up to 24 hours provided that their maximum capacity be lowered in marquees Nos 1 and 2 from 150 to 100 adult men and in marquee No.3 from 100 to 70 persons (families and single women). Three additional marquees (Nos. 7, 8 and 9) used during peak periods were of an identical size and design as Nos. 2 and 3.

Further, there were at least eight additional marquees (marquees A, B, C, D, E, F, G and H) of a similar size and design (320m<sup>2</sup>), which contained no furniture other than foam mattresses on the floor and which had been used to accommodate migrants from September to mid-November 2022. The sanitary facilities were located outside the marquees in a portacabin area on a trailer (mainly for showers) and there were numerous portable toilets. Further, the fenced outdoor area adjoining each of these marquees was only around 40m<sup>2</sup>.<sup>22</sup>

19. **The CPT recommends that, in the context of the partial reclassification of the facilities visited, the UK authorities ensure that:**

- **Migrants be processed expeditiously and every effort is made to avoid holding persons for more than a few hours at WJF, and that their transfer to Manston STHF or KIU is expeditiously organised;**
- **The layout, capacity and design of the marquees at Manston STHF be reviewed to provide adequate living space and separate sleeping accommodation (that is, camp beds),<sup>23</sup> communal facilities in each tent and adequate outdoor facilities with shelter from inclement weather;**

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<sup>20</sup>. The custody registers examined by the delegation at the KIU revealed that the maximum period of detention of a UASC at the KIU amounted to 60 hours. Further, occasionally up to 54 UASCs had been accommodated at the KIU at the same time.

<sup>21</sup>. The outdoor area for the family marquee contained some children's playground equipment.

<sup>22</sup>. The delegation was also shown two additional facilities used at the height of the arrivals. One, the former Officers' Club at RAF Manston, containing double and triple-occupancy rooms, which was used to accommodate families, and which provided decent conditions. The second, a barrack block designated as a "school" consisted of a large conference room of 180m<sup>2</sup> equipped only with mattresses; the sanitary facilities consisted of four toilets and basins, but no showers. A further five marquees were being set up at the time of the visit.

<sup>23</sup>. Pursuant to the provisions of Rules 13-15 of the STHF Rules as amended by Rule 6A of the STHF (Amendment) Rules 2022.

- **Until the new KIU2 is operational, UASCs are not held in the current KIU for more than few hours, during which time they should be offered regular access to fresh air.**

20. In terms of occupancy levels at Manston STHF, the delegation was able to verify through the custody registers in use by Mitie Care and Custody that, in marquee No. 1, 150 adult men could be accommodated overnight and 100 persons in the family marquee (No. 3). As mentioned above, these occupancy levels should be reduced.

**The CPT recommends that, as part of the reclassification process, the minimum standards for offering adequate living space be adhered to in each marquee. A marquee of 270m<sup>2</sup> should not accommodate more than 65 persons.**

21. Food and drink provision was satisfactory at all stages of a person's processing/detention. Migrants were provided with hot drinks, water and food (sandwiches, crisps, energy bars) immediately upon disembarkation at WJF and during detention. Meals at Manston STHF and KIU consisted of one hot meal per day provided by a catering service, which had been modified the week prior to the visit to better suit the dietary needs and habits of the migrant population. In the Manston STHF marquees, migrants had access to hot drinks machines and were regularly offered biscuits, crisps and energy bars by contract staff. There was also a large supply of baby milk in the family marquee at Manston STHF. The challenge is to ensure that such a service can be maintained during peak periods.

In terms of hygiene and clothing, large stocks of toiletries, nappies and sanitary towels were available at Manston STHF and WJF. In terms of clothing, migrants were provided with clean items on release (that is, T-shirts, socks, trousers, underwear and sweatshirts of various sizes, including for children). Proper shoes (Crocs type) were distributed instead of plastic flip-flops. Access to showers was unrestricted in the four tents at Manston STHF and KIU.

b. regime

22. All the facilities were classified as holding rooms under the STHF Rules, with a maximum stay of 24 hours, which meant that they were not equipped to offer a substantive regime of activities. Migrants spent their time watching television, reading magazines or books and playing board games.

At Manston STHF, each tent had its own fenced off outdoor area which was in principle accessible throughout the day. At KIU, there was no outside facility. Staff told the delegation that arrangements were in place to allow UASCs brief access to fresh air in the parvis/car park under the supervision of staff.

