

THE BROOK HOUSE INQUIRY

EXPLANATION REQUESTED UNDER RULE 9 INQUIRY RULES 2006

1. This explanation has been prepared in order to address the following requests contained within the Inquiry's Rule 9 request dated 4 May 2020:
 - A(vi). An explanation of the role of the Home Office in dealing with any complaints to it made by G4S, G4S Health Services, Home Office or other Brook House staff complaints, including whistleblowing allegations.
 - A(vii). An explanation of the work of the Security and Use of Force Team with regard to Brook House during 2017.
 - B(i). An explanation of the relationship between the Home Office, G4S and G4S Health Services regarding dealing with and responding to detainee complaints.
 - B(ii). An explanation of the respective complaints handling roles of the DES complaints team and the PSU, and any other department dealing with complaints.
2. In light of the overlap of some of the above issues, the structure of this explanation is as follows:

Section I: Complaints made by people who are detained

Section II: Internal and external oversight

Section III: Complaints: recommendations and improvements

Section IV: Whistleblowing and other 'non-detainee' complaints

Section V: Security and Use of Force Team in 2017

3. Where documents are referred to in this explanation and are publicly available a link is provided in a footnote. Where a document is not publicly available it has been annexed to this explanation.

I. COMPLAINTS MADE BY PEOPLE WHO ARE DETAINED

4. Complaints made by people who are detained, with the exception of healthcare related complaints, are handled by the supplier responsible for the immigration removal facility but are managed and monitored by Immigration Enforcement's Detention and Escorting Services Customer Service Unit (DS CSU).
5. The first-instance procedure for handling complaints in immigration removal centres (IRCs), short-term holding facilities (STHFs), pre-departure accommodation (PDA) and during escort is set out in the published Detention Services Order¹ 03/2015 (DSO 03/2015)², which was last updated in February 2017, and annexes. As part of the implementation of the revised DSO 03/2015, training was delivered to each IRC.
6. Separate guidance covers wider Home Office complaints management procedures (UK Visas and Immigration, Immigration Enforcement and Border Force, including Border Force staff in short term holding facilities) [**Annex 1 and 2**]. Where those processes are mirrored within the immigration detention estate, they are not duplicated in DSO 03/2015 but do apply. The wider Home Office Complaints Guidance can be found online and provides an oversight of all complaints procedures³.
7. DSO 03/2015 applies to complaints about any staff in IRCs, PDA and STHFs, as well as escorting staff. It covers "any expression of dissatisfaction about the service we provide, or about the professional conduct of our staff and contractors".

¹ Detention Services Orders are instructions outlining procedures to be followed by Home Office staff. Under the provisions of their contracts, suppliers are also required to comply with them.

² <https://www.gov.uk/government/publications/handling-complaints-in-immigration-removal-centres>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873789/complaints-management-guidance.pdf

8. For issues that are relatively minor and can be resolved quickly, local resolution may be considered appropriate. These are resolved by the appropriate member of staff and recorded in line with local IRC procedures.
9. Complaints made under formal procedures are categorised according to Annex A of DSO 03/2015. The categories are mirrored in the wider Home Office Complaints Guidance, Section 2. In summary, the categories are:
 - i. Service delivery complaints: these are complaints about the way in which Immigration Enforcement, the IRC supplier or escort supplier delivers the day-to-day service (not including unprofessional conduct of staff). These include delays in delivering a service, lost or damaged property, and the availability of a service.
 - ii. Minor misconduct complaints: these relate to the conduct of staff but do not fall within 'serious misconduct'. Examples include isolated incidents of rudeness or bad language, or being unhelpful, inattentive or obstructive.
 - iii. Serious misconduct complaints: defined as any unprofessional behaviour which, if substantiated, would demonstrate a fundamental breakdown in trust and could lead to disciplinary proceedings. Examples of such behaviour are given in Annex A of DSO 03/2015 and include verbal abuse or harassment, excessive use of force and physical assault, corrupt practices, racism, sexual misconduct, and serious negligence.
10. Complaints about healthcare related matters (which does not include medical escorts or the physical healthcare facilities in IRCs) are handled under NHS England procedures. Paragraphs 9 to 21 of DSO 03/2015 provide further details, and paragraphs 22 to 24 give details about how cross-cutting complaints are dealt with.
11. Broadly, in the case of Brook House IRC:

