BROOK HOUSE INQUIRY

Fourth Witness Statement of Ms Anna Marie Pincus

I provide this statement in response to a request from the Inquiry of 11 January 2021.

I, Anna Marie Pincus, Director of Gatwick Detainee Welfare Group, The Orchard, 12 Gleneagles Court, Brighton Road, Crawley, RH10 6AD, will say as follows:

1. I am the Director of Gatwick Detainees Welfare Group ("GDWG").

2. I make this statement to refer to an investigation and report of the Strategic Public Law Clinic concerning complaints made by detained people about the healthcare they receive at Brook House Immigration Removal Centre.

3. In addition, I will set out the recommendations GDWG make which would help to prevent a recurrence of the mistreatment identified on Panorama.

Report of the Strategic Public Law Clinic

4. At GDWG, we hear frequent and consistent reports from detained people of serious concerns about the quality of healthcare at Brook House, concerns that are not reflected in the statutory inspection reports. We were offered the opportunity to work with the Strategic Public Law Clinic (SPLC) (a joint initiative between the University of Warwick and Central England Law Centre) to undertake a detailed examination of the issue. The report on this work entitled "The Right to Community Equivalent Healthcare in Immigration Removal Centres: A Public Law Analysis of Systemic Issues in the Inspection Regime" has been made available to the Inquiry [Inquiry ref to be inserted once available]. I exhibit a copy of the report to this statement labelled '**AMP1**'.

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5. I stated in the Preface on page 3 of the report:

> "*...The experience detained people report to us is not of a good service. They tell us that receiving the care they need does not happen in a timely manner, including delays in accessing their medication. It is not unusual for our staff team to be told by detained persons that they return again and again to healthcare with the same issue only to be told there is nothing wrong with them. It has been accepted in previous studies that indefinite immigration detention leads to a deterioration in people's mental health. Despite this people with pre-existing mental health conditions continue to be detained and when detained people experience mental health issues there is a lack of support available. Crucially, detained people tell us that they are not believed when they describe their symptoms and health concerns and that this barrier of disbelief is itself detrimental to well-being....*"

6. The research of SPLC found that the NHS quality assurance policy requires healthcare in places of detention to be of equivalent quality to that provided in the community. The research, by comparing and contrasting the methods of assessment for community healthcare providers with those utilised in detention settings, addressed the question of whether the current inspection scheme operated jointly by the Care Quality Commission ("CQC") and Her Majesty's Inspectorate of Prisons ("HMIP") is consistent with the community equivalence principle. It found fundamental systemic problems.

7. It will be particularly relevant for the Inquiry to consider Section 6 of the report, which explores the place of the patient voice in inspections of community healthcare and in places of detention (pages 48 and 56). The report considers the HMIP inspections in 2016 and 2019 at Brook House and compares the inspection reports and their outcomes against data from surveys of detained people. The findings are further examined against the assessment criteria (pages 52 to 54), and the report concludes that there are fundamental differences in the approach taken to the patient voice in secure settings, systemic problems with the triangulation approach to evidence and risk of evidence silos in the inspection process.

8. Section 7, between pages 57 and 62, deals with the role of visitors' groups. Survey data obtained by GDWG through interviewing people from visitors' groups (I participated as an interviewee on behalf of GDWG), found healthcare was consistently reported to visitors as poor quality across the immigration detention estate, but that the inspection process is not set up to ensure access to the information that the groups have available to them.

9. The research led to eight main findings, as set out in the report:

9.1. *In 2018, the Government decided not to make the legislative changes which would permit the CQC to use a ratings system for assessing the quality of healthcare services in IRCs. The CQC's ratings scheme is at the core of its approach to quality assessment of the majority of community healthcare provision, including community GP practices. The application of the scheme to IRC healthcare could have facilitated a direct comparison with community healthcare and the opportunity to engage the mechanisms which the CQC uses in the community to leverage improvement to the standard it considers to be acceptable in community provision. There was no mention of having taken the community equivalence principle into account when that decision was made.*

9.2. *The CQC's statutory role is currently limited to assessing the quality of healthcare in IRCs against the 'fundamental' standards which are applied to determine the suitability of a healthcare provider for registration. The inspectorate assesses the performance of community healthcare providers using its ratings standards of Inadequate, Requires Improvement, Good and Outstanding and uses mechanisms, including its enforcement powers, to move providers to the minimum ratings standard of 'Good' which, it acknowledges, goes beyond the fundamental standards.*

9.3. *The CQC explains that a joint inspection framework has been developed in which the HMIP's inspection criteria (its Expectations) have been mapped to the CQC's 'key lines of enquiry' (KLOE). But it is far from clear that the resulting KLOE scheme for secure settings incorporates a minimum 'Good' quality standard; the*

CQC itself says that it is used to determine whether the fundamental standards are met. Furthermore, there is a significant level of discrepancy between the indicators used as part of the Expectations scheme and the characteristics of what the CQC considers to be a service of a 'Good' standard. At best, the approach taken has created a concerning transparency and accountability deficit because it makes it more difficult to make direct community comparisons. At worst, it has resulted in a lower quality standard being applied.

