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Brook House Inquiry – annex to second Home Office corporate witness statement (table of third party recommendations referred to at paragraph 4).

Independent Monitoring Board (IMB) Brook House IRC 2017 Annual Report – Home Office directed Recommendations (VER000138)

Recommendations were assigned ‘owners’ such as Commercial or Policy teams, the Home Office Delivery Manager or the NHS who were responsible for providing updates and overseeing the action required to meet the recommendation. Accepted recommendations were then subject to assurance by the DESAAT, who reviewed actions taken for those recommendations that were accepted.

Recommendation	Accepted/partially accepted, rejected	Action taken if accepted	Reason for rejection
Require increase in staffing levels in future contracts to ensure greater presence of operational staff and managers on detained person wings.	Rejected	n/a	<p>The existing contract for Brook House ends on 20 May and under this contract staffing levels are defined by the service provider.</p> <p>The decision was made on 4 May for G4S to continue with the contract for a further two years, whilst further work is undertaken to relaunch the procurement.</p>
Further consideration should be given to the “short notice charters” with their lack of adequate notice before a removal to allow a detained person a decent time to make his farewells here and arrangements in the new	Rejected	n/a	There are no ‘short notice charters’. The standard notice period for most cases of enforced removal is a minimum of 72 hours if the person is detained and 7 days if they are not detained. Individuals being removed by special arrangements (including charter flights) will be given a minimum of five working days’ notice of removal. To protect the safety of those on board a chartered aircraft and to prevent disruption by individuals or social medial

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country.			groups, it may be necessary to withhold the exact details for departure and instead those being removed by that flight may be given limited notice of removal, where they are informed that removal will take place no sooner than five working days and no less than 21 days from the date where the notice of removal is given. They will still be given a minimum of five working days' notice of removal in which to seek legal advice and make arrangements for their departure.
More forethought needs to be given to the making of satisfactory arrangements in advance of the release of a vulnerable adult	Accepted	<p>The Home Office Adults at Risk policy came into force on 12 September 2016 as a key part of the Government's response to Stephen Shaw's report into the welfare of vulnerable adults in immigration detention, published in January 2016. A Detention Services Order (08/2016) was issued in support of the new policy.</p> <p>The policy has introduced a case-by-case assessment of the appropriateness of detention for anyone who is considered in some way vulnerable,</p>	n/a

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		<p>balanced against the immigration control considerations that apply in their particular case.</p> <p>An individual considered to be "at risk" will only be detained where immigration control considerations outweigh the risk factors that apply in their case. As release can often be at short notice, G4S have developed a specific release plan that they are looking to launch in May, which will include the consideration of release from the initial day of detention at the Centre. There will be weekly multi-agency case reviews with specific consideration given to release and the actions and ownership of actions pertaining to release will be fully documented.</p> <p>Revised weekly multi agency reviews including PDT & DES on all AAR cases has commenced. The multi-agency review takes place on</p>	

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		<p>Wednesdays in Brook House. TORs were sent 17/7/18, and the first revised AAR meet took place at 1400hrs on 25/07/18.</p> <p>DESAAT comments 23/01/19 - Release plans for detainees who were considered AaR level 3 are prepared. These plans were agreed and signed by the Home Office, supplier and healthcare and outlined the action to be taken and contained a series of “release questions” that were asked. The Gatwick estate holds a weekly AaR meeting which has multidisciplinary attendance with representatives including the Home Office (PDT and Compliance teams), Healthcare and the Gatwick safer community team. Recommendation remains ‘complete’.</p>	
In conjunction with NHS, to provide a dental suite at Brook House.	Rejected		Dental provision is provided by the local hospital, who visit once a fortnight, seeing detainees in the clinic rooms at the centre. Any detainees that require emergency dental treatment are booked into the dental service at East Surrey Hospital. The hospital is also used for dental x-rays as required.