- i. **G4S** as the supplier investigated and responded to complaints that are categorised as ‘minor misconduct complaints’ or ‘service delivery complaints’. Every IRC supplier is required to appoint a manager with responsibility for ensuring effective systems and processes are in place for managing and investigating complaints relating to service provision or the behaviour of their staff.
- ii. **The Professional Standards Unit (PSU)** responds to complaints that are categorised as ‘serious misconduct complaints’ (the PSU is responsible for investigating serious misconduct issues raised by customer complaints and serious incidents concerning Home Office staff or contractors across the whole Home Office, not just within Immigration Enforcement).
- iii. **Home Office IRC staff** collect complaints made by those who are detained from secure, locked complaint boxes in the IRC and transfer them electronically to the DS CSU. They also carry out a monthly dip sample of responses to complaints made by suppliers (a minimum of 20%). They keep a record of and raise any issues regarding the quality of responses with the supplier and ensure that appropriate action is taken.
- iv. The **DS CSU** categorise and allocate complaints for investigation as appropriate (to the supplier, the PSU, or to other bodies where they related to areas not covered by DSO 03/2015, e.g. external healthcare provision) and record these onto the central complaints database (CMS)⁴. DS CSU also then monitor the progress of complaints, receive the responses, disseminate responses where necessary, and undertake additional dip sampling of responses. The DS CSU dip sampling looks at a different cohort of complaint responses to that sampled by the

⁴ The administrative role of recording complaints on CMS was conducted by the complaints allocation hub until June 2018 based on instructions by DS CSU as to the type of complaint, the category it should be recorded under and the team or supplier it should be allocated to.

Home Office IRC staff (again, a minimum of 20%). Weekly calls take place between DS CSU and removal centres' complaints clerks.

12. Annex C to DSO 03/2015 is a flowchart that sets out the process including the respective roles of DS CSU and the PSU. Annex F is a checklist of areas that should be covered by a response to a complaint⁵.
13. A more detailed explanation of the process is provided in DSO 03/2015, from paragraph 25 'Making a Complaint' onwards. A detailed explanation of the respective roles of Home Office Detention and Escorting Services staff (Home Office IRC Compliance staff and DS CSU staff) and the PSU is provided at paragraphs 44 – 49 of the DSO. The role of a supplier such as G4S at Brook House IRC is set out at paragraph 48 of the DSO.
14. The following summary should be read in conjunction with DSO 03/2015.
15. Complaints raised by or on behalf of detainees will normally be made on the DCF9 Form⁶ which is made available in a range of languages. The forms are provided in various easily accessible places at IRCs, such as reception areas, wing offices or corridors and are also available on demand. Completed complaints forms are placed in locked yellow complaints boxes, these boxes are only accessed by Home Office staff. At Brook House, these are located on every Wing, next to the Wing Office. Complaints not submitted on the DCF9 are also accepted, and are accepted in languages other than English.
16. The responses to complaints are provided in English (except healthcare complaints in England, where they are translated by NHS England) but detainees may ask staff, the Independent Monitoring Board ("IMB") or detainee welfare groups to assist in translating the response. If the detainee makes an oral allegation of misconduct by a member of staff, in the hearing of another member of staff or member of the IMB, the detainee should be encouraged to put it in writing on the DCF9 Form, as set out

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/454314/Annex_F_checklist_of_issues.pdf

⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753663/DSO-03-2015-Annex-D_DCF_9-2017-Final-English.pdf

in DSO 03/2015. IRC supplier staff must make arrangements to help people who may find it difficult to submit a complaint in the usual way. This might include non-English speakers, or people with learning, literacy or visual difficulties. A special complaint form is provided for visiting children at the Gatwick PDA.