**The CPT recommends that, with the partial reclassification of Manston STHF, the respective STHF Rules on the provision of a purposeful regime to migrants be applied. In particular, persons held in the residential holding room part of Manston should be offered access to outdoor exercise in an adequate space with greenery and equipped with shelter against inclement weather and seating. Further, they should be offered a range of appropriate activities.**

#### 4. Legal safeguards

23. Paragraph 16(1), (1A) and (2) of Schedule 2 to the Immigration Act 1971, authorises an immigration officer to order the detention of a migrant recently arrived in a small boat to the UK pending investigation or further investigation for the purposes of deciding whether to grant, refuse or cancel leave to remain, or to issue removal orders from the UK. In principle, the majority of migrants apprehended and processed at WJF are detained under this provision and the reason given for their detention is that they have not provided satisfactory evidence of their identity, nationality, or a lawful basis for being in the UK. The initial period of detention is 24 hours and is subject to review by management at a more senior level.<sup>24</sup>

Following a review of the welfare of migrants in detention in the UK, the institutional figure of a Detention Gatekeeper (DGK) was introduced to ensure that every individuals' detention was reviewed after 24 hours, to ensure the independence and integrity of the process, to protect vulnerable individuals, to review the length of detention and to consider the continued detention or release of asylum seekers. At Manston STHF, a number of senior Home Office managers were responsible for the detention review of migrants.

24. In relation to the maximum length of detention at Manston STHF, the UK authorities had confirmed on several occasions that the Manston STHF was classified as a holding room of a non-residential STHF and therefore should not exceed 24 hours,<sup>25</sup> although the Secretary of State may authorise the extension of the detention beyond 24 hours if exceptional circumstance require it. In practice, persons were held much longer than 24 hours when arrivals at the facility rose sharply.

At the outset of the visit, the delegation had requested the UK authorities to provide a daily breakdown of the number of persons detained at Manston STHF between 1 August and 15 November 2022, including information on the average length of detention and the longest recorded detention during the same period. The CPT also requested information on the number of people who left the STHF each day and where they were sent (by category, for example, hotels, IRCs etc.). The UK authorities were unable to provide the CPT with this type of aggregate information, as it would require in their view the extraction of data from thousands of individual case processing files. The management of Manston STHF pointed out that the Manston facility and the CCTC operation as a whole were focused on the secure processing of migrants and had been progressively set up in response to a contingent crisis, with data being stored and collected at different levels within the Home Office which could not be easily processed in aggregate terms (see also paragraph 50 below).

Consequently, the delegation based its analysis and assessment of the legal safeguards on the examination of a number of individual files of detained persons, selected on the basis of criteria such as date of arrival (September/October 2022), category and nationality, and possible vulnerability assessment.

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<sup>24</sup>. In principle, upon the arrival of a migrant in the context of a small boat crossing, the immigration officer must in the following order: obtain the appropriate power of detention; advise the person of their right to apply for bail; carry out a 'risk assessment' procedure and complete various forms (IS91 in full; IS91R (reasons for detention), IS91RA Risk Assessment on the detained person) and explain the contents to the person (through an interpreter if necessary). In addition, the same immigration officer is required to enter the relevant data into an appropriate database, confirm the detention to the Detention and Estates Population Management Unit (DEPMU) and review the detention if necessary.

<sup>25</sup>. See in this respect the transcript of the Home Affairs Committee meeting under the title "Cross-Channel Migrants: Manston Facility" of 27 October 2022.

25. Adult migrants were, in most of the cases, served their IS91 form at the immigration desk at Manston STHF after receiving their wristband and QR code at WJF.<sup>26</sup> The start of detention was set at the time of them being served with an IS91 at Manston STHF, which in practice could be from several hours to a few days after they had been intercepted or disembarked at WJF.

The delegation found that during the periods of peak arrivals it could take several days (that is, up to four days)<sup>27</sup> before migrants were even called to appear at the Manston Immigration Desk. During this waiting period, they would be accommodated in one of the surrounding marquees (Nos. 7, 8, 9 or 10) until immigration officials had the capacity to process their cases. The CORT incident log examined by the delegation, for example, contained several entries between 22 October and 9 November 2022 indicating protests and dissatisfaction by migrants who were complaining that they had not been processed. Other entries referred to persons who had absconded from the site, with Kent Police being instructed to search for them as they had not yet been formally detained.

The Committee recognises that the time of disembarkation, first humanitarian assistance and screening might suggest a delay in the serving of the IS91 form and the formal detention of migrants at WJF. Nevertheless, it considers that the time of detention should be recorded as starting from the moment when each person is questioned at the immigration desk at WJF. Persons are clearly detained from this moment onwards and should already be informed of this fact.

**The CPT recommends that the UK authorities formally record the beginning of the period of detention from the moment a person is interviewed at the immigration desk at WJF and the decision to hold them at Manston STHF is taken.**

26. In relation to the maximum period of detention recorded at Manston STHF from August 2022 onwards, Home Office staff admitted that people had been held in excess of 30 days (including families). Among the files examined by the delegation there were in fact several cases of prolonged detention amounting in total to 43, 37 and 25 days and many more in excess of four days.<sup>28</sup> Clearly, the UK authorities need to ensure that the legal provisions and safeguards surrounding the deprivation of liberty of persons detained at Manston STHF are applied in practice.