9.4. *Data which would allow for direct comparative analysis is not systematically available or is not embedded for use within the IRC inspection scheme. In particular, the Quality Outcomes Framework (QOF) data, which is used by the CQC to assess the quality of community GP practices, is not systematically available for IRC healthcare providers who, it appears, may not receive the same financial incentives as community healthcare providers to produce it.*

9.5. *One source of evidence of quality that could be used for comparison with community GP practices is the patient's view of their experience of the service. Although a robust survey of those subject to detention is undertaken as part of the inspection process and includes a question about experience of healthcare which is comparable to a question asked of patients of community GP practices nationally, the only comparison undertaken using the IRC survey data is with previous assessments of that IRC and with other IRCs. This risks institutionalising poor practice.*

9.6. *Patient reports on the quality of their experience are not in themselves treated as an indicator of quality in IRCs, in contrast with their use in the CQC community healthcare scheme.*

9.7. *In the HMIP scheme, the evidence provided by those detained is treated as one source of evidence in a triangulation methodology which will usually require evidence from three different sources to support a finding. No such methodology is mentioned in the CQC material on the inspection of community GP practices. Given that three of the five sources of evidence which are considered in the HMIP scheme are institutional sources, this triangulation methodology has the*

characteristics of an underlying systemic unfairness. There were a number of instances in the 2016 and 2019 reports on Brook House where the findings were not consistent with the evidence of those detained but the reasons for reaching the contrary conclusion were not entirely clear. The explanation may lie in the triangulation approach.

9.8. *There are worrying indications of a systemic institutionalised culture of disbelief within the IRC system. Visitors' groups report complaints from their clients of not being believed by healthcare staff. The issue is mentioned in a number of the reports considered as part of our literature review. The Deputy Head of Healthcare at HMIP, in her evidence to an investigation undertaken following the Panorama programme which found evidence of abuse at Brook House, reported that staff have often said that those in detention overstate their complaint in order to secure their release. If there is an institutional bias amongst staff against believing those in detention, this risks tainting one of the sources of evidence (IRC staff) on which the inspectors rely.*

10. The research also led to eight recommendations:

10.1. *There is a pressing need to operationalise the principle of community equivalence in HMIP/CQC inspections in a way that allows for transparent and meaningful comparisons with the quality of community health provision. As with prison healthcare, there is a need for a 'resource describing how equivalence should be defined, measured and compared with health and care in the community'.*[1]

10.2. *Currently the quality of healthcare in the community is measured and assessed using the CQC's rating scheme. The scope of the CQC's powers to quality assess beyond the fundamental standards used for the purpose of registration of healthcare providers, should be extended to IRCs so that the CQC can develop and apply the ratings scheme to those facilities. This would facilitate direct comparison with the quality of community health care services and equivalent*

[1] Health and Social Care Committee, Prison Health (HC 2017-2019, 963-XII) https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf accessed 16 June 2021

leverage for improvements. This represents an extension to IRCs of the recommendation of the Health and Social Care Committee to apply CQC ratings to prisons. This is not intended to stand as a recommendation for the continued use of a 'ratings' approach. An assessment of the effectiveness of ratings schemes is beyond the scope of this project. The issue here is the principle of comparability in the assessments of community and IRC healthcare. If a different approach, based on something other than ratings, or modifications to that approach, were to be adopted in the future, IRCs should be included within such reforms to ensure community comparisons could still be made.