17. In addition to individual complaints, anonymous complaints and group complaints are handled under the same procedures. Third party complaints may require the written consent of the detainee concerned, although allegations of serious misconduct will always be referred to the PSU.
18. The complaints retrieved by Home Office staff based at the IRC from the locked complaint boxes are then sent to the DS CSU, or where the complaint relates to healthcare in England, to the centre's healthcare provider who will handle the complaint (G4S healthcare at Brook House is commissioned by NHS England).
19. DSO 03/2015 provides that incidents of a criminal nature are immediately to be reported to police by staff at the IRC (whether by supplier staff or Home Office staff), whether or not a complaint is made, and a crime reference number or CAD reference should be obtained and passed to the victim.
20. DS CSU have access to CMS and record, upload, categorise (into the categories stated at paragraph 9 above) and allocate complaints to be dealt with by the relevant team, as explained above.
21. DS CSU send all cases of alleged or apparent serious misconduct, including cases where they are unsure if they should be categorised as serious, to the PSU. The PSU conduct an assessment and determine whether a case meets the threshold for their investigation. This assessment is made on a document called an information referral document and is reviewed by a Senior Investigating Officer who makes the decision as to whether or not the complaint will be investigated by PSU. The decision is recorded and DS CSU are informed of the decision and the reasons for it.
22. If a complaint sent to PSU is considered by PSU to be more appropriate for local investigation it will be returned to DS CSU for reallocation to the relevant supplier. PSU will also refer anything that comes to their attention that appears criminal in

nature on receipt to the Police, as a safeguard, and they will handle any correspondence with the Police.

23. The procedures for the investigation of a complaint by a supplier such as G4S at Brook House IRC is set out at paragraph 48 of DSO 03/2015.
24. The procedure for the investigation of a complaint by the PSU is set out at paragraphs 44 – 49 of DSO 03/2015. Further details of PSU procedures are set out in the wider Home Office Complaints Guidance at Annex A.
25. Once an investigation is complete, the complaint will either be found to be substantiated, partly substantiated or unsubstantiated.
26. Where a minor misconduct complaint has been substantiated or partly substantiated, the relevant staff member(s) will be given guidance by their employer (the Home Office or the supplier) about how to improve their conduct. Disciplinary action will also be considered in cases of repeated minor misconduct.
27. Home Office Delivery Managers, who are based at IRCs, carry out a monthly dip sample of responses made by suppliers to both substantiated and unsubstantiated complaints in order to monitor the quality of initial responses. In general terms, each IRC will maintain a record of any complaint response issues identified during the dip sample process which are followed up with the supplier by local compliance staff to ensure that appropriate action has been taken. This action includes both following up on the quality of responses to complaints, as well as action to be taken as a result of a complaint, for example staff discipline.
28. Where a complaint dealt with by PSU is substantiated or partly substantiated or in cases of repeated minor misconduct, the employer (the Home Office or the supplier) will consider whether to take disciplinary action or impose another penalty in accordance with paragraph 51 of the DSO. The Home Office would not be involved in the consideration of appropriate disciplinary action that a supplier would take against a member of their staff, but it is open to Home Office Immigration Enforcement to reach a decision on an officer's suitability to continue being certified by the Home Office as a Detainee Custody Officer (DCO), as set out in the

DSO 03/2015 at paragraph 50. Detention Services Order 02/2018 refers to DCO certification.

II. INTERNAL AND EXTERNAL OVERSIGHT

29. PSU produce quarterly Immigration Enforcement lessons learned bulletins and also produce a monthly detention summary for the Detention and Escorting Services (“DES”) senior management team. The lessons learned bulletins are circulated to key personnel who review them to see if any additional actions are required. The Head of Detention Operations reviews the monthly detention summary to review progress against investigations. It is also compared to the DES PSU complaint records to ensure accuracy.
30. PSU investigation reports are also shared with the DES Audit and Assurance Team (DESAAT). From late 2019⁷, DESAAT began collating the recommendations arising out of serious misconduct investigations by the PSU and from the Prisons and Probation Ombudsman (PPO) on behalf of DS CSU. DESAAT consequently engage in second line assurance by liaising with recommendation owners and/or delivery managers to obtain and verify evidence that progress is being made to implement the recommendations and to close the recommendation as complete where this is demonstrated.
31. There also remains significant independent scrutiny of the detainee complaints process, with the Independent Chief Inspector of Borders and Immigration (ICIBI) having undertaken three inspections into Home Office handling of complaints. All three reports can be found online⁸.

⁷ Prior to this date, this function was undertaken by the Lessons Learned Lead for Detainee Escorting and Population Management Unit.

