

## Brook House inspection review

I have included below themes from the main sources of evidence used during the inspection, updates and suggestions as follows:

- A. Excerpts from Panorama letter to G4S
- B. Relevant sections of the published HMIP report.
- C. Main parts of HMIP detainee survey relating to staff
- D. Confidential survey comments
- E. General survey comments
- F. Detainee group findings on day one
- G. HO update on 11.9.17
- H. Some suggestions about future practice, starting at Harmondsworth.

Very little emerged from correspondence before the inspection. Two emails were received, both about healthcare: one related to unnecessary use of restraints by G4S escorts during hospital visits (from a hospital doctor); and the other was a complaint about the competence of the doctor at BH forwarded by CQC.

Overall, there was very little in our intelligence that suggested staff abuses and we did not discover anything of great note during the inspection itself, but did have concerns about some excessive use of force, making a recommendation about it (see E. below).

The HASC witnesses were all positive about us. Nathan Ward's comment was:

*'HMIP is a very good and robust inspectorate, but it can only inspect what it sees on the day it turns up. We have Home Office staff on site that should be looking on a day-by-day basis at what is going on, and raising pertinent questions. However, we have already seen here today that the culture within that group itself most probably isn't one that has sufficient curiosity.'*

However, questions have been raised about our efficacy in other fora given the abuses and our positive judgement on progress.

**A. Excerpts from Panorama letter to G4S**

See in particular allegation that G4S increased staff resource during inspection.

Due to the actions and attitudes of some officers and managers, the IRC is failing to satisfy its statutory purpose: "to provide for the secure but humane accommodation of detained persons in a relaxed regime with as much freedom of movement and association as possible, consistent with maintaining a safe and secure environment." There is a culture of menace towards some detainees and a conspiracy of silence and/or misrepresentation concerning incidents of violence or neglect.

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*Our research has shown (see "Annex A") that:*

- a. Known drug dealers have been moved onto the induction wing, which should inculcate good behaviour in new detainees. We understand this happens because the induction wing is effectively being used as an overflow wing and that such mixing of detainees is inappropriate in a custodial environment that there is no good explanation for it.
- b. A number of employees (who we are not naming) have raised concerns and been assured issues would be resolved which have not been resolved. Officers labelled "snitches" or "grasses" can be singled out at the IRC, leaving some staff afraid to speak out about concerns to management.
- c. On a number of occasions staff at the IRC could not correctly count or locate all detainees. At times there are insufficient detainee custody officers to provide good pastoral care and those low staff numbers have caused detainee custody to lose confidence and affected morale.
- d. Illegal narcotics are used regularly in what should be a secure centre. There are specific security lapses particularly within the visits regime. This suggests illegal narcotics are not taken seriously enough by staff and management at the IRC. There is an allegation that some officers are corrupt and have smuggled in contraband.
- e. Unprofessional and/or insulting attitudes and poor behaviour demonstrated by a number of staff. This includes towards detainees with pre-existing mental health difficulties who are not treated appropriately at times by some staff at the IRC. This directly undermines the Home Office's policy that detainees with mental illnesses can be "satisfactorily managed" within the IRC. It also includes an officer sleeping when he should have been closely monitoring a detainee who posed a risk to himself and on another occasion officers not informing healthcare about an incident of self-harm in order to avoid having to conduct a constant supervision.
- f. Poor attitudes demonstrated by one nurse (Jo Buss), one detainee custody manager (Nathan Ring) and one G4S restraint trainer and supervisor (John Connolly) towards detainees. These attitudes were known to senior managers at G4S but which have continued as has their supervisions of detainees, some of whom are vulnerable.
- g. A poor attitude by at least two different detainee custody managers, towards food refusal by detainees. At least one incident of food refusal was covered up by being deliberately not reported.
- h. There have been incidents of near loss of control and incidents of violence.
- i. There have been repeated incidents of self-harm or attempted suicide by detainees.
- j. There have been occasions where a number of detainee custody officers have mistreated detainees in their care, including deliberately hurting them. At

least one incident of harm or mistreatment has been covered up because the events surrounding were deliberately not reported.

- k. A larger number of officers and other G4S employees have turned a blind eye to or helped to cover up those actions. This includes some managers and medical staff.