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			<p>If extremely urgent dental care is required and it cannot wait for the weekend appointment, detainees are given access to the emergency evening service at Crawley Hospital.</p> <p>Creating a dental suite within Brook House, due to the nature of the building work and equipment required, would be financially prohibitive.</p>
(With G4S and Healthcare) to sharpen the operation of multi- disciplinary decisions on Adults at Risk.	Accepted	<p>The Home Office Adults at Risk policy came into force on 12 September 2016 as a key part of the Government's response to Stephen Shaw's report into the welfare of vulnerable adults in immigration detention, published in January 2016. A Detention Services Order (08/2016) was issued in support of the new policy.</p> <p>The policy has introduced a case-by-case assessment of the appropriateness of detention for anyone who is considered in some way vulnerable, balanced against the immigration control considerations that apply in their particular case. An individual considered to be "at risk" will only be</p>	n/a

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		<p>detained where immigration control considerations outweigh the risk factors that apply in their case. In January 2018 a review of Adult at Risk procedures was conducted.</p> <p>In February 2018 a weekly multi-agency Adults at Risk meeting was introduced. All adults at risk across both Gatwick sites (Tinsley & Brook) are reviewed, including all of the supported living plans (care plans) that are currently active. There is still work to be done on all agencies attending the 24 hour review of an adult at risk initial assessment which the Home Office is pursuing with both G4S and Healthcare.</p> <p>25/07/18 - Revised weekly multi agency reviews on all AAR cases has commenced. The release plan is being finalised w/c 30/07/18. All AAR's are reviewed by multi disciplinary panel. All AAR level 2 cases and cases which have open SLP will have a care / release plan attached. DES/PDT to</p>	

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Recommendation	Accepted/partially accepted, rejected	Action taken if accepted	Reason for rejection
		<p>feed into release plan with information from the contingency plan on the new ICD.3469.</p> <p>30/07/18 - The adults at risk meetings on Wednesdays with effect of 23.07.18 and PDT will be attending from the HO. Introduced a care plan for all those who are adults at risk levels 2 and 3 for when they are released into the community.</p> <p>16/08/18 - Stephen Shaw Review Report Published in 08/2018. Adult at risk meetings attended weekly by healthcare staff with good attendance from all agencies on site. Work has improved with SLPs in place, Release plans in process for some level 2 and all level 3 rated detainees.</p> <p>14/12/18 - In February 2018 a weekly multi-agency Adults at Risk meeting was introduced. All adults at risk</p>	

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Recommendation	Accepted/partially accepted, rejected	Action taken if accepted	Reason for rejection
		across both Gatwick sites (Tinsley & Brook) are reviewed, including all of the supported living plans (care plans) that are currently active. There is still work to be done on all agencies attending the 24 hour review of an adult at risk initial assessment which the Home Office is pursuing with both G4S and Healthcare. Introduced a care plan for all those who are adults at risk levels 2 and 3 for when they are released into the community.	

The 2018 IMB report repeated the following recommendations for the Home Office

Recommendation	Accepted/partially accepted, rejected	Action taken if accepted	Reason for rejection
Further consideration should be given to “short notice charters” to prevent inhumane	Accepted	Consideration is being given to this recommendation pending a live legal challenge. Further owner updates:	n/a

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treatment of affected detainees (section 11.3) (repeated from 2017)		<p>The NGO Medical Justice lodged an application for judicial review of the removal window policy, they sought interim relief to suspend the operation of the removal windows policy pending their claim. On 14 March 2019, the court considered and granted the application for interim relief. As a result, the use of removal windows was suspended with interim internal instructions immediately issued. Guidance on 'Suspension of enforced removal window' has been published on GOV.UK webpage 'Returns preparation' (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814992/Suspension_of_enforced_removal_window_v2.0.pdf). It is expected that the suspension remains in effect until a full review of the returns policy is completed.</p>	
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Independent Monitoring Board (IMB) Brook House IRC 2017 Annual Report – G4S directed Recommendations (VER000138)

Recommendations are monitored by both the supplier and the Home Office. The supplier provided updates and first line assurance was at the time conducted by the Detention and Escorting Services Audit and Assurance Team (DESAAT) as outlined in the Corporate Witness Statement. Discussions would then be held over the status of the recommendation and whether this was considered complete, or ongoing

Recommendation	Steps taken by HO to ensure the contractor has addressed
Staff recruitment and retention to be kept as a priority	<p>Work to improve the recruitment and retention of G4S staff is ongoing and a priority for G4S and monitored closely by the Home Office. This is part of a separate G4S action plan that is currently reviewed on a weekly basis. This included an aspiration to recruit 100 detainee custody officers by end of March 2018, with 112 DCOs having been recruited since. G4S currently operate a recruitment pipeline tool which forecasts their recruitment figures in advance, factoring in attrition. Further to this, G4S have in place a retention policy which has identified a number of areas and indicators as to why staff decide to leave. There are also a number of strategies in place, including focus groups and support mechanisms.</p> <p>30/07/18 - Recruitment is ongoing ITCs running every 6 weeks.</p>