⁸ <https://www.gov.uk/government/publications/inspection-report-on-the-handling-of-complaints-and-mps-correspondence-march-2016>

<https://www.gov.uk/government/publications/report-on-a-re-inspection-of-the-complaints-handling-process-july-2017>

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

32. Her Majesty's Chief Inspector of Prisons (HMCIP) and Independent Monitoring Boards (IMB) also review complaints as part of their inspection and monitoring functions (complaints are also made directly to the IMB). Unless consent is withdrawn by the complainant, the local IMB is sent a copy of every complaint received by DS CSU and the response. The complaints process was also reviewed in the independent reviews conducted by Stephen Shaw into the welfare in detention of vulnerable persons.
33. Detainees who are dissatisfied with the outcome of an investigation into their complaint may escalate it to the PPO for review or, if appropriate, to the Parliamentary and Health Service Ombudsman.
34. In their 2018/19 annual report, the PPO stated that they had received 39 complaints from the immigration estate and accepted 28 for investigation. Of these, 22 investigations were completed and 6 of those were upheld.
35. The PPO only forward reports to DES where they have made recommendations following their investigation. Local monitoring of these recommendations is undertaken by Delivery Managers and DES Compliance teams, supplemented by second-line assurance carried out by DESAAT. The upheld complaint reports received from the PPO are compared to the original complaint received from the detainees.

III. RECOMMENDATIONS AND IMPROVEMENTS

36. A number of improvements to the detainee complaints system are underway in light of recommendations from third parties and internal analysis.

Thematic recommendations

37. A thematic review of third-party recommendations associated with complaints identified that recommendations fall into 9 broad categories. Various measures for improvement have been made in each category and further improvements are underway, in particular to revise DSO 03/2015. These thematic categories are listed below in descending order according the number of recommendations in each category and include examples of some of the improvements made for each, to date.

A: Access to the complaints system (e.g. availability/visibility of complaint forms and boxes)

38. In response to DESAAT recommendations, by the end of 2019, improvements had been undertaken to ensure that complaint forms were accessible, in prominent locations, frequently replenished and were provided in a range of languages. DES Compliance Teams and DS CSU introduced assurance measures in 2019 to ensure that these actions remained ongoing.

B: Record management (recording complaints and investigation records)

39. In response to DESAAT recommendations, formal processes for IRC service providers have been identified to ensure the storage of complaint and investigation records, including informal resolution cases, is in a format which facilitates accessibility for quality assurance. These improvements will be formalised and become a requirement through the forthcoming revision of DSO 03/2015.

C: General assurance / lessons learned

40. In addition to processes introduced for local assurance and second line quality assurance of individual complaints through dip sampling, a Borders, Immigration and Citizenship System (BICS) Complaints and Correspondence Steering Group was established in late 2019 to share good practice, improve performance and drive quality standards, addressing recommendations made by the ICIBI. The Steering Group are scheduled to meet on a quarterly basis (with ad-hoc meetings, if required) and are currently agreeing a terms of reference for the group. This is set out in the Home Office's response to the ICIBI's 2019 report⁹.

D: Handling of complaints (retrieval, routing and allocation)

41. In response to DESAAT recommendations, a process has been put in place to ensure DES Compliance teams are notified of any complaint received directly by DS CSU. This process will be mandated within the forthcoming revision of DSO 03/2015.

⁹<https://www.gov.uk/government/publications/response-to-an-inspection-of-the-handling-of-complaints-and-correspondence/the-home-office-response-to-the-icibi-report-an-inspection-of-the-handling-of-complaints-and-correspondence-from-members-of-parliament-by-the-home-of>

E. Guidance and complaint forms (content)

42. DSO 03/2015 is currently being revised, to encapsulate a number of improvements to the process and identify the responsibilities held by staff. Further information on this can be found in the ‘General Improvements – Further Information’ section below.