**We understand that concerns related to a number of the above matters (a. to k.) were raised previously including with you directly, but the issues have not been resolved.**

- l. The IRC has a toxic atmosphere in which some detainees struggle, psychologically. Detainees who were never in jail before have been frightened and left at risk of exploitation or violence by being mixed with convicted criminals at the IRC.
- m. The mental health of some detainees who did not have pre-existing mental health conditions can decline significantly in detention. This is particularly true for those detainees in respect of whom there is neither a realistic prospect of removal or of release. Those detainees are in indefinite detention, which we understand is inappropriate and should cease.

**How would you respond to the following issues?**

*Our research has shown:*

G4S management drafted in significant additional detainee custody officers, who would have normally been on leave or resting, during HMIP's October inspection thereby undermined the purpose of the inspection process by presenting a false and seriously misleading impression to HMIP of the regime at the IRC so as to flatter the performance of the IRC in its inspection. We have been told that this sort of activity is common practice for G4S during inspections – and that additionally money is made available to improve the décor at such times.

## **B. Relevant sections of the Brook House report**

### **Use of force section**

**1.52.** During the previous six months, staff had used force on 80 occasions compared with 61 at our 2013 inspection. In most cases force was used proportionately and as a last resort. Records were completed to a good standard. A manager reviewed all incidents to learn and disseminate lessons.

**1.53.** Video footage revealed mixed practice. Managers briefed officers in detail before planned use of force. We observed officers using verbal de-escalation effectively, but some incidents took too long to resolve once force had been initiated. In one incident a detainee refused to comply with his removal and lay passively in his bed. Concerted efforts were made by staff to encourage compliance. These were unsuccessful but he remained passive throughout. Despite this, staff unnecessarily used a shield to restrain him. He was then escorted under restraint to the separation unit. He was wearing underpants and a T-shirt until he reached the unit and it was unclear why staff did not try to put trousers on him or encourage him to dress before going to the unit.

**1.54** All the video footage of scheduled removals that we reviewed showed Tascor escorts using waist restraint belts, suggesting that the belts were not used as a last resort. During our inspection, a detainee refused to transfer to prison. Four Tascor escorts took 12 minutes to apply the waist restraint belt in a chaotic use of force.

### **Recommendation**

**1.58 All use of force should be necessary, proportionate and competently applied.**

### **Staff–detainee relationships section**

**2.4** In our survey, 77% of detainees said that most staff treated them with respect and 84% of those who did not speak English reported respectful treatment by staff. Two-thirds said there was a member of staff they could turn to if they had a problem. One detainee wrote to us that: ‘The positive thing here is that you can ask any member of staff if you don’t know English. The staff is cooperative and friendly’.

**2.5** Staff were under pressure, but we observed the great majority showing resilience and even-handedness in dealing with issues which arose. Particularly during the evening periods when there was a more relaxed atmosphere, many staff engaged positively with detainees even though they were busy with other tasks, talking to them and sharing the occasional game of pool. Staff frequently sat and ate with detainees for the evening meal.

**2.6** There were monthly detainee consultation meetings. Four or five staff attended and the Home Office and health care were consistently represented. Attendance by detainees varied between none and more than 30; the meetings were not consistently attended by enough detainees, but there was evidence of action to address issues which had been raised.

**2.7** A care officer scheme allocated a named officer to each cell, but the regime of fortnightly followed by monthly welfare conversations was not being adhered to.

### **Recommendation**

**2.8 Each detainee should be asked about their welfare by their allocated care officer at least once a month and more frequently in the early stages, and the conversation should be recorded, together with any actions arising from it.**

### **Security section**

**1.46** The supply and misuse of drugs was the most significant threat to security, and there was evidence of the organised criminal supply of drugs. However, the centre did not have a drug supply strategy (see recommendation 2.65).

### **Substance use section**

**2.61** There was no drug and alcohol strategy, although treatment was available for detainees undertaking detoxification from alcohol and drugs. Adverse events to which new psychoactive substances<sup>17</sup> (NPS) were suspected to have contributed were monitored. There had been seven such events in 2016 to date. There had been some training and awareness raising on the effects of NPS for both detention staff and detainees; a more systematic staff training programme was about to be rolled out.

**2.62** In May 2016, NHS England contracted RAPt (Rehabilitation for Addicted Prisoners Trust) to provide psychosocial support services for detainees who had abused substances. Eight detainees were in receipt of psychosocial support at the time of the inspection.

**2.63** Clinical management was provided by Saxonbrook GPs and a local prescribing protocol had been introduced in September 2016. At the time of the inspection, six patients were receiving opiate substitution therapy and a few were undergoing alcohol detoxification.