In light of the announced reclassification of part of the Manston facility as a “residential holding room” with a maximum detention period of 96 hours, **the CPT recommends that the UK authorities ensure that the Home Office exercises the necessary supervision to guarantee migrants are not detained beyond the statutory limits laid down in law.**

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<sup>26</sup>. Some could in fact be served with a IS81 on refusal of entry in case they clearly admitted that they had no reason and/or intention to apply for asylum.

<sup>27</sup>. For example, a migrant arrived on WJF on 12 October 2022 had his IS91 form served at Manston STHF only on 17 October. Another migrant who disembarked at WJF on 9 October 2022 had been transferred to Manston STHF on 11 October and was only served with a IS91 form the next day (12 October 2022).

<sup>28</sup>. For example, although not all examined files contained a precise date on their release, one migrant who arrived at WJF on 22 September 2022 was released from Manston STHF on 4 November, another one recorded in Dover on 12 October 2022 was released from Manston STHF into immigration bail on 6 November 2022, another one in possession of a wristband recording his arrival at WJF on 9 October 2022 was released from Manston STHF on 15 November 2022.

27. The legislation requires that any detention beyond 24 hours is subject to a detention review at the appropriate level and that a written decision on the reasons for the detention is to be provided to the person concerned.<sup>29</sup> Similarly, the delegation's review of files in Manston STHF found that when the number of small boat arrivals was low, the Home Office staff carried out the detention review and provided the migrants with a written justification for its prolongation. However, this was not done at times of mass arrivals and many persons were subsequently held unlawfully. Further, senior officials of the Home Office told the delegation that, during the period of increased arrivals from September to November 2022, detention reviews had not been carried out due to a lack of capacity to carry out an individual assessment of every case. For example, of the 20 detention files examined by the delegation concerning migrant arrivals by small boat between 28 August and 12 November 2022, not one single review of detention beyond 24 hours of detention was included in the relevant personal file.

**The CPT recommends that in order to prevent unlawful detention, the UK authorities ensure that migrants detained at Manston STHF receive a written review of their period of detention at the statutory intervals, clearly stating the reasons for the extension and the possibility of lodging an appeal to a judicial authority.**

28. As regards the safeguards applied to persons deprived of their liberty and advocated by the CPT at the outset of detention (namely, the right to inform a third party of the fact of detention, the right of prompt access to a legal counsel and to a doctor, as well as to be informed on how to exercise those rights), the delegation ascertained that information on rights was generally provided in writing to migrants at Manston STHF in the IS91R form which was handed out to them. Information was also generally displayed on screens in various languages inside the detention marquees. Further, up to 30 interpreters were employed on a daily basis to assist Border Force staff with the initial immigration checks, and access to telephone interpretation was available.<sup>30</sup> In addition, information leaflets in all the main languages spoken by the migrants were distributed by contracted staff at the relevant detention marquees. However, persons were not provided with any simple non-technical leaflet setting out their rights and the various steps that would occur while detained and what they might expect following detention.

**The CPT recommends that a simple, non-technical leaflet explaining the main procedural steps and basic rights of migrants detained in the context of the CCTC operation be provided to all persons after disembarkation at WJF.**

29. In relation to the right to inform a third party and access to a legal counsel, migrants were permitted to use a mobile phone in the relevant marquee with their own SIM card, which in principle was not seized during the initial personal search.<sup>31</sup> As to access to a lawyer, Rule 27 of the STHF in relation to holding rooms only permits contact with a legal counsel by telephone. The delegation observed that information on the contact numbers of legal aid providers was displayed on posters in English in the marquees at Manston STHF. However, it could not obtain information or statistics confirming the number of migrants who had availed themselves of that right. Further, Home Office staff at Manston could not provide statistics to the delegation concerning migrants who had challenged their decision on detention in court.

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<sup>29</sup> Rule 12 of the STHF Rules 2018 sets out the statutory requirement for people in short-term holding facilities (STHFs) to be provided with written reasons for their detention at the time of their initial detention and thereafter following any subsequent review of their detention. This includes any reviews of detention taking place at the 24-hour review stage, as well as any ad hoc review of detention taking place whilst the individual remains detained in an STHF. Individuals must be informed of the outcome of any such detention reviews using form IS151F (STHF).

<sup>30</sup> The range of languages covered included Arabic, Farsi, Dari, Urdu, Pashto, Punjabi and Albanian.

<sup>31</sup> Persons could not retain their own mobile phone in Manston STHF. Instead, they were offered a mobile phone by the establishment (which has no camera) and they could keep the SIM card from their own phone.



**The CPT trusts that, following the reclassification of part of Manston STHF as a residential holding room, migrants will be allowed to continue to systematically retrieve their contact details from their SIM cards. Arrangements should also be made to provide information in different languages on the contact details of legal aid providers and, as set out in Rule 6A of the STHF (Amendment) Rules 2022, arrangements should be made to allow migrants to meet with their legal counsel in private while in detention.**

30. In terms of asylum applications, the figures showed that more than 90% of migrants expressed the intention to request asylum. The delegation was able to observe that such a prerogative was offered by Border Force staff at the time of their arrival at the immigration desk in Manston. It was also reiterated by contracted staff at later stages of detention within the relevant marquees. The delegation had the opportunity to observe the conduct of the first screening asylum interviews at Manston STHF, which took place in a calm environment with professional consecutive interpretation in the migrant's native language. The delegation also gained the distinct impression that the interview represented the first real opportunity for migrants to highlight their concerns and vulnerabilities.

