

CPT/Inf (2023) 15

## **Response**

**of the United Kingdom Government  
to the report of the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)  
on its visit to the United Kingdom**

**from 25 to 28 November 2022**

The Government of the United Kingdom has requested the publication of this response. The CPT's report on the 2022 ad hoc visit to the United Kingdom is set out in document CPT/Inf (2023) 14.

Strasbourg, 29 June 2023

## Introduction

The UK has a longstanding tradition of fulfilling our human rights obligations and ensuring rights and liberties are protected. The UK Government is firmly against torture and does not participate in, solicit, encourage, or condone the use of torture or cruel, inhumane, or degrading treatment or punishment for any purpose. It takes its international responsibilities to prohibit and prevent torture, both as part of the Council of Europe and the United Nations, extremely seriously.

We welcomed the visit by the CPT in November last year to Western Jet Foil and Manston Short-Term Holding Facility (STHF), as they sought to examine the treatment of foreign nationals arriving by small boat in the United Kingdom. The CPT asked for a number of updates concerning processing capacity which were provided on 23 December 2022.

Since this visit took place, the Small Boats Operational Command (SBOC) has moved into Border Force and the Border Force Data Strategy, Capability and Oversight team are working with SBOC staff to assure data systems and processes and to build a longer-term plan to align SBOC with future development of Border Force data and management information systems.

The Home Office has created a new type of STHF, a residential holding room, at Manston where individuals may be detained for up to 96 hours, extendable in exceptional circumstances if authorised by the Secretary of State. This is expected to open in April 2023. Below is the UK Government response to the recommendations.

### **Paragraph 9**

**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.**

The updated STHF Rules guidance is published here: <https://www.gov.uk/government/publications/offender-management>

### **Paragraph 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 primary operational priority determining small boat reception processes is the requirement to save lives by landing migrant arrivals safely and securely. The UK is, and will remain, committed to ensuring migrant arrivals who have entered the UK by small boat are landed safely in a controlled manner, and are medically assessed prior to undergoing border security and immigration procedures. Owing to the extreme physical demands and risks to life and limb associated with this method of illegal entry into the UK, the Independent Chief Inspector of Borders and Immigration has stipulated that Safety Of Life At Sea (SOLAS) reception processes should be prioritised and kept separate from subsequent border security and immigration procedures. The Home Office agrees with the ICIBI's recommendation and has implemented it in full.

In light of this responsibility, the Home Office commits to ensuring that migrant arrivals are transferred as expeditiously as possible from Western Jetfoil (or other coastal reception sites) to Manston STHF or KIU. The time taken to transfer migrant arrivals from Western Jetfoil will be informed by the operational conditions on any particular day; this includes the number and pattern of arrivals throughout the day and any potential medical impacts arising from the prevailing weather conditions. As a guideline, Small Boats Operational Command (SBOC) on behalf of the Home Office will resource the operation to ensure this period is kept to below six hours in all but the most extreme operational conditions.

- **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>1</sup> communal facilities in each tent and adequate outdoor facilities with shelter from inclement weather.**

Since the CPT visit, the Home Office has conducted a review of resting/sleeping arrangements within STHF accommodation at Manston holding room which concluded that the introduction of separate sleeping accommodation, i.e. camp beds or similar, is incompatible with our departmental responsibilities under Health & Safety regulations which includes acting in accordance with BS 5852, BS 7176 and BS 5687 under Regulatory Fire Safety Order 2005.

The current provision, which consists of rubberized folding mattresses which are laid on the floor with a separate issue of clean, single-use bedding materials, is deemed to be the best option for providing adequate comfort to sleep/rest for the short period of time (<24hrs) that migrant arrivals will be accommodated within the Manston STHF.

With high occupancy and rapid turnover at peak times, these sleeping arrangements avoid installing sleeping equipment that would place physical barrier/impediments to potentially disorientated and anxious migrants, should a rapid evacuation of accommodation (with a likely associated loss of power/light) due to fire be necessary.