10.3. *Measures need to be identified and data identified or developed which allow for direct performance comparisons to be made. In particular, IRC healthcare providers should receive the same incentives to provide Quality and Outcomes Framework (QOF) data as community healthcare providers. This does not, of course, mean that an IRC provider will be assessed as requiring improvement just because there may be significant deviations from community healthcare performance. However, the scheme would render those deviations visible to inspectors so that the explanations for them could be explored and could inform the quality adjudication.*

10.4. *Patient experience should be adopted as one of the quality measures as it is in community healthcare inspections.*

10.5. *As a reasonable adjustment to the recognised hurdles to participation faced by those subject to detention, the inspection system should develop, with visitors' groups, a scheme which would facilitate their ongoing provision of relevant evidence about healthcare which is reviewed regularly by the CQC to identify whether there is a need for a focused inspection, and is, in any event, reviewed prior to a comprehensive inspection to identify issues to investigate. Decisions with reasons for any action or inaction decided upon should be given to visitors' groups following each review.*

10.6. *The triangulation methodology should be removed from the HMIP Inspection Framework and replaced with guidance on weighing evidence. Such guidance*

should advise on weighing staff evidence in a way that takes into account evidence of institutionalised cultures of disbelief and should stress the need to provide clear reasoning for conclusions, in particular where patient experience and other sources of evidence are at odds.

10.7. *If CQC inspections continue to be undertaken at the same time as an HMIP inspection, a separate CQC report should be used which is structured in the same way as community healthcare inspections to support CQC inspectors in making community equivalent judgements and at the same level of detail in order to maximise effectiveness as a lever for improvement. This is key to facilitating transparency and public trust and confidence that inspection is delivering according to the community equivalence principle and is open to challenge if it fails to do so.*

10.8. *The CQC's current reform programme offers an opportunity to address the issues identified in this report, but to be effective in producing a quality assessment scheme for IRCs that delivers on community equivalence, it will need to tackle the task in a sector-specific way. In its most recent consultation it announced an intention to hold 'fewer large-scale formal consultations, but more on-going opportunities to contribute' to reforms to its quality assessment processes.*[2] *It is vital that those with experience and expertise in the IRC sector are fully engaged at this early stage.*

11. GDWG supports the recommendations as set out in the report and adopts them as recommendations which we would encourage the Inquiry to make too.

Other Recommendations:

12. In addition, GDWG makes the following suggestions for changes which might help to prevent a recurrence of the mistreatment identified on Panorama.

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[2] Care Quality Commission, 'Consultation on Changes for More Flexible and Responsive Regulation' (January 2021) 10 https://www.cqc.org.uk/sites/default/files/Consultation_on_changes_for_more_flexible_and_responsive_regulation_consultation_document_1.pdf accessed 27 October 2021

13. I would first say that I have just, as finalising this statement, seen the evidence submitted on behalf of Medical Justice. I have not yet had the opportunity to read it all but I wish to say I agree with the proposals made by Emma Ginn, and in particular the observations made at paragraphs 153 – 156.

A Time Limit to Detention

14. It is GDWG's view, based on 26 years of working with people held at the Gatwick IRCs, that immigration detention causes serious and long-lasting harm. The UK is unique within Western Europe in that there is no maximum time limit on immigration detention. The absence of a time limit on the length of detention is harmful to mental health, engenders despair and results in multiple negative impacts upon those detained. Indeterminate immigration detention debases, further increasing the likelihood of dehumanisation and mistreatment. If detention must happen at all these risks must be recognised, and rigorous safeguards but most fundamentally, a time limit, are essential.

Improved safeguards to prevent the detention of vulnerable people

15. Safeguards to prevent the detention of the most vulnerable must be greatly improved and made sufficiently robust such that vulnerable people are identified before detention decisions are made and so that those with mental or physical health conditions, disabilities, age disputed minors and survivors of trafficking or torture and other vulnerable groups are not detained.

16. The Adults at Risk ('AAR') Policy is failing to identify and prevent the detention of vulnerable people who are at risk of harm from detention. Its deficiencies include that it places an unacceptable burden on detained people to provide evidence of their own vulnerability and the risk that detention will harm them.

17. Likewise, Detention Centre Rules 34 and 35, and their interaction with the AAR policy and the ACDT scheme, are a cornerstone of the current arrangements for identifying and safeguarding vulnerable people, but these arrangements are not working properly to identify vulnerable individuals in detention and secure their release.

18. The arrangements are flawed and their implementation by Home Office staff, detention staff and healthcare and medical staff are all failing to protect vulnerable people. A root and branch overhaul is required and a new approach devised that better identifies those who should not be detained.

19. Vulnerability and health are dynamic issues that change over time. The current systems do not recognise or cater for this. New systems for dynamic assessments should be designed, in consultation with people with lived experience of detention. GDWG recommend that assessment of risk of detention of all detained people should be reviewed regularly and mental and physical health assessments of fitness to be detained should be offered at monthly intervals with additional assessments triggered by events such as newly prescribed medication so that changes in the health of a person are identified before a crisis is reached.