31. Once the process of identification, processing or asylum application had been completed at Manston STHF and an address in the UK was identified (in terms of hotel accommodation, residential STHF or an IRC in case of removal) the migrants were ready to be released and would be transferred to a designated marquee (namely, No. 6). The release procedure consisted of the return of seized property, the signature and delivery of several forms such as form Bail 201 and information sheets on the further steps concerning their asylum assessment procedure. Subsequently, migrants would be transferred by bus to the relevant locations. However, in some cases examined by the delegation, migrants could be detained even after the issuance of a bail form for periods ranging from one to 15 additional days. The management of Manston STHF told the delegation that the Home Office was reluctant to release migrants into the community without the necessary assurances that they would not become destitute and homeless by absconding from the provided accommodation.<sup>32</sup> The Committee recognises that these are important considerations which should be taken into account prior to the issuance of bail, but not as a reason for the prolongation of detention after bail has been authorised.

**The CPT recommends that the Home Office end the practice of withholding the release of migrants from Manston STHF after they have been bailed.**

## **5. Healthcare services**

32. The healthcare interface in the facilities visited had been established to prevent unnecessary migrant patient attendances at local NHS hospitals, with responsibility for healthcare contracted out to two agencies (Medevent and Aeromed). Medevent was responsible for medical screening and care at WJF and the initial phase at Manston STHF, whereas Aeromed covered KIU and ongoing paramedic support at Manston STHF once persons had been allocated to a marquee.

The medical staffing component at WJF consisted of six Medevent paramedics working on 12-hour shifts, who were responsible for the initial screening of arriving migrants, while at KIU two Aeromed paramedics were on duty every day and at night. At Manston STHF, the Medevent staffing complement consisted of two senior emergency specialist doctors and six paramedics every day<sup>33</sup> and the Aeromed staffing of two paramedics on duty every day and one at night. The medical staff were generally trained as emergency doctors but had no specific expertise in immigration detention. Arrangements were in place for emergency hospitalisation of migrants at NHS Ashford and Margate Hospitals in case of need and for specialist consultations in case of chronic illnesses and ongoing

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<sup>32</sup>. For example, one migrant who had been issued an immigration bail decision on 15 October 2022 was finally released from Manston STHF on 31 October. Similarly, another migrant whose Bail 201 form was dated on 3 October 2022 was released from Manston STHF only on 4 November 2022.

<sup>33</sup>. Two paramedics were present during the night shift and a GP remained on call.

care (ambulances were on site at WJF and Manston STHF). Paediatric services were available in the centres visited and the provision was sufficient for the needs. However, there were no arrangements for dental care and psychiatric input was limited (as is the case throughout the UK).

**The CPT recommends that, in the course of the reclassification of part of the Manston STHF and the upgrading of the healthcare services, due consideration be given to the need to provide migrants with access to emergency dental care and, where necessary, psychological and psychiatric care.<sup>34</sup>**

33. In principle, migrants would receive an initial rapid medical assessment on disembarkation at the WJF, consisting of temperature, pulse and oximetry check, a voluntary Covid-19 swab (if the persons were displaying symptoms) and basic questions on their vulnerabilities and anamnesis.

All medical examinations took place in an open environment with little confidentiality and severe language barriers (healthcare staff sometimes relied on translation software) and in such a context it was difficult for crucial vulnerabilities to emerge. The delegation gained the impression that migrants were not subject to a comprehensive screening due to the inappropriate setting, the limited period of detention and the fact that problems could be detected later in the process of detention or immigration bail. Medical entry forms were cursory and contained only basic clinical parameters and only rarely were vulnerabilities (such as victimisation or mental health problems) captured.

**The CPT recommends that, as part of the reclassification of part of the Manston STHF as a residential holding room, all migrants detained for more than 24 hours should be subject to mandatory medical screening.<sup>35</sup> This should consist of an assessment, in a confidential setting, of the following issues: chronic illnesses, infectious diseases, substance use, suicide risk, mental and physical disabilities, as well as other vulnerability factors, such as previous torture or trafficking victimisation.**

34. The facilities of the infirmary at Manston STHF were being upgraded at the time of the delegation's visit<sup>36</sup> and consisted of two examination rooms. At WJF, an examination room was available to deal with the most urgent health issues identified (such as the treatment of skin burns suffered by migrants after their journeys, which were caused by mixing petrol with sea salt, as well as cases of hypothermia). At KIU, a small room served for the examination of newly arrived migrants. The examination rooms were in good hygienic conditions and mostly adequately equipped. However, the Aeromed facility at Manston STHF lacked a defibrillator. Pharmacies were supplied with depot medicines and appeared to be well stocked. **The CPT would like to receive information on the final layout, capacity and equipment of the new Medevent infirmary at Manston STHF. Further, the Aeromed infirmary at Manston STHF should be provided with a defibrillator.**