**2.64** The service was embryonic but developing. Work was in progress to recruit and train staff, develop protocols for multidisciplinary approaches and consider the prescribing of naloxone before release to minimise risk.

### **Recommendation**

**2.65 A drug and alcohol strategy for the centre should be established.**



### C. Survey questions relating directly to staff

The response rate was high for an IRC at 76%. Note the non-response rate was also high for victimisation questions at between 16-24%, but better at 8% and 13% for the two respect questions (43 and 44). No areas of significant difference emerged.

		BH 2016	IRC COMP	BH 2016	IRC COMP
43	Do you have a member of staff you can turn to for help if you have a problem?	67%	66%	67%	61%
44	Do most staff treat you with respect?	77%	76%	77%	74%
45	Have any members of staff physically restrained you in the last six months?	13%	10%	13%	9%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	2%	2%	2%	2%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	18%	17%	18%	13%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	3%	3%	2%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	6%	5%	6%	5%
51c	Have you been victimised because of drugs since you have been here? (By staff)	2%	1%	2%	1%
51d	Have you ever been victimised here because you have a disability? (By staff)	0%	2%	0%	1%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	1%	3%	1%	2%
For those who have been victimised by detainees or staff:					
52	Did you report it?	46%	40%	46%	32%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	16%	13%	16%	11%
54	Have you ever felt threatened or intimidated by a member of staff in here?	12%	12%	12%	13%

#### **D. Confidential survey comments**

11 detainees made confidential comments relating almost entirely to three areas: healthcare (9 comments); HO / casework / length of detention (5 comments); and G4S detention staff (4). One comment specifically talked about safety. None mentioned abuse or use of force by staff.

Main comments that include reference to treatment by G4S staff or appear to do so:

1. *'Better people working in the health care because the nurses are very rude and very bad people. And for the Home Office to stop playing sick games with our heads .... people nothing getting the help that they need for example people try to hang them self and they say he's faking it who would fake something like that this people here the Home Office and G4S are very bad people.'*

2. *'There is no safety here because they is no one to report your problem the staff are not good or helpful.... This centre to be closed so everyone got release because this centre every morning too much chemical and night time, please that chemical killing me please and my health. ... The staff, they are happy when you dead here.'*

3. Next to Q43 (is there a member of staff you can turn to if you have a problem) indicated yes and said *'When I cut myself or eat blades.'*



## **E. Themes from non-confidential survey comments**

**Safety:** Most positive areas identified were staff, chaplaincy and activities:

*The areas detainees most wanted to see changed were being locked in rooms, feeling like prisoners and length of detention.*

**Respect:** The areas detainees most wanted changed were: poor ventilation in rooms, healthcare, food and 'a few' mentioned staff behaviour:

'A few detainees reported that the behaviour of some staff was the thing they would most like to see changed at Brook House IRC.'

**Activities and Preparation for release:** No themes.

**Other comments:** Two comments were included about staff-detainee relationships.

*A few detainees wanted to tell us about poor attitudes of staff at the centre. They said they felt like staff ignored them or did not treat them with respect.*

*'Yes, the officers is not respect us and we are feel like animal in here. They don't like us and we don't know matter to them.'*

*'Just some of the staff they are not helpful, racially abuse the way they are talking to you.'*

## F. Detainee groups

I team routinely holds groups to explore disparities in survey findings. Group write up was as follows:

Three groups, mainly to explore issues from survey and other intelligence: mixed, 2; Pakistani, 7; Nigerian, 4

*Italics = SMT comments on groups and survey*

### Safety

- Tascor escorts okay but long waits in reception, 4-5 hours. *Doesn't sound right. Gets busy from 3pm onwards. Get people off vans quickly following recommendation but don't think waits are so long.*
- Sometimes brought into unit very late, and one case of cell mate who was angry as had been woken up.
- Feel safe overall, not seeing physical assaults but mentally torturous. *Have been some incidents that may have skewed perceptions of assaults in survey: some related to Spice, a lot of finds. One serious assault in March related to NPS and theft. A lot of people involved in some incidents (4.7% of population involved in altercations last month acc. to Michelle). But spikes rather than a trend and only two assaults last month.*
- Lots of mental health problems and some examples of self harm.
- Lack of staff makes it harder for them to pick up on warning signs.
- No access to immigration staff, little liaison with caseworker. Don't get to see people face to face, written response to any request. *This is true and the reason they want to have welfare staff working with HO staff. HO staff also a bit nervous about seeing detainees without custody staff. Detainees no longer get an induction from HO if been in detention before, although circumstances may have changed.*
- Too much security and lock up, many barriers getting from one unit to another. Feels very restrictive. Locked into rooms. *Planning to get a turnstile system installed so that detainees can get on and off of wings without referring to staff.*