20. Adequate training, and refresher training, of all those responsible for implementing the AAR policy, Rules 34 and 35 and the ACDT scheme, are essential and must include formerly detained people reflecting on their experience of being subject to these systems. As we set out in more detail below, at the heart of training should be the teaching of respect for those liable to detention and steps to reduce the culture of disbelief and dehumanisation which so often pervades the approach towards those subject to immigration control.

21. GDWG recommend in particular, that as a matter of urgency, there is effective training of medical staff in the making of Rule 35 reports and Home Office staff in responding to those reports, and that training must include hearing from people who have experienced being denied a medical appointment for a Rule 35 assessment and/or denied a Rule 35 report and/or denied release after a Rule 35 report, so that these issues are understood from the perspective of detained people.

<u>A Culture of Respect</u>

22. GDWG have observed that a lack of respect for detained people, and a culture in which those who are detained are disbelieved, lie at the heart of the dehumanisation and mistreatment of detained people at Brook House.

23. Improved recruitment, training, supervision and management of detention and healthcare staff, and Home Office staff, including better training on issues of race and cultural matters, and changes to combat the existing culture of disbelief in the accounts of detained persons, will provide better protection against abuse occurring and improve levels of trust by detained people in staff. Many NGOs that work with detained people have those with lived experience of detention on their recruitment panels. GDWG recommend that panels for recruiting those who work at Brook House should include a formerly detained person. This would give the panel an opportunity to see how the interviewee includes the detained person in conversation, responds to their questions and whether the interviewee displays behaviours that are in line with those the organisation wishes to promote.

24. GDWG recommend that training courses are produced in collaboration with people with lived experience of detention and delivered in person to all levels of staff members, from the top of the organisation downwards. We recommend that training, including refresher training, has assessment as part of the training to ensure that participants are actively engaged and that people with lived experience of detention are also involved in the assessment during the training. We recommend that all training, including refresher training and assessment, is mandatory and that assessment is by independent external individuals or organisation. We recommend that training on anti-racism is designed and delivered in collaboration with a reputable independent organisation specialising in such training.

25. GDWG recommend that training on Control and Restraint should have substantial components on the necessity for prior review of the detained person's vulnerabilities and on de-escalation techniques and how to ensure that minimum force necessary is employed.

26. GDWG recommend racism is addressed at an individual and an institutional level. Institutional racism at Brook House can be detected in processes, attitudes, and behaviours that amount to discrimination. Incidents of overt individual racism should be dealt with through a complaints and misconduct system, and this should provide for the person responsible being disciplined, and preferably dismissed, serving as both a punishment to the individual and a deterrent to others in the organisation. We recommend the use of strategies for preventing, recording, investigating, and prosecuting racist incidents with the system being monitored by an independent body. If examined collectively, complaints can expose institutional problems that are contributing to racism within Brook House. All staff should be trained in racism awareness and valuing cultural diversity, and people from minority ethnic communities with lived experience of detention should be involved in this training.

27. Detained people commonly complain about the quality of the food at Brook House. GDWG recommend that meals should be more varied and should be prepared from good quality fresh and nutritious ingredients.

28. GDWG recommend that people leaving Brook House should be provided with bags of adequate size and strength and not suffer the indignity of carrying their belongings in clear plastic bags. For those going on planes, suitcases should be provided.

Healthcare

29. Lack of access to healthcare and inadequate treatment are very common subjects of concern to detained persons. Improved provision of healthcare, especially mental health care, is needed to safeguard the well-being of detained people. In the experience of GDWG, of those entering detention many have pre-existing mental illness and many others develop mental illness during their detention. For many, mental health deteriorates the longer they are held. We consider that the numbers of detained people suffering mental illness warrant the provision of specialist trauma and mental health teams in Brook House.

30. To address the problems of poor initial health screening – which often occurs late at night or when a person is traumatised by detention and/or the nature of enforcement – GDWG recommend that transfers from prisons and other IRCs should not take place at times such that people are brought to Brook House outside of the hours 9am to 5pm and night time arrivals (outside 9am to 5pm) should not be the operational norm. Training of healthcare staff should include lived experience voices, medical records should be shared in a timely manner and sufficient time should be allowed for healthcare staff to review available medical records at the initial screening stage.