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Recommendation	Steps taken by HO to ensure the contractor has addressed
	<p>14/12/18 - Staff Recruitment with back to back ITCs occurring.</p> <p>23/01/19 - The staff retention rate is improving, and a new ITC is being held every 6 weeks, the current ITC has 22 candidates and the previous one had 30. An overtime scheme is running at present to cover shortfalls and staff of being offered loyalty bonuses. The supplier projects that full staffing of the centre will be achieved by April 2019. The DESAAT spoke with several of the current ITC delegates and they appeared very positive about the training to date and they were eager to “go live” within the centre. Recommendation remains ‘ongoing’.</p>
Re-introduce and improve the Induction process	<p>Following the 2016 refurbishment programme, B wing was designated as a standard wing. It was re-designated as an induction unit following refurbishment works in 2017. G4S have reviewed the induction process and continue to monitor this, with a designated lead appointed for consistency.</p> <p>30/07/18 - B wing designated as an induction unit following refurbishment works in 2017. G4S have reviewed the induction process and continue to monitor this, with a designated lead appointed for consistency. A realistic timeframe for completion is 12/2018.</p> <p>14/12/18 - DCM Tasked to look at the induction process and a new policy has been submitted.</p> <p>Induction process is a working progress, new video is available and viewed by all new Detainees there will be a language selection controlled from an i-pad.</p> <p>Induction paperwork has been updated and tour will be done at 1300 every day with Diversity while the Detainees are on lock down. New notice boards will be displayed in B Wing (induction wing) for individual areas with diagrams, info and maps.</p> <p>23/01/19 – DESAAT - The supplier is currently making further amendments to the induction process and a new</p>

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Recommendation	Steps taken by HO to ensure the contractor has addressed
	<p>induction video is available for detainees to view. Inductions are conducted by the welfare team daily. Recommendation remains 'ongoing' whilst amendments are taking place.</p>
<p>More use of detainee orderlies in Reception</p>	<p>G4S have appointed a new Head of Safeguarding, who is taking forward this recommendation. An orderly will be utilised from 8 May 2018 to assist new detainees and help them settle in.</p> <p>30/07/18 - This is happening in the evenings, efforts to employ orderlies that will live and work on B Wing are ongoing.</p> <p>14/12/18 - Reception Orderly post created but not currently filled.</p> <p>23/01/19 - DESAAT - A detainee orderly post has been created in reception; however, this post is not currently filled as the detainee who was in post has left the centre. The role is more 'greeter' based and the orderly will reside on the induction wing when in post. Recommendation remains 'ongoing'.</p>
<p>Re-opening of the Cultural Kitchen and commencing organised activities as soon as staffing allows;</p>	<p>The cultural kitchen has been closed since October 2017 due to staffing issues but is planned to re-open in May 2018. Sporting activities take place on the exercise yards and there is a cinema room (evenings), gymnasium, I.T suite and a range of other activities/educational courses available to detainees.</p> <p>30/07/18 - The cultural kitchen has been reopened as a designated teacher has been appointed, with a provision for classes on Mon-Fri, morning and afternoon.</p> <p>14/12/18 - Cultural Kitchen is now been running Monday- Friday. With a morning and an afternoon session for detainees to utilise.</p> <p>23/01/19 - DESAAT - the cultural kitchen is now up and running and is being staffed accordingly. Recommendation</p>

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Recommendation	Steps taken by HO to ensure the contractor has addressed
	remains 'ongoing'.
Advanced mental health training for staff who interact with vulnerable detainees	<p>Mental health training has been in place since March 2018. The course has been evaluated by staff and the training team and G4S are currently working with the providers to improve the course, particularly for frontline staff.</p> <p>30/07/18 - Training is underway. All operational staff will receive the training.</p> <p>14/12/18 - Mental Health First Aid Training is ongoing and started in March 2018.</p> <p>23/01/19 - DESAAT - the supplier is providing mental health training through an outside contractor to staff and this is currently ongoing with about 50% trained to date. All staff and managers will also receive training as mental health first aiders. Recommendation remains 'ongoing'.</p>
(Working with NHS) to provide officer supervision of Healthcare queues	Rejected - G4S currently provide one officer for the morning clinic. This was not a requirement in the contract, procured in 2009, therefore the staffing profile does not include a provision for additional staff. The existing contract runs out in May 2018 and the procurement process for the next contract has reached the final stage.
Introduction of a system to record all detainee property	Rejected - G4S would be in favour of introducing the system currently in place within the HMP estate. A review of their current practice against the DSO and contract is required, but as the procurement process for the next contract has reached the final stage, it is not possible to take this forward at the current time.