The provision of fixed/unfixed furnishings such as beds also increases the logistical challenges of ensuring high standards of hygiene and cleanliness are maintained throughout the accommodation estate. This requirement is particularly pertinent when considering the Home Office's responsibility to seek to prevent outbreaks of communicable diseases in shared accommodation. This risk is especially prevalent amongst migrant arrivals who have spent time in unsanitary conditions in foreign migrant camps and transit locations prior to arrival in the UK.

In the event of incidents of disorder and violence, items of furniture such as camp beds could be used to assault staff and/or other migrant arrivals and would pose an additional safety hazard for detention staff.

To reflect the fact that a residential holding room may be used for a longer period of detention than holding rooms, a residential holding room builds upon and provides more extensive facilities than have previously been available at Manston. There is an ongoing programme of work underway at the site to upgrade the existing facilities. Examples of refurbishment work that has been completed includes (not exhaustive) – installation of fire doors, replacement of boilers, general building and fabric repairs, lighting and electrical works, redecoration of all internal rooms and communal areas, alongside ensuring provisions such as the twin-occupied bedrooms and dining/canteen area ready for use.

The Short-Term Holding Facility Rules 2018 (“the 2018 Rules”) provide that where it is necessary for families and unaccompanied minors under the age of 18 to be detained in the residential holding room, they should be provided with sleeping accommodation that cannot be accessed by unrelated, detained adults whenever practicable. Members of the same family

are entitled to enjoy family life in the residential holding room save to the extent necessary in the interests of safety and security.

- **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.**

We can confirm that KIU2 is now fully operational. The site officially opened in November 2022, and is an improved bespoke building designed to receive and interview unaccompanied asylum-seeking children entering the UK.

This new building has increased capacity, allowing more children to be seen and their requirements identified as swiftly as possible.

New features include larger and softer interview rooms, an outside space, prayer rooms, a larger reception area and improved security measures to ensure children's safety.

### **Paragraph 20**

**The CPT recommends that, as part of the partial 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.**

Manston operates in compliance with the 2018 Rules which are supported by operational guidance which can be found at <https://www.gov.uk/government/publications/offender-management>, and will operate separate facilities with one operating as a holding room and the other a residential holding room (RHR).

The RHR is due to become operational in April 2023 and will comply with the 2022 amendments to the 2018 Rules , that introduce RHRs (The Short-term Holding Facility (Amendment) Rules 2022 [The Short-term Holding Facility \(Amendment\) Rules 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk))

Holding rooms will be operated, as per the 2018 Rules, for up to 24hr detention, and there are fold up custody beds, which are distinct from camp beds, for those arrivals who wish to sleep. The residential holding rooms will be operated, as per the 2018 Rules, for up to 96hr detention and will be built to accommodate residential holding that allows for sleeping in a bed. Outside space is being reviewed across both non-residential and residential areas of the site with increased areas being provided.

The Manston site will provide two separate areas, one area being 24hr holding rooms and a second area of the site being 96hr residential holding rooms which will utilise existing residential accommodation blocks. There are no current plans to use existing marquees on site as residential holding unless specifically modified to comply with the 2022 amendments to the 2018 Rules.

### **Paragraph 22**

**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.**

In the residential holding room, a regime will be operated to allow free association of residents for the majority of the day. There will be a canteen area for the provision of food and drink. There will be recreational rooms, which will be furnished and equipped for immediate use. There will also be access to the open air. A multi faith room has been designated as part of the refurbishment. Legal visits can be conducted on-site, using the interview rooms within the asylum screening suites. Phones will be available and a secure room can be provided for confidential legal calls.

#### **Paragraph 25**

**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.**

The Home Office maintains that it is reasonable and proportionate to prioritise SOLAS reception, age assessment, counter-terrorist (CT) policing processes and swift onward transfer to a STHF, over the additional delays that would result from conducting lengthy processes to detain individuals shortly after disembarkation. The guideline figure of six hours to disembark, medically assess, triage and effect an onward transfer to the appropriate STHF is proportionate considering the method of entry and compares favourably with the time taken between initial encounter and beginning of detention for other modes of illegal entry into the UK.