35. Migrants were treated upon request for identified conditions such as infectious and transmissible diseases (Covid-19, scabies, diphtheria, monkey pox, HCV and HIV) as well as chronic illnesses, skin burns and previous wounds from their migration journey. The treatment provided appeared to be adequate and in line with NHS standards in force in the community. Vaccination against diphtheria, tetanus, and pertussis was being proactively offered and a standard operational procedure for the spread of infectious and communicable diseases was in place at Manston STHF.<sup>37</sup> Further, there was no specific protocol and clinical guidance on issues such as the management of hunger strike and suicide prevention.

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<sup>34</sup> Pursuant to the STHF Rule 32, which is now applicable to a residential holding room such as Manston STHF; see Rule 6A of the STHF (Amendment) Rules 2022.

<sup>35</sup> As provided, *inter alia* by Rule 30 of the STHF Rules.

<sup>36</sup> A new infirmary consisting of four examination rooms, including one dedicated to children, was in the process of being set up by Medevent and would be in function during the first months of 2023.

<sup>37</sup> The guidance under the title "Manston Communicable Diseases Outbreak Control Plan" aimed to ensure that all necessary Public Health and Infection Prevention Control measures are implemented to minimise the risk of communicable diseases spreading and outbreaks occurring among asylum seekers, staff and visitors to the facility.

**The CPT recommends that, in the context of the reclassification of part of the Manston STHF as a residential holding room, clinical protocols and guidelines be established on a number of issues, such as the management of hunger strikes and the prevention of suicide in detention.**

36. A recent outbreak of diphtheria (which had initially been detected at WJF) had resulted in the death of a person at Manston STHF on 19 November 2022.<sup>38</sup> The delegation was informed by staff that the person in question was initially medically triaged at WJF on 12 November 2022 and did not present with any medical symptoms. On 13 November, he presented to Medevent medics with symptoms and was suspected of having diphtheria. A swab was taken and he was prescribed medication and placed in isolation. The next day, 14 November, he was seen by medics and referred to the Ear, Nose and Throat specialist and, on that day, the (false) negative result of the test was received. He was discharged back to Manston STHF, still under antibiotic treatment. Subsequently, due to the deterioration of his condition, he was examined by an Aeromed paramedic on 19 November 2022 without consulting the Medevent doctor on site and taken by ordinary transportation van to Margate Hospital, where he died the next day. Based on an examination of the medical documentation at Manston STHF,<sup>39</sup> and interviews with staff, there were doubts about the adequate intake of the antibiotic therapy and the communication and cooperation between Medevent and Aeromed appeared inadequate. This might also have contributed to the possible spread of the disease among other migrants, staff and even into the community.<sup>40</sup>

**The CPT wishes to receive a copy of the autopsy report and the conclusion of the investigations into the death. The autopsy report should also be shared with Medevent and Aeromed staff and the relevant NHS officials. If any shortcomings were to be identified by the investigation, the standard operating procedures on communicable diseases in place at Manston STHF should be revised accordingly.**

37. The potentially hectic setting of the WJF tents meant that the confidentiality of medical examinations and data was impossible to ensure and could pose problems in identifying vulnerabilities such as persons being trafficked. In addition, medical records were systematically attached to the IS91 forms and were visible to Home Office staff. Migrants' medical files existed only in paper form and were not digitised, as the management of the CCTC believed this would facilitate the handover process to other institutions. In addition, the staff of the two contractors did not share the medical files for the same patient and experienced communication barriers when dealing with migrants who did not speak English and could not always benefit from the assistance of telephone interpreters or big word translation and interpretation software.

**The CPT recommends that the level of medical confidentiality be reinforced during the initial medical assessment in all the facilities visited. This would contribute to a better screening of vulnerabilities. Furthermore, the medical records of migrants should be shared between the two contractors (Mevent and Aeromed) and should be transmitted in a confidential way (for example, in a sealed envelope), not exposing sensitive medical information to non-medical staff. This could be remedied by setting up a digitised system for the provision of healthcare to migrants processed under the so-called 'small boat' operation. It is also important for healthcare staff to benefit from interpretation services.**

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<sup>38</sup> In the period between 21 October and 28 November 2022, 16 cases of diphtheria had been detected at Manston STHF from a total of 110 tests conducted on persons with suspected cases.

<sup>39</sup> The autopsy report had not yet been finalised.

<sup>40</sup> The migrant in question had been in close contact with co-detainees and staff in the relevant marquee in fairly overcrowded conditions for three days.