F: Quality assurance/ trend analysis

43. In response to ICIBI¹⁰ and DESAAT recommendations, assurance is currently being embedded for a number of aspects of the complaints process, including;

- i. assurance as to the daily emptying of complaints boxes, which has recently been confirmed as ongoing by DES Compliance teams. Written details of local procedures to outline how this assurance will be recorded is expected in the near future;
- ii. quality assurance of complaints against the service provider, whereby complaint responses are checked in 100% of cases by an individual more senior than the investigator. This system was in place at all IRCs by the close of 2019, bar Dungavel, where this was still being progressed;
- iii. monthly dip sampling of complaint responses carried out by Delivery Managers and DS CSU is underway. Further work is in progress to ensure 100% quarterly dip-sampling, to be undertaken retrospectively, by DS CSU. Further details on the work underway with regards to quality assurance dip sampling can be found in the ‘General Improvements – Further Information’ section below;
- iv. complaints trend analysis, which is underway. Assurance to ensure progression of actions arising from analysis will become a requirement with the revision of DSO 03/2015; and

¹⁰ This is in response to the 2015 recommendations, which the Home Office has committed to continuing to progress as part of its response to the 2019 report.

- v. DES Compliance Team reviews of the supplier self-audits, which will be considered part of the DES Compliance Team key duties.

44. Responsibility for assurance is held by a combination of the service providers, DES Compliance teams, DS CSU and DESAAT.

G: Service delivery performance

45. In response to recommendations made by the ICIBI¹¹, collaborative working with complaints teams across BICS is ongoing through the BICS Complaints and Correspondence Steering Group and further development of an IT system which will enable identification of high priority and cross-cutting complaint themes and raise levels of consistency in relation to approaches to management of the complaints systems in place throughout the business.

H: Training

46. In response to DESAAT recommendations, plans are underway to develop and deliver an annual training package to supplier and DES Compliance Staff on complaint handling best practice, identified through guidance requirements, lessons learned and sharing of best practice through the BICS Complaints and Correspondence Steering Group.

I: Contingencies

47. In response to DESAAT recommendations; contingency plans have been developed and in place since 2019, to ensure records for complaints can be both made and accessed in the event of IT outage(s) and processes have been established to ensure complaints are accurately recorded.

General Improvements

48. In response to third party recommendations (from HMCIP, the PPO and IMBs) improvements are being made to guidance and processes to deliver general system

¹¹ Again, this forms part of the response to both the 2015 recommendations and the 2019 recommendations.

improvements. A key part of this work is the updating DSO 03/2015. This is well under way and seeks to strengthen processes for;

- i. Informal resolution (DESAAT recommendation)
- ii. Storage and scrutiny of investigation records (DESAAT recommendation)
- iii. Trend analysis of complaints (DESAAT recommendation)
- iv. Setting out a process of routing directly received complaints to DS CSU (where a complaint is made directly to the supplier and not placed in the complaints boxes) (DESAAT recommendation)
- v. Giving more prominence to the role of the IMB and taking into account data protection issues (DESAAT recommendation)
- vi. Requiring suppliers to notify the Home Office of all cases where a staff member has been identified as being the subject of substantiated and repeat complaints (minor and serious misconduct) as well as whether action is taken, and what that action is.

49. Additionally, improvements have been made to the quality assurance (QA) of complaint responses and associated lessons learned. With the increase in staffing in DS CSU there is now a dedicated team member conducting QA and collating QA undertaken by delivery managers. This responds to recommendations made by ICIBI¹². A recent reconciliation exercise has been undertaken to confirm that QA by delivery managers and DS CSU is up to date for 2019. DS CSU are now focusing on reconciling QA information for Quarter 1, 2020 (January to March) and will then begin reviewing this for quarter 2, 2020. All QA undertaken by Delivery Managers and DS CSU is carried out in retrospect to ensure the full process is subject to appropriate scrutiny. Where quality standards have not been met, this is flagged with the relevant DES Compliance Team and/or supplier and may result in a revised complaint response being issued or alternative outcome to the investigation

¹² In the 2015 report.

findings. Wider organisational learning identified as a result of QA is subject to first line assurance by Home Office delivery managers (both for delivery manager QA and DS CSU QA findings). In 2019, approximately 9% of complaints sampled were found not to have fully met the expected quality standard.

50. DS CSU has also ceased the practice of issuing interim responses and risking the practice of closing outstanding complaints prematurely as recommended by ICIBI¹³, bringing greater transparency to understanding delivery performance and timeliness in responding to complaints.