#### **Paragraph 26**

**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.**

The Home Office will continue to take steps to ensure that migrants are not detained beyond statutory limits. All periods of detention will be reviewed, and all efforts will be made to ensure that we meet our statutory obligations.

#### **Paragraph 27**

**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.**

Rule 12 of the 2018 Rules requires detained persons to be provided with written reasons for detention at the time of their initial detention and following any subsequent review of detention. The Detention: General Instructions guidance, published at <https://www.gov.uk/government/publications/offender-management>, sets out that detention must be reviewed at 24hrs and on an ad-hoc basis where there is a material change in a person's circumstances.

## **Paragraph 28**

**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.**

The Home Office has found that leaflets are a much less effective method of communication, particularly at the point of arrival when individuals are cold, wet and exhausted. The VDUs across the whole site display digital messages in 10 different languages relating to the procedural steps. The Home Office already reviews message content on a frequent basis to ensure any/all nationalities arriving by small boat are catered for adequately.

In addition to ongoing continual improvement activity, how and when we communicate key messages (including those relating to basic rights) to maximise their impact and understanding, particularly for those arrivals with limited or no literacy skills will be considered on an ongoing basis.

## **Paragraph 29**

**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.**

Holding room and residential holding room areas will comply with the 2018 Rules. Posters are displayed in each holding room marquee detailing how to gain access to legal advice. In residential holding rooms, legal visits can be conducted on-site, using the interview rooms within the asylum screening suites. Phones will be available and a secure room can be provided for confidential legal calls.

## **Paragraph 31**

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

The Home Office does not withhold the release of migrants from Manston STHF after they have been formally bailed. An individual is classified as being bailed when he/she is served with the appropriate paperwork.

However, we do recognise that there are system weaknesses in terms of accurately recording when a decision is taken to grant bail, when this decision is logged on systems and when the service of papers to an individual occurs. There are a number of variables that can affect this – not least user input errors in failing to correctly attribute the time that service of papers has taken place as mentioned above.

The creation of SBOC, along with the implementation of standardised training for all staff, and constant improvements to the multi-agency processing system, mean that incidents of poor casework will be reduced and there will be an improvement in data quality and the standard of casework and record keeping. These improvements have been especially focused on improving reporting, logging, and management of casework relating to the arrest, detention and subsequent dispersal/bail of migrant arrivals.

### **Paragraph 32**

**The CPT recommends that, in the course of the partial reclassification of 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>2</sup>**

We anticipate that the majority of residents at Manston will only be on site for less than 24 hours; however, during this time they will have access to medical services overseen by paramedics and Emergency Department (ED) doctors.

Although, the arrivals do not have automatic access to GP and dental services, their basic medical needs are met at Manston and anyone needing further specialist treatment are sent to the local hospital. Anyone presenting with acute dental issues will be referred for treatment.

We plan to expand on site medical facilities which will further help in meeting most of the healthcare requirements. Regarding psychiatric care, we currently use NHS 'Crisis' intervention at QEQM hospital while we explore the development a local contract with a private provider.

In residential holding rooms, the 2018 Rules provide that individuals must be screened by a healthcare professional within 24 hours of admission to a residential holding room, except where this is not possible due to exceptional circumstances. Should the screening not be possible within 24 hours, it must be carried out as soon as practicable. Should an individual become ill or sustain an injury at any point which requires medical attention, they must be provided prompt access to a health care professional along with any arrangements made for supervision, care or transfer to hospital that appear necessary.

### **Paragraph 33**

**The CPT recommends that, as part of the reclassification of Manston STHF as a residential holding room, all migrants detained for more than 24 hours should be subject to mandatory medical screening.<sup>3</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.**

All arrivals see the doctor/paramedic at Western Jet Foil for an initial medical triage. Anyone needing further medical attention is dealt with accordingly to ensure the health and wellbeing of the patient.

Once the residential holding rooms are operational, we will screen those who are transferred to the residential holding rooms. The medical staff proactively provide medical care to all those who need it.