38. At the end of the visit, the delegation shared with the UK authorities its view that the interaction between Aeromed and Medevent, as well as the triangular cooperation with the NHS, could be improved by the creation of a digitalisation system for the sharing of medical information and the organisation of coordination meetings. Furthermore, the CPT considers that the provision of healthcare to migrants in the context of the CCTC operation would benefit from joint medical direction and that its performance should be subject to quality control checks by the NHS. **The CPT recommends that the UK authorities improve the coordination and quality control of the provision of medical care in light of the above remarks.**

## 6. Other issues

### a. staff and interagency co-operation

39. As mentioned in paragraph 11, the personnel component of the operation under the authority of the CCTC was complex and consisted of a variety of actors from different branches of the administration. As the migrant reception system depended on the fluctuation of arrivals, the staffing of the facilities visited was based on the expected number of small boat arrivals (as provided by the CCTC's various intelligence and monitoring sources). In principle, staffing levels, particularly for migrant custody functions, had been increased in recent months, appeared to be adequate and had recently been reinforced at all sites (for example, 250 staff at WJF, 60 at KIU and around 900 at Manston STHF). Immigration Enforcement and Border Force staff often worked long hours in shifts to process newly arrived migrants during peak periods, and to ensure the good conduct of initial screening interviews at Manston STHF, albeit not a scale to ensure that persons were not detained for periods in excess of 24 hours.

40. In terms of training, both core Home Office and detention custody officers must undergo induction on the relevant detention operation standards and the STHF Rules as well as on issues such as personal safety, de-escalating techniques and inter-personal skills, suicide prevention and self-harm, completion of custody logs, fire and safety rules, and detection of vulnerabilities. Such training was required before a staff member could be certified to work at Manston STHF. Further, a mentoring programme was in place for new Home Office staff recently deployed to the operation. Senior management also assured the delegation that all contracted staff who were working in contact with migrants as detention custody officers had received the necessary security clearance and certification.

The delegation also ascertained that, given the adverse stress conditions under which staff had been operating for months on end, they were offered periodic individual assessments with their superiors and regular psychological assistance to prevent cases of burnout. Information on psychological assistance provided to staff was clearly visible on boards at all facilities. Home Office staff at WJF told the delegation that such assistance had proved particularly beneficial at the time of the petrol bomb attack<sup>41</sup> directed against the premises of WJF in October 2022.

41. The delegation gained a positive impression of the level of commitment, openness and positive response to feedback from the staff with whom it met. The fragmentation and lack of cohesion noted by ICIBI and HMIP in their recent reports could still be seen, particularly in relation to the management of data and its dispersion across various electronic databases (see paragraph 50). On the other hand, inter-agency management meetings took place regularly and tools such as the incident logbook showed that interaction was at a good level.

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<sup>41</sup>. See BBC [report](#) on petrol bomb attack of 30 October 2022.

42. The delegation learned that during the period of excessive occupancy rates, the situation at Manston STHF could become tense. The incident logs examined by the delegation recorded several examples of unrest<sup>42</sup> involving migrants such as fights, assaults on staff, collective protests, destruction of property, fabrication of makeshift weapons and episodes of self-harm. In general, the records showed that detention centre staff (core or contracted) intervened promptly to try to de-escalate the situation (that is, through verbal communication and the assistance of interpreters) and only rarely resorted to the use of means of restraints (handcuffs). Migrants involved in fights were in principle separated and accommodated in different tents.

43. The reports on the use of restraints were completed by CORT staff and sent to the Home Office Case Compliance Unit for review, in accordance with the provisions of Rule 36 of the STHF Rules. The documentation reviewed by the delegation showed that the incidents were described in detail, a justification was given for the use of force and, in principle, the duration of the measure (namely, handcuffing and placement in a cell of the van) was recorded properly. However, the documentation the delegation received was not comprehensive and did not include elements such as the migrants' statements, the results of the medical examination carried out after the application of the use of force and, in particular, an assessment of the proportionality of the use of force.

**The CPT recommends that the report drawn up by a manager following an incident of use of force against a migrant at Manston STHF, WJF, or KIU should include an assessment of the proportionality of the force used. In order to make such an assessment, the results of the medical examination of the person concerned following the use of force and the statement of the person on whom the force had been used should be included in the documentation.**

44. Migrants displaying a higher level of agitation and challenging behaviour would, in principle, be handcuffed and placed in a rear secure area of an Immigration Enforcement van until they calmed down. The small box-like fenced in area (approximately 3m<sup>2</sup>) was equipped with a bench seat and a seat belt, with an opaque windowpane providing limited access to natural light. The records did not always indicate the exact duration of the segregation measure but in the 14 recorded measures examined they ranged from two to 20 hours. It was also unclear whether migrants placed in the van were under constant or regular supervision, and staff could not confirm the nature of the supervision. In two documented cases, migrants placed in the van had attempted to strangle themselves with the seatbelt which indicated that the supervision was not constant. For example, in one of the two cases of attempted self-strangulation, there was an entry in the logbook referring to the need for constant visual supervision of the migrant in question.