31. GDWG recommend that additional resources and contract monitoring are required to ensure that medical assessments are conducted within the 24 hour period required by Rule 34 and that training, refresher training, and contract monitoring are employed to ensure GPs spend appropriate time on Rule 34 appointments and keep adequate records.

32. GDWG recommend contract monitoring should also include whether satisfactory steps are taken to obtain medical records from the community and previous places of detention and whether satisfactory follow-up patient care is undertaken where previous medical notes are received which suggest mental health problems, prior self-harm/suicidal ideation, learning disability or serious physical illness.

33. Measures are also required to address the problems of long waits to see a GP, non-availability of medication, delays in referrals for secondary healthcare, frequent failures to convey to hospital for appointments. GDWG recommend contracts should include time targets and attendance targets in the case of hospital appointments.

34. An intensive review by a suitable independent organisation of recruitment, induction and training of healthcare staff is needed to address inappropriate and unprofessional attitudes of healthcare staff: failure to listen, a culture of disbelief in the accounts of detained people, viewing food and fluid refusal as 'acting up' not a symptom of distress, too close alignment with objectives of the Home Office and Brook House management.

35. A review should be undertaken by the Care Quality Commission of the apparent practice of overprescribing of paracetamol rather than appropriate medication.

36. GDWG recommend that people who have witnessed self-harm and suicide are offered a programme of external professional support to be devised by NHS trauma specialists and in consultation with previously detained persons.

Architecture and Facilities

37. Immigration detention should not be used to punish people or coerce them into agreeing to removal from the UK. It should be humane and as far as possible resemble life in the community allowing unimpeded communication with friends and family, suitable and private facilities for sleeping, washing and toileting, opportunities for entertainment, education, socialisation and activity, including religious observance, and adequate outside space.

38. It is the view of GDWG that the architecture of Brook House, which was built to Category B prison specification, is detrimental both to the well-being of staff who work in the Centre and the people who are detained there. Tinsley House, which is less prison-like in design, is experienced by detained people as a less oppressive place to be held.

39. In so far as the interior and exterior of Brook House can be re-designed to reduce the prison-like appearance and feel of the place, to improve the size of rooms and to provide toilet and washing facilities properly separated from rooms, then it should be. However, Brook House is likely to remain unsuitable as a place of immigration detention for more than 72 hours as was its initial intention and GDWG therefore recommend that detained people should be held at Brook House for no longer than that period.

40. The furnishings and fittings at Brook House should be replaced with items which provide more comfort and therefore show respect for detained people, thereby communicating that it matters how a person experiences their surroundings, and therefore addressing one manifestation of dehumanisation. Beds and mattresses (which are currently rock-hard) should be replaced as a first step towards restoring respect and dignity.

41. GDWG recommend that the views of detained people are obtained and given high-level consideration in the planning for the redesign and refurbishment of Brook House.

42. GDWG recommend that detained people are given the option to have a room to themselves and that, as at present, no more than 2 people should be accommodated in the same room, and only when it is their preference to share. No detained person should be placed in segregation for refusing to share a room when they have requested a single occupancy room.

43. GDWG recommend detained people are allowed their own devices such as laptops and smart phones for use during their period of immigration detention with access to the internet, email and social media. A tablet computer should be issued to those who do not have any devices This would enable detained people to keep in better contact with friends and family, thereby reducing isolation and promoting better mental health. It would facilitate access to, and communication with, legal advisers, the Home Office and other organisations, thereby improving access to justice and the opportunity for rights to be upheld and dignity restored. It would also enable access to on-line translation.

44. There should be improved mobile telephone signal and Wi-fi access in Brook House, including on the wings and websites should not be blocked unless they contain illegal material. There should be a review mechanism available to detained people to challenge a decision to block websites. There should be better communal IT facilities: more computers, photocopiers/scanners and fax machines.

45. High quality independent interpretation services should be made available as a matter of course for healthcare appointments and offered for general interactions with detention staff whenever an interpreter is required. Dial up interpreter services should be available on demand for these purposes. Reliance should not be placed by detention and healthcare staff on other detained people or staff to interpret because this compromises privacy and is often there are difficulties with the quality of interpreting or the independence.

46. A full programme of activities and educational opportunity would assist to counter dehumanisation, providing individuals with a sense of agency to learn, work and be productive helpful human beings. This should be developed in consultation with detained and formerly detained people. GDWG recommend, for example, that opportunites for gardening are created as this would also improve the quality of the spaces in Brook House. GDWG recommend that more resources are provided for English language classes at different levels: beginners, intermediate and advanced. GDWG recommend an education officer meets each new person arriving at Brook House and makes suggestions personal to them about education courses available including online learning. Stocks of English language and literacy workbooks should be provided in the library. GDWG recommend that sporting events are offered in conjunction with local sports clubs such as Crawley Town FC.