The level of assessment arrivals receive at present is appropriate as a screening tool, with a formal doctor review flagged for acute physical/psychiatric/infective issues etc.

In the residential holding room, our rules provide that individuals must be screened by a healthcare professional within 24 hours of admission to a residential holding room, except where this is not possible due to exceptional circumstances. This is subject to an individual's consent being obtained prior to screening, and where the individual is under 18, the consent of their parent or legal guardian. An individual is entitled, on request, to be screened only by a health care professional of the same sex. Where an individual has not be screened by a health care professional within 24 hours of admission to the residential holding room, the

manager must ensure that the screening is conducted as soon as practicable. If, during the medical screening, the healthcare professional identifies any immediate risk to the individual's health, the healthcare professional must notify the manager of the risk and any arrangements for medical attention, care or transfer to hospital that appear necessary to the manager must be made. The manager must ensure that the individual's detention is reviewed as soon as practicable.

#### **Paragraph 34**

**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.**

We are in process of drawing up our plans for the medical centre. Once finalised then we will share with the CPT. The Aeromed infirmary now has a defibrillator and we will share the details of this.

#### **Paragraph 35**

**The CPT recommends that, in the context of the reclassification of 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.**

We are in the process of establishing protocols and guidelines which address these points and will share these with the CPT when available

#### **Paragraph 36**

**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.**

As CPT may appreciate, the unfortunate death is currently going through the UK Coronial process and also separately, being investigated by the domestic complaints handling body. In terms of the autopsy, this is a document created by and for the Coronial investigation. It is not within our remit to share this, however, to assist, we have sought and obtained permission to share this with you.

However, this is shared on the basis that you note that the official coronial enquiry has not yet taken place and the full facts have not been established. In these circumstances, it is the collective responsibility for all participating bodies, including CPT, to ensure the family of the deceased is protected from any unofficial conjecture until the investigations has reached a conclusion and, that the investigations themselves are not undermined in any way by partial disclosure of information ahead of conclusion of the investigations.

In terms of the final report; we are expecting two such reports. One from the complaints handling body 'Prisons and Probation Ombudsman ("PPO") and separately, we **may** get another report as a result of the Inquest, if the Coroner decides to make one. We will be willing to share the PPO Report and any Inquest report with the permission of the relevant body and the Coroner.



In any event, please be assured, where the investigations identify any shortcomings, standard operating procedures and any other relevant policy and training needs will be revisited.

### **Paragraph 37**

**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 (Medevent 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.**

Since the CPT inspection, the Home Office has already installed private consultation areas at the initial medical triage stage in the SOLAS Reception area. In addition, work is underway to ensure medical reports produced by clinicians, are secured in an opaque envelope, and produced for individuals with an identified issue or condition only, instead of for everyone. Privacy screens to further enhance privacy and confidentiality during medical assessment at the initial medical triage desk are being considered but will depend on the results of a review on how the new SOLAS-reception process works with high arrival numbers.

A digitised system, encompassing translated questions and audio clips, allowing clinical questions to be displayed or played in the relevant language, is currently being built and trialled by medics. It will enable enhanced medical triage and enable confidential data sharing electronically. The digital system is expected to be fully operational by June 2023.

Mobile phones have been provided for clinicians to facilitate access to and use of translation services. In addition, medics have access to onsite translators.

### **Paragraph 38**

**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.**

We are currently trialling a digital solution, used during medical triage for all arrivals. We are also procuring EMIS, an external system, that will enable ED doctors to share patients notes securely, with external care providers, including the NHS, following an arrivals dispersal from Manston. There is already a system in place to coordinate triangular cooperation between Medevent, Aeromed and the NHS and we regularly engage with the NHS and UK Health Security Agency.

We are in the process of improving our healthcare facilities, mobilising a medical infirmary onsite and improving isolation spaces for individuals with communicable disease. We have recently been reviewed by HMIP, who invited the Care Quality Commission to accompany them during their inspection.

Private medical service providers contracted by the Home Office are subjected to quality control checks independently via Care Quality Commission inspections.