At the end of the visit, the delegation invoked Article 8, paragraph 5 of the Convention and requested that the van used for the isolation/segregation of migrants at Manston STHF be withdrawn from service and replaced by an alternative arrangement. By letter received on 22 December 2022 the UK authorities informed the Committee that the transportation van in question had been removed from the facility and a new mobile decompression unit had been procured to provide a suitably secure space where disruptive and violent persons could be held for short periods for their own and other detainees' safety.

The Committee welcomes the prompt action taken by the UK authorities. **The CPT would like to be informed of the nature, layout and operational guidelines surrounding the use of the above-mentioned mobile decompression unit (including as regards the initial medical assessment of the person subject to the measure and supervision of the measure). Further, it wishes to be informed of the measures in place for the supervision of all persons who commit an act of self-harm or attempted suicide.**

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<sup>42</sup> For example, the logbook contained 33 incidents indicating episodes of scuffles, attacks against staff, inter-detainee violence and mass protests for the period between 13 September and 20 November 2022.

45. The delegation found that there was no healthcare oversight of the placement of agitated migrants in the secure area of the van nor were migrants being examined by healthcare staff following the use of force against them by staff.

In the context of the reclassification of the Manston STHF as a detention centre, **the CPT recommends that the United Kingdom authorities introduce the requirement for healthcare staff to visit migrants subject to 'removal of association' or 'temporary custody' measures at least every 24 hours (see Rules 35(12) and 37(11)). In addition, every migrant subject to the use of force by staff should be subject to a systematic medical examination and, if isolated, be seen immediately by healthcare staff and thereafter at least once a day.**

b. migrants at risk

46. The issue of vulnerability and risk for migrants in detention in the UK has been the subject of two reports, commissioned by the Home Secretary in 2016 and 2018, which address *inter alia* the need to identify and address the risks in connection with serious antecedents and a specific profile of the migrants (that is, in relation to torture, possible victims of trafficking/modern slavery, elderly, pregnant women, etc.). The so-called “Shaw reports”<sup>43</sup> were later substantiated in a specific policy directive of the Home Secretary “Adults at Risk in Detention”.<sup>44</sup> Indeed, both HMIP and ICIBI, in their reports on the evaluation of the CCTC's 'small boat operation', had stressed the importance of capturing all possible signs of vulnerability from the migrants' arrival on UK soil, and that the complex and sometimes chaotic stages of triage/assessment could be a missed opportunity. The Home Office in its response to the monitoring reports had stated that vulnerability charter maps had been developed and were regularly used by staff deployed to the “small boats” operation for the detection of vulnerabilities of migrants at the earliest stage of the detention.

47. In the course of its visit, the delegation observed that different risk assessment forms (indicating factors such as victims of torture or trafficking, older persons, mental and physical disability, pregnancy and UASCs) were in use at both the WJF and the Manston STHF, and that relevant questions were asked of newly arrived migrants both at the reception desk in Dover and in Manston STHF, as well as by contracted custodial staff upon admission to the marquees. However, in practice, when observing the whole process, it appeared to the delegation that the first real opportunity for migrants to raise any of the above-mentioned risks was during the asylum screening interview, which took place in a calmer environment, in an office with proper interpretation at Manston STHF. Further, it was not clear to the delegation how such elements of vulnerability would then be shared with the other institutional actors for the purposes of detention.

Furthermore, the delegation came away with the impression that CORT staff believed that vulnerabilities in the system could still be identified at a later stage and that their primary task was to assess the security profile of migrants and to ensure their further processing. In particular, the delegation was not able to obtain any indication of how many migrants were assessed as “adults at risk” at Manston STHF.<sup>45</sup> In addition, the delegation was not able to obtain aggregate data for the number of alerts issued by Home Office staff to the National Anti-Slavery Referral Mechanism.<sup>46</sup> On the other hand, the incident logbook contained evidence of important cases being identified, such as female migrants claiming to have been victims of sexual assault before arriving in the UK.

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<sup>43</sup> See in this respect the Report under the title “Review into the Welfare in Detention of Vulnerable Persons” and its follow up report published on 2018.

<sup>44</sup> Point 2.51 of the policy in question clearly states that migrants detained in holding rooms (such as those under the responsibility of CCTC) should be considered 'borderline cases' in terms of assessing their vulnerability in detention, given the short duration of the detention period.

<sup>45</sup> While interpretation possibilities existed, the delegation observed certain interviews carried out in English where the migrant clearly did not comprehend the interview but said “yes” when asked for confirmation.