Lock-ins

47. Locking people in small cell-like rooms with small windows and prison-style locked doors for many hours at night, and two periods in the daytime for roll call, is to treat detained people in a punishing and dehumanising way. The lock-in regime is demeaning and has an adverse effect on mental health. It encourages detention and healthcare staff to view detained people as criminals and less than human. Lock-ins are inconsistent with the principle that detention is not for punishment or coercion. Detained people are not locked up in their rooms at night at Tinsley House and a lock-up regime is unnecessary.

Segregation

48. Removal from association (under DSO rule 40) and temporary confinement (under DSO rule 42) are usually collectively referred to by detained people and detention staff as 'segregation' or 'isolation'. Segregation, often with use of force to effect segregation, was frequently used by G4S, and continues to be used by Serco, to manage disruptive behaviour when less restrictive and less damaging forms of intervention could have resolved the situation.

49. In the experience of GDWG, in many cases where segregation has been used to prevent disruptive behaviour, the detained person involved has believed they were raising legitimate issues about their individual cases and that they had to be non-compliant to ensure their voices were heard. It is our impression that use of force and segregation could have been avoided if more time had been taken by detention and/or Home Office staff to communicate with the detained person and other steps taken to defuse and resolve the dispute.

50. GDWG recommend that training is put in place that emphasises segregation is used only as a last resort and is not used punitively.[3] We recommend detention staff receive thorough training on, and more time should be allowed for, alternative ways to resolve disputes, such as improved listening and discussion skills and mediation, including the use of external mediators.

51. Segregation was also used by G4S and continues to be used by Serco, inappropriately to manage detained people with mental health issues rather than addressing the medical and emotional needs of detained people. For example, placing those who have self-harmed or threatened self-harm or express suicidal ideation in segregation and under constant or near-constant surveillance is often not in the best interests of the detained person and can exacerbate their symptoms. The use of segregation to manage people suffering mental illness, including those at risk of suicide and self-harm, should not be part of the strategy of running Brook House.

52. GDWG recommend training is run by NHS experts in serious mental illness to better enable staff to recognise behaviour that is rooted in mental health issues and ensure that detained people get help or are released to a setting where they can access the help they

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[3] It is prohibited to use temporary confinement as punishment, or for after the detained person has ceased t be refractory or violent:

42.—(1) The Secretary of State (in the case of a contracted-out detention centre) or the manager (in the case of a directly managed detention centre) may order a refractory or violent detained person to be confined temporarily in special accommodation, but a detained person shall not be so confined as a punishment, or after he has ceased to be refractory or violent.

need, rather than being placed in segregation. If detained people do not engage with staff, this should not automatically be perceived as intentional non-compliance when it may be caused by serious mental illness. We recommend the training by NHS experts includes training on the Mental Capacity Act as what is perceived as non-compliance may indicate a lack of mental capacity to make decisions about health and other matters.

53. GDWG recommend that detained people are informed in their preferred language of the reasons for their segregation. We recommend that NGOs are permitted to visit detained people in the room where they are held in segregation.

Drugs

54. Detained people report that when drugs are easily available in Brook House this negatively impacts upon them but most do not feel able to make a complaint about this. We recommend that in order for mechanisms to be developed for detained people to feel able to raise concerns about drug use, those running Brook House should consult with formerly detained people to understand the impact on them of drugs in the Centre. In addition, external independent advice on good policy with regard to whistleblowing should be implemented. GDWG recommend the setting up of a 'tackling drugs forum' with space for detained people, key stakeholders such as GDWG, the Forward Trust and detention staff and management to share information frankly to develop policy to address the issues.

55. Staff are more likely to work for the well-being of detained persons if their own well-being is a priority for their employers. We recommend that those managing Brook House demonstrate care for the well-being of their staff thereby creating conditions for staff to show care for detained persons in all respects, including on the issue of drugs.

Complaints and oversight

56. As I explained in my first statement it is the experience of GDWG that many detained people have no confidence in the current complaints system believing that the contractors and the Home Office will not fairly investigate complaints and many fear repercussions.

57. GDWG recommend an overhaul of complaints mechanisms by an independent organisation that doesn't have a vested interest in avoiding penalties in connection with levels of complaints. We recommend detained people are consulted in the design of the complaints mechanisms. We suggest that a review of the system considers whether a charity could be commissioned to run the complaints service.