### **Paragraph 43**

**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.**

Where the use of force is undertaken by a Detention Custody Officer (DCO) at Manston, they are required to complete a use of force report with a justification. If an injury is sustained, then the resident will be referred to medical personnel. Use of force (UoF) by DCOs is regularly reviewed by contract monitors.

When CPT visited in November 2022, there were three distinct organisations carrying out operational duties at these sites, each of whom have the power to use force if necessary to discharge their duties. Each of these organisations (Immigration Enforcement, Border Force, Mitie C&C) has separate governance process controlling and reviewing use of force (UoF) incidents. Each of the respective organisations monitor and review UoF incidents albeit in separate forums. These separate bodies all require the results of medical examinations to be included in reporting if an injury has occurred. However, not all UoF incidents result in injury as some authorised UoF measures are designed to act as warnings as part of a clear process of escalation – UoF incidents of this nature do not require a medical report if physical contact with a subject has not been made.

Following the recent change of governance with Border Force now assuming full responsibility for all operational aspects of the small boat operation, and with CCTC now moved into the Border Force chain of command and reorganised as Small Boats Operational Command (SBOC), it will be the responsibility of the Border Force Health & Safety Steering Group to ensure that regardless of organisation, all incidents of UoF at Manston and other small boat operational sites are considered and reviewed under one process.

SBOC Landside Operations directorate will establish an internal Use of Force Review Board which will capture all incidents of UoF and conduct reviews to ensure UoF by staff from all of the organisations operating at small boat sites complies with both wider Home Office and individual organisational guidance governing UoF.

### **Paragraph 44**

**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.**

We are no longer using cell vans at Manston. Further to the report's mention of this issue, the new mobile decompression capability was installed on 3<sup>rd</sup> January 2022 and came into operation on 9<sup>th</sup> January following a short period of testing and staff training.

We recognise that there are limited secure facilities on site currently and we are working at pace to rectify this with custom built secure facilities that meet the 2018 Rules.

Our healthcare providers have a specific process in place to identify and deal with psychiatric patients and ensure they are provided suitable medical treatment.

All such cases are prioritised for moving out of Manston to an Immigration Removal Centre (IRC). While they are waiting to be move to an IRC they are kept in the isolation unit under constant watch.

#### **Paragraph 45**

**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.**

Under the 2018 Rules, Rule 35 (removal from association) and Rule 37 (temporary confinement) do not apply to either holding rooms or residential holding rooms.

#### **Paragraph 47**

**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.**

We are introducing measures which will assist in tracking vulnerabilities. All migrants are currently assessed promptly at multiple points throughout the reception process. This starts as soon as they are rescued at sea and continues through disembarkation at WJF, initial medical screening/SOLAS reception, and at the point where there are administratively arrested prior to transportation to Manston from WJF. Arrivals are assessed again when they are inducted into Manston. A new digital recording system will ensure vulnerabilities are recorded at whatever stage they are identified and accessible to appropriate official and custody officers throughout the remainder of the processing system.

Manston is currently operating as a holding room but once the residential holding rooms are operational, we will adopt the same approach of tracking vulnerability through the system.

#### **Paragraph 50**

**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.**

On behalf of the Home Office, SBOC has recently appointed a dedicated senior official to oversee the improvement of data. We are introducing new systems and automated processes that will provide both aggregate data and clear identification of individuals in a live environment.

### **Paragraph 51**

**The CPT recommends that, in the context of the reclassification 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.**

Residential holding room areas will comply with the recently amended 2018 Rules, which allow individuals in residential holding rooms to communicate by telephone with individuals outside the residential holding room, except where this would be contrary to the interests of security or safety. Although general visits and access to the internet are not permitted, individuals must be permitted to meet with their legal adviser where it is practical to do so. These meetings may be within sight of but not the hearing of an officer. Individuals can also use telephones to consult with their legal adviser.

### **Paragraph 52**

**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>4</sup>**

Complaints systems are being reviewed and appropriate systems will be provided by our contractors with oversight from the Home Office monitors.