51. Working towards the development of better management information reporting tools, DS CSU has worked closely with the UKVI Performance Reporting Team to develop a complaints performance dashboard and has plans to deliver more comprehensive monthly reporting on complaint handling and thematises for senior managers by way of a complaints digest. When in full operation, this multi-departmental reporting tool will enable identification of high priority and cross-cutting complaint themes, responding to recommendations from the ICIBI. Local thematic analysis of complaints will be used to identify wider or developing issues in detention, where appropriate.

52. The development of thematic reporting by DS CSU was initiated some time ago and progressed through several stages of consultation prior to a pilot report being issued in January 2017. Work is underway to refresh thematic reviews and reporting is expected to begin again during Summer 2020.

IV. WHISTLEBLOWING AND OTHER ‘NON-DETAINEE’ COMPLAINTS

The Policy

53. The Home Office policy on allegations of whistleblowing, which is submitted with this explanation [Annex 3 to 5], sets out the department’s expectation of the process that Civil Servants must follow when reporting a perceived wrongdoing within the Home Office¹⁴. It includes the scope, aims and limitations of the policy, and the

¹³ In its 2015 Report.

¹⁴ In addition to the Civil Service Code - <https://www.gov.uk/government/publications/civil-service-code/the-civil-service-code>

practical steps taken by those blowing the whistle and those dealing with the allegations. This policy has been in place in its current form since June 2016 and is available on the Home Office intranet, along with additional information on whistleblowing [Annex 6 and 7].

54. The policy is intended to be used by Civil Servants, however it does not prevent a member of staff employed by one of the Home Office's suppliers from following this process to raise a concern¹⁵. Each IRC supplier however has its own whistleblowing policies and processes in place that staff should use to report concerns through and that suppliers should regularly promote with staff, as required under the Home Office's contracts with suppliers.
55. All staff and non-directly employed persons must report suspicions of wrongdoing at the earliest opportunity through the appropriate channels, usually either to the whistleblowing team located in the Central Referral Team ("CRT"), the Permanent Secretary or a Nominated Officer (contact details for whom are included in the policy).
56. The CRT will usually review allegations in the first instance and decide whether it is a potential whistleblowing case. Wrongdoing that is considered to fall within the policy includes:
- i. misuse of official position, for example by using information acquired in the course of one's official duties to further one's private interests or those of others;
 - ii. deceiving or knowingly misleading Ministers, Parliament, or others;
 - iii. being influenced by improper pressure from others or the prospect of personal gain;
 - iv. ignoring inconvenient facts or relevant considerations when providing advice or making decisions;

¹⁵ The policy offers an assurance that 'agency workers' will benefit from the same protections extended to civil servants when blowing the whistle.

- v. frustrating the implementation of policies once decisions are taken by declining to take, or abstaining from, actions which flow from those decisions;
- vi. acting in a way that unjustifiably favours or discriminates against particular individuals or interests;
- vii. acting in a way that is determined by party political considerations, or using official resources for party political purposes; and
- viii. allowing one's personal political views to determine any advice given or actions taken.

57. If it is decided that an allegation is a potential whistleblowing case, CRT will determine in the first instance where the concern should be directed for the allegation to then be investigated/dealt with as appropriate. The options are usually as follows:

- i. referral to a Nominated Officer, who could commission the PSU or local management to carry out a whistleblowing investigation, including obtaining documentation and meeting with witnesses. A senior manager in the business area in which the investigation is being undertaken would be notified;
- ii. referral for consideration to Corporate Security Corruption Financial Investigations ("CS CFI") team to carry out a criminal investigation;
- iii. referral to the Police to carry out a criminal investigation where CS CFI do not have the powers or jurisdiction to investigate;
- iv. referral back to line management to investigate under the appropriate Home Office procedures such as the Discipline procedures;

- v. referral back to the whistleblower with advice to proceed under another more appropriate policy such as the Grievance Resolution Policy. CRT will explain to the whistleblower when an allegation does not fall under the whistleblowing policy and advise which alternative procedures to follow in those circumstances.

58. If a concern is raised under whistleblowing processes that should instead be investigated as a complaint, the concern will be transferred into the complaints process and, if it relates to the detention and escorting services, follow the complaints process set out above. DSO 03/2015 similarly sets out that a concern raised as a complaint which, in fact, would better fall to be investigated under whistleblowing processes will be transferred into the whistleblowing process.