### Respect

- Most staff quite good, but some rude and don't take detainees seriously.
- Ventilation a big issue, can't breathe and too much smoke. *Have spoken tot HO about it, few solutions.*
- No curtains or toilet screening. *A full set of curtains currently on order.*
- Food is okay, but some complained of uncooked food.
- No faith in complaints system.
- Healthcare staff can be abrupt or rude and quality of treatment can be poor. *Not aware of particular problems with healthcare. For mental health care have an RMN always on duty.*
- Example of someone taken off medication to hasten deportation process (chasing), treat you like prisoners.
- Chaplaincy is good helps 'to keep us alive'.
- Lack of official interpretation, prisoners help out. *Big Word bill in the thousands, think good use is made of interpretation. An assessment of competency in English is done on arrival and helps to track whether use of BW has been appropriate. Last figures show healthcare using 47% and reception 30% of the interpretation. Welfare team also use it.*

### Activities

## OFFICIAL

- Not enough staff but reasonably positive view of activities.
- Can get job or do education and it is possible to fill your time here. Can use gym too.
- No photocopier.

### Preparation for release

- Quite positive about welfare, although a few said have to wait too long to see someone.
- Phone signal a problem, particularly bad in cells. *Loss of boosters does not seem to have reduced signal for all. In fact may even have improved in some areas.*
- Main problem is poor internet access. Lots of issues about blocked sites [BID and Freedom from Torture blocked when checked.] *Have had some difficulties with internet, filtering system, which failed in July and led to a reset. But didn't realise any appropriate sites were blocked. IT man here in the morning, will refer to him.*
- *Charter flights: some problems with Tascor, concerns about logistics and macho attitude of staff. Has improved but still some issues. The area can still be crowded when charters are leaving.*

### Main positives

- Staff x 2
- Gym
- Chaplaincy

### Negatives

- Ventilation x 2
- Healthcare
- Limitations on IT
- Mental stress of being in detention

**G. HO update, 11.9.17**

'I had an update call with Alan Gibson, head of ops at the HO, this afternoon. He said that G4S had been summonsed to speak to the minister and DG last week and are putting together an action plan. In addition to the police investigations, G4S have started a broad review of management processes and the Home Office is investigating the specific allegations in the programme alongside police investigations. As of today, they had dismissed three staff and a further 10 are suspended, including a member of staff who had joined the Home Office.

Alan says there is no evidence that the abuses were systemic or widespread. He says they have been holding surgeries with detainees in the centre: the mood is calm and detainees are reassured that the abusive staff are no longer in the centre. The issues being raised with them are to do with casework and length of detention, but not staff mistreatment.

We discussed whistle-blowing and he said that Brook House does in fact have a lot of posters encouraging staff to report any wrongdoing, which have been there for some time. He thought it would be a good idea if we could work on giving staff more opportunities to whistle blow in future. He will keep me updated as things change.'

## H. Some initial thoughts and suggestions

Whatever the benefits of the methodology we use to establish the general health of centres, we cannot pick up every abuse, especially things that are not recorded on paperwork or out of sight of CCTV or where recordings are wiped, all of which are suggested in the programme.

However, we could improve our methodology by giving staff more opportunities to whistle-blow. We could start at Harmondsworth, which may be worse than Brook House in many ways given the large amount of intelligence received about it. Any concerned staff at HW may also be more motivated to tell us things after the BH revelations.

We have already tested out an enhanced methodology at Yarl's Wood and can adapt this for the male IRCs. At YW, in addition to our normal methodology, we:

- offered every woman in the centre a confidential interview (92 interviews)
- interviewed recently released detainees with the help of community support groups (8 interviews)
- directly canvassed medical, support and campaign groups
- interviewed centre staff, mainly at officer level (39 interviews)
- did a staff group interview in addition to detainee groups
- developed an enhanced survey with new questions on sexual abuse, which was the main concern coming from press reports
- had extra specialist staff from CQC, including a doctor with mental health expertise and a midwife.

We do not need all of these at HW but some elements would be useful. In particular, I have discussed with Helen a three-pronged approach to encourage whistle-blowing, i.e:

- a simple paper questionnaire asking staff to tell us their concerns
- a link to an e-survey (like the one we use for development days)
- and staff interviews, using a similar proforma to that used at Yarl's Wood.