58. GDWG recommend the introduction of a text complaint service to ensure complaints can be made by those who do not wish to be seen placing a piece of paper in the complaints box. GDWG recommend an 0800 number for people to report complaints so those who cannot write can submit a complaint without needing to use a third party. The complaint system should permit complaints to be written in any language and that a written translation service and telephone line interpreter services are made available for detained people.

59. The complaint system should be widely advertised in different locations in the detention centre and explained in numerous different ways, formats and languages. It should be explained fully during the induction process and again at regular information sessions on the wings.

60. GDWG recommend the timeframe for processing complaints is shortened to ensure complaints are determined before a person is removed or released and in the case of serious complaints, a detained person should have the option not to be removed before the complaint is determined and should be released pending determination.

61. GDWG recommend complaints are determined, and recommendations implemented, even if the complainant is no longer engaged with the complaint due to having been removed or released.

62. GDWG endorse the recommendations of Liberty in relation to complaints set out at Annex D to the ICIBI report of July 2020,[4] which include the appointment of an independent complaints officer at each IRC to facilitate complaints, ensure lessons are learnt and change is implemented; shorter timeframes for investigating and responding to complaints and doing more to ensure that complaints result in changes so that individuals can have more confidence in the complaints system.

63. GDWG recommend the creation of an official Suggestions and Feedback mechanism for people in detention who do not want to submit a complaint. This should be open to submissions by a post box, a phone line and text so that change can be suggested by people who do not wish to be labelled as complaining. It might also ensure that matters do not have to get to a critical and terrible state before ways to improve things can be considered.

IMB, HMIP and CQC

64. GDWG recommend that IMB, HIMP and CQC adopt consultative and listening relationships with GDWG that continue beyond the spotlight of the Public Inquiry and that the value of engagement with NGOs in the sector is a principle that is accepted and explored in practical ways with update meetings to open positive conversations.

65. GDWG recommend quarterly online update meetings continue between GDWG and Brook House IMB as is currently the case.

66. GDWG recommend that the IMB take steps to achieve a more diverse membership perhaps by the introduction of paid positions and recruitment drives to specifically encourage formerly detained people to apply. We recommend that induction and training of IMB members includes substantial input from formerly detained people.

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4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898660/An_inspection_of_the_Handling_of_Complaints_and_MP_s_Correspondence_by_the_Home_Office_Borders__Immigration_and_Citizenship_System.pdf

67. GDWG recommend Brook House IMB publicise their role fully with workshops for detained persons about who the IMB is and about the complaints or 'application' process since many people tell us they are currently unaware of the IMB.

68. GDWG recommend that on receipt of an 'application', IMB's first check response is not with officers but with the detained person who has submitted the application since this is a first step in demonstrating the listening necessary for the IMB to demonstrate independence from those running the IRCs and from the Home Office.

69. GDWG recommend that HMIP invite, via their website, the reporting of issues as part of their ongoing information gathering between inspections. We recommend this invitation extends to NGOs as well as detained people. We recommend that on their website, HMIP offer a reporting free phone line that welcomes reports in English and languages other than English for people who do not write in English or speak English.

70. GDWG has been encouraged by open conversations developing with the CQC and recommends that these continue with quarterly meetings.

Legal Services

71. GDWG recommend that an independent review is undertaken into how to improve access by people detained at Brook House to legal advice and how to improve the quality of that advice, including advice given under the Legal Aid Agency's Detention Duty Advice Scheme. GDWG recommend the review includes consultation with detained people about their difficulties accessing good quality legal services to see how the service might be improved.

Communication

72. Poor communication has a significant negative impact on detained people and contributes to feelings of dehumanisation. GDWG recommend training for Home Office, detention and healthcare staff on aspects of communication such as listening skills, how to support

people with mental illness and those who have experienced trauma and how to de-escalate tensions.

73. If individuals in Brook House are not given sufficient information about why they are being detained, and/or are not properly updated on their cases, then their ability to rationalise their situation is significantly inhibited. In the experience of GDWG this leads to those detained losing their sense of identity and sense of purpose and increases the harm inflicted by detention. GDWG recommend that detained people are given the opportunity to regularly meet in person the Home Office caseworkers making decisions about their lives. Furthermore, we recommend that Home Office staff in Brook House have dedicated time to walk through the centre and speak with detained people as we frequently hear from detained people that even Brook House Home Office staff maintain a physical distance from people in detention and do not promote a culture of listening. Such listening would build trust and strengthen relationships.