59. The outcomes from allegations will vary according to the nature of the allegation and how it is dealt with. Any recommendations arising from an investigation would however be reported to the Commissioning Manager to disseminate to the relevant business areas. Any disciplinary action would be taken under disciplinary procedures.

Internal and external oversight and improvements

60. CRT is responsible for recording and reporting all whistleblowing data. They usually report all whistleblowing allegations, investigations and outcomes to the Cabinet Office bi-annually, as required.

61. Since the Panorama documentary, whistleblowing has been included as a standing item in team meetings, particularly across the operational teams and is frequently discussed at senior management meetings. Communications are regularly sent from senior managers across the directorate to highlight the whistleblowing procedures in place and who to approach for advice.

62. In July 2018, the DES acting Director conducted a short survey identifying whether work to raise awareness around the whistleblowing guidance available has been effective. The current director of DES wrote to all staff in April 2019 to

communicate the results of a follow-up survey on whistleblowing, and to again direct all staff to the relevant policy on the Home Office intranet.

63. Whistleblowing procedures were considered by Stephen Shaw in his July 2018 review into the welfare in detention of vulnerable persons and by the Home Affairs Select Committee ('HASC') in their March 2019 report on immigration detention, which made the following recommendations¹⁶:

- i. The Home Office must take immediate steps to ensure that all IRCs have robust and effective whistleblowing procedures in place which IRC staff and detainees can use with complete confidence, knowing that they will be fully protected. IRC managers should ensure that both staff and detainees are regularly made aware of the whistle blowing procedures, providing clear written and verbal explanations of what the policy is for, with user friendly whistleblowing toolkits and publicity made available across the IRC. Staff and detainees should also be given explicit reassurance that they would be supported if they raised concerns about any wrongdoing or misconduct they witnessed. Failure to do so may result in further abuses across the immigration detention estate.
- ii. IRC staff should receive comprehensive training on whistleblowing processes which should be refreshed regularly. In line with Stephen Shaw, we support the provision of a "safe space" for IRC staff to reflect on what they have done well, and less well without fear of discipline or management action. The details of how such a safe space might work should urgently be explored by the Government in consultation with IRC staff and senior managers and reported back to our Committee by 1 December 2019.

¹⁶

https://publications.parliament.uk/pa/cm201719/cmselect/cmhaff/913/91310.htm#_idTextAnchor138

64. Whistleblowing procedures are also reviewed by HMIP as part of their unannounced inspections of IRCs. In their most recent report regarding Brook House in 2019¹⁷, HMIP found that whistleblowing procedures were widely promoted and understood by staff and they were willing to report concerns.
65. In response to HASC's report, the report of Stephen Shaw and the Panorama broadcast, in August 2019, DESAAT, with support from elsewhere in Immigration Enforcement, undertook a review of the current whistleblowing arrangements in place across the immigration detention estate [Annex 8].
66. As recommended by DESAAT, a Detention Services Order ('DSO') dedicated solely to whistleblowing has been drafted with input from Her Majesty's Prisons and Probation Service and the NHS. This is DSO 03/2020: Whistleblowing – The Public Interest Disclosure Act 1998 (c.23)¹⁸. It is hoped that the DSO will ensure a consistent approach to whistleblowing is taken across DES, IRC suppliers and other organisations working within the detention estate.

V. SECURITY AND USE OF FORCE TEAM IN 2017

67. In 2017, all Home Office security functions performed within Detention and Escorting Services ("DES") were carried out by a single assistant director within DES. The security role was not, as it is now, a full-time position. Instead, those responsibilities were performed by one individual in addition to his 'full-time' job as compliance manager for several IRCs¹⁹.
68. At Brook House IRC, and across the immigration detention estate, the monitoring of the use of force was performed by the Home Office Immigration Enforcement onsite team.

¹⁷ <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2019/09/Brook-House-web-2019.pdf>

¹⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/900792/Detention_Services_Order_03-2020_about_whistleblowing.pdf

¹⁹ A single member of staff also reported to the security lead as monitor for HOMES ('Home Office Manual for Escorting Safely').