<sup>46</sup> The National Anti-Slavery Referral Mechanism was the framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

The Committee fully understands the difficulties faced by Home Office staff and contractors in identifying migrants' vulnerabilities, particularly during peak arrival periods when the processing system is under stress and the overall environment is not conducive to a genuine individualised approach. Nevertheless, **the CPT recommends that the UK authorities and the management of the CCTC monitor more closely the identification of vulnerabilities (based on the available risk assessment charts) and their transmission to the relevant authorities and referral mechanisms. Such efforts should also be reinforced in the context of the reclassification of Manston STHF as a residential holding room and the consequent extension of the period of detention.**

c. UASCs

48. As mentioned in paragraph 12 above, more than 15% of the total number of migrants landing on the shores of Kent were UASCs (suspected or confirmed). Further, the UK Government in its response to the Home Committee report in July 2022 reported that there have been 6 177 cases of migrants with disputed age assessments between 2016 and 2021 (with 58% of migrants found to be adults). The new Citizenship and Borders Act 2022 had introduced a new procedure whereby, following an initial social welfare assessment by the Home Secretary, UASCs or suspected UASCs could be referred to a National Age Assessment Board for a full determination of their age (consisting of a Merton compliant assessment review). The UK Government's stated intention was to resolve disputes about age assessment in a secure and expeditious manner.

49. At the time of its visit to the KIU on 27 November, the delegation had followed the processing of nine UASCs. After an initial assessment at the WJF, they were referred to the KIU for further processing and underwent the standard assessment with Home Office staff, as described in the guidelines. The delegation was informed that the standard checklist of 42 questions was followed before an initial decision was made about their age and further referral to accommodation in the local community. The whole process took several hours on a relatively quiet day and appeared to be governed by appropriate safeguards in light of the possibility for the UASCs to request a second Merton compliant assessment review.

d. custody registers and documentation

50. In the course of its visit the delegation examined the situation of a migrant through the lens of the complex and sophisticated data recording in use by the CCTC which consisted of the following databases: Op Altair Encounter Log,<sup>47</sup> Pronto,<sup>48</sup> CID<sup>49</sup> and Atlas.<sup>50</sup>

The delegation gained the distinct impression that a detailed and precise amount of information was being collected, stored and analysed for the conduct of the operation (especially in terms of forecasting and anticipating trends of arrivals). That said, such information did not appear to be reconciled in an aggregate manner and in the fashion which a monitoring body such as the CPT would expect. For example, in order to reconstruct the chain of detention of several detained migrants (as Manston STHF management was not able to provide the requested figures), data had to be extracted and compared from three different electronic databases.

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<sup>47</sup>. Consisted of an Excel spreadsheet indicating the name of the arrived migrants in connection with the number of the small boat and the identification number of their wristband.

<sup>48</sup>. Police and reporting notebook organiser – database used by Immigration Enforcement to record details of visits and manage casework in relation to enforcement visits and immigration offenders.

<sup>49</sup>. Case Information Database – Home Office database with case details of all foreign nationals with whom the Home Office has come into contact, either through applications or enforcement.

<sup>50</sup>. Atlas was a new Immigration case working system for the Home Office being rolled out at the time of the CPT's visit.

Further, the average time of detention in a given period at Manston STHF, the inflow and outflow of migrants and the number of persons with identified vulnerabilities in respect of a cohort of migrants are all important indicators for assessing a detention facility that the Home Office was not in a position to provide to the delegation. The CPT is of the opinion that there is a need for a better data processing system to be put in place which is auditable and offers a single coherent narrative. **The Committee recommends that the UK authorities and the CCTC management in particular review their record keeping, data management and performance review in light of the above remarks.**

e. contact with the outside world

51. Rule 48 of the STHF specifically states that visits to the a designated holding room are not allowed and Rule 28 on telephone calls does apply. At Manston STHF, standard mobile phones were made available by the centre to migrants to enable them to make contact with their families and relatives, provided that they knew their contact details by heart or had preserved their SIM cards at the time of the seizure of their property. However, the same rules did not allow access to the internet.

**The CPT recommends that, in the context of the reclassification of part of the Manston STHF as a residential holding room, more generous contacts with the outside world be reviewed, including access to the internet and visits.**

f. complaints and inspection procedures

52. The right to lodge complaints in accordance with Rule 34 of the STHF was clearly displayed on TV screens and signage in different languages as well as on the information leaflets at all facilities, and forms existed in various languages. That said, complaint boxes in custody facilities were marked with the tag "suggestions" which could generate confusion among detainees. The CPT's delegation was able to verify that a complaint register was in place at the detention area of the KIU but was not able to consult any complaint register at the relevant marquees of Manston STHF and it gained the impression that there was not an adequate oversight of the process.

**The CPT recommends that the complaints system in the institutions visited be reviewed. In particular, this should consist of renaming the 'suggestion boxes' and keeping appropriate registers of complaints by both contractors and core staff. The management of the CCTC should ensure adequate supervision of the process.<sup>51</sup>**

53. As mentioned in paragraph 6 above, the situation at Manston STHF had attracted a lot of attention from the media and the facility (including WJF) had received several visits in the latter half of 2022 from HMIP, ICIBI and various MPs. Further, information was clearly displayed and arrangements in place about the responsible Visiting Committee or IMB which, pursuant to STHF Rules 53-55 were mandated to visit the facilities and hold private interviews with detained persons.

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<sup>51</sup> See 'Complaints mechanisms' in the 27th General Report of the CPT (2018), paragraphs 68 to 91