74. Currently, detained people are on occasions woken in the night and asked to sign papers. GDWG recommend that documents should only be served on detained people during usual office working hours when they can access advice from legal representatives and support from organisations such as GDWG. GDWG recommend all letters and other documents to detained people from the Home Office, Serco, and Healthcare are provided are in both English and any other preferred language of the detained person.

75. GDWG recommend people in Brook House have access to a freephone interpreting service that they can call to communicate with staff/solicitors/organisations, at all times.

Relationship between Serco, Home Office, Healthcare and GDWG

76. Those managing Brook House should acquire a good understanding of the important role that GDWG play in befriending and advocating for detained people and view the work of GDWG as being in the interest of the safety and well being of detained people.

77. Those running Brook House should facilitate rather than hinder the work of GDWG through prompt response to emails, holding quarterly meetings with GDWG and inviting GDWG to the Safer Community and Vulnerable Residents meetings for Brook House.

78. GDWG recommend that those running Brook House ensure that detained people have greater access to information about GDWG - the support and assistance that we can provide to detained people - with the aim of more detained people self-referring to GDWG. We recommend that GDWG are invited to take part in the induction process,that GDWG material is included in an induction pack and that liaison between GDWG and wing officers is encouraged by those managing the centre.

79. GDWG recommend healthcare staff are instructed to provide copies of a detained person's medical records to GDWG promptly upon receipt of a written request and the detained person's signed form of authority for disclosure (failure to do is contrary to the requirements of the Data Protection Act 2018).

80. GDWG recommend that all detention staff (not only staff who work in the Welfare Office) and healthcare staff are encouraged by those running Brook House to refer detained people to GDWG. Referrals to GDWG are accepted by phone or by email and the main phone line where referrals are received has an answerphone and calls are responded to by a member of staff within 24 hours.

81. GDWG recommend that they are allowed access to interpreting services used by those running the IRC.

82. In the past, G4S provided GDWG visitors with laminated photo passes so that they did not have to bring two forms of ID every time they visited the Centre and did not have to have their photo taken each time. This saved G4S staff time and would save Serco time again if this was reintroduced. It would also mean GDWG visitors wouldn't have to travel with their passports and ID to the Centre every week and would speed up the time spent at check-in which would in turn improve waiting times for the families of detained

people. GDWG recommend frequent visitor passes are made available for GDWG visitors as they have in the past before G4S stopped the service.

83. GDWG recommend that we are provided with use of space for meetings with detained people in a central location in Brook House which is accessible to detained people during hours of association and that they are given access to interview rooms on the visits corridor for more private conversations when necessary.

84. GDWG recommend that we are permitted to carry out as many drop-in sessions as are necessary to meet the needs of each detained person.

85. GDWG recommend that we are permitted to operate drop-in surgeries, which are truly 'drop-in' ie advice sessions which detained people may attend without a prior appointment, in addition to sessions which are by prior appointment.

Visits

86. Visits by friends and family and by GDWG visitors are very important in helping a detained person to maintain their sense of self and dignity. We recommend consultation with detained people to find out how the visits process and the Visit Room could be improved.

87. Affording greater privacy during visits would enhance the value of visits. This is particularly so when people are detained for long periods and when family and friends are visiting shortly before a detained person is to be removed. Private visits rooms, such as the current legal visit rooms, should be made available for visits in particular circumstances.

88. GDWG recommend that closed visits are used sparingly or not at all and never for punitive purposes.

89. GDWG recommend that our volunteer visitors have access to interpreters for visits. Wifi should be made available in the Visits Room and GDWG visitors should be allowed to bring in devices to allow for access to interpreters.

90. GDWG volunteer visitors should be permitted to visit as many detained people as necessary across multiple slots in a single day.

91. GDWG volunteer visitors should continue to be permitted to take a pen and notebook into the visits hall, as well as relevant information to be provided to the detained person, such as leaflets from other relevant support organisations.

<u>On release</u>

92. GDWG recommend an overhaul of accommodation provision to end lack of accommodation or accommodation checks blocking release. We recommend consultation with detained people to reveal the impact on mental health of delays in release when bail has been granted subject to accommodation being found. We recommend that people are not released late in the day and that there is greater provision of information on travel and support with travel.

Statement of Truth	
I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth. I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.	
Name	Anna Marie Pincus
Signature	**Signature**

Date	15/02/2022