69. The role of the DES security lead was largely demand-led (it was not as pro-active or pre-emptive as the team is today). Responsibilities included:

- i. chairing a weekly conference call, at which managers from each IRC and the Detention and Escorting Population Management Unit (“DEPMU”) (the business area tasked with allocating people into detainee beds, and overseeing escorted moves around the estate) would report any security incidents;
- ii. preparing security reports, which identified patterns and trends based on reported security incidents, which would be published on a semi-regular basis and shared with staff in DES, as well as commercial partners, including G4S;
- iii. undertaking an estate-wide physical security review in early 2016 (after an escape from an IRC). which included a report on Brook House. This estate-wide physical security review has since occurred on a two year cycle.

70. In January 2017, a regular Excessive Disruptive Behaviours call was set up between, DES staff, Home Office case owners (from the casework team) and custodial providers, including G4S, in an effort to focus on the most disruptive and challenging detainees in the estate. This call would focus on how best to manage the risks that disruptive individuals presented to themselves, other detainees, staff and the estate.

Reforms to security post-Panorama

71. Procedures for recording and monitoring the use of force were fully reviewed and strengthened in response to the incidents shown in the Panorama broadcast.

72. The establishment of the DES Security and Use of Force team in its current form was a key element to the Home Office’s response to the broadcast of that programme and to the corresponding Home Office action plan [Annex 9]. The aim of that plan, and the wider operational response to Panorama, was to minimise the

risk of the issues shown in the documentary from occurring again in Brook House IRC or elsewhere in the estate.

73. Today, the Security and Use of Force team sits within DES Operations and is managed by a dedicated Grade 7 (assistant director) Head of Security. The Head of team is supported by a Senior Executive Officer (SEO) Use of Force Monitor, a Higher Executive Officer (“HEO”) Security Compliance Manager, and a HEO Security Development Lead. The team takes a pro-active and preventative approach to ensuring that security across the detention estate is appropriate and proportionate for the needs of Immigration Enforcement.

74. Whilst the on-site teams undertake first-line assurance work, the Security and Use of Force team undertakes second line assurance work. The team is charged with assuring the implementation of physical and procedural security standards within the estate; monitoring the use of force and assuring the adherence to standards, procedures and policies and that force used is reasonable, proportionate and necessary; assuring the adequacy and implementation of violence reduction and substance misuse strategies; counter terrorism education; and, operational health and safety. To this effect they:

- i. Hold weekly meetings with suppliers to obtain an overview of each IRC’s security, including for example numbers of detainees in care and separation units and the number of use of force reports;
- ii. Prepare quarterly reports on security related incidents, for example assaults on staff and items found, for each centre, which must be reported to the team by suppliers, for across the estate. These are then used to monitor trends and areas of concern to address.
- iii. Undertake thematic reviews across the estate, in part driven by the results of the quarterly reports.
- iv. Undertake a physical security review of each IRC every two years;
- v. Have a member of staff assigned to overseeing security and use of force for each centre; and
- vi. Have introduced rapid scan itemisers in IRCs to check detainees, visitors and objects coming into the centres for drugs.

Detention and Escorting Services

Home Office

24 July 2020

TABLE OF ANNEXES

Annex 1	Complaints Guidance for UKVI, HM Passport Office, Immigration Enforcement and Border Force, in force from February 2020
Annex 2	Complaints Guidance for UKVI, HM Passport Office, Immigration Enforcement and Border Force, in force until February 2020
Annex 3	HR Policy and Guidance: Whistleblowing and Raising a Concern, Procedure for Civil Servants, as in force from June 2016
Annex 4	HR Policy and Guidance: Whistleblowing and Raising a Concern, Role of the Nominated Officer as in force from June 2016
Annex 5	HR Policy and Guidance: Whistleblowing and Raising a Concern, Policy Statement, as published November 2015
Annex 6	‘Whistleblowing (raising a concern)’ page from Home Office intranet
Annex 7	‘How to speak up’ page from Home Office intranet
Annex 8	Detention and Escorting Services Audit and Assurance Team (DESAAT) Review of Whistleblowing Processes within Immigration Detention Estate, August to October 2019
Annex 9	Action plan agreed between the Home Office and G4S in response to Panorama