The 2018 IMB report repeated the following recommendations

Recommendation	Steps taken by HO to ensure the contractor has addressed
Advanced mental health training for	05/10/19 BC - G4S advise that Mental Health First Aid training is now being delivered to ITCs. The training will now

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Recommendation	Steps taken by HO to ensure the contractor has addressed
<p>staff who interact with vulnerable detainees (section 8.9) (repeated from 2017).</p>	<p>be focused on all reception, induction and Eden wing staff as they regular interact with vulnerable detainees.</p> <p>The course is delivered by AID and is accredited by Mental Health First Aid England. (https://www.aid-training.co.uk/training-courses/mental-health-courses/adult-mental-health-first-aid-1-day). Copy of MHFA England certificate received.</p> <p>Courses are due to be booked in October, November and December until the majority of staff dealing with vulnerable staff are trained. As of September 2019, 14% of DCOs and DCMs have completed this training.</p> <p>12/12/19 BC - G4S evidence file reviewed and comment from evidence coordinator states that Training have confirmed 154 staff out of 260 have been trained = 59%. This includes 5 ITC courses which have received this training. The training department are reviewing the relevant staff who still need training for 2020 courses, ensuring all B Wing, E Wing and Reception staff are covered.</p> <p>ACTION - Get IMB view on this but would suggest that all staff require this training.</p>
<p>Staff recruitment and retention to be kept as a priority (Healthcare)</p>	<p>Two job fairs have been held and a new Clinical Lead has been recruited and is in post. An additional 3 new staff members have been recruited and are undergoing Home Office security clearance. Active recruitment campaigns are underway for RGNs, RMNs, a paramedic and a healthcare assistant.</p> <p>07/10/2019 Healthcare update - Healthcare recruitment continues to be priority- recent pay review has helped</p>

In addition, this year's Brook House IMB report noted the following progress having been made:

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- The Board welcomes the increase in staffing numbers evident since Serco took on a contract to run the centre on 21 May. The adoption of other recommendations, such as the delivery of purposeful activities and vocational training for detainees, may follow from this but it is too soon to tell, and these recommendations are repeated.
- The Board also welcomes investment made by Serco in the information technology (IT) system used by detainees, the opening of education rooms on weekends and the fixing of defects in rooms for detainees with disabilities.

All open recommendations continue to be monitored by 1st and 2nd line assurance checks by the onsite HO team and the DESAAT.

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Her Majesty's Inspectorate of Prisons (HMIP) 2017 Inspection Report

Once a SIP is published regular updates are sought from the supplier and assurance at the time was then conducted by the DESAAT

Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
<p>5.11</p> <p>The ACDT process should be reserved for detainees assessed as at risk of self-harm, and should not be used to monitor those who do not eat food provided by the centre. ACDT documents should identify specific triggers and daily entries should reflect interactions with detainees in</p>	<p>A</p>	<p>23/01/19 - A selection of ACDT documents both open and closed were viewed by the DESAAT. The ACDT documents clearly outlined the reason that they were opened, daily interactions with the detainee and staff handovers were clearly documented. Issues were identified in several of the ACDT documents and these included, case manager not being named, care maps lacking full detail and not signed by the detainee as well as chair of closing review not being noted and the chair not signing the document. It was noted that these errors were being highlighted by the person responsible for quality assurance of these documents. Recommendation reverted from 'complete' to 'complete and ongoing' as this is an ongoing process and compliance needs to be monitored throughout the lifetime of the recommendation.</p> <p>26/09/19 This is usually an MDT decision cases on FFR as discussed daily at the morning meeting. If a detainee is on FFR and makes specific threats to harm themselves then an ACDT will be opened. Triggers and observations are now always present on those ACDT's dip sampled and are completed within the correct timescales (this was not previously the case). Dip sampling consists of approx 4 ACDTs per month for Brook House.</p> <p>G4S currently have x4 trained in SASH who train the DCOs on the ITC and yearly refresher.</p>

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
crisis.		<p>Marked as Complete but will continue to monitor.</p> <p>08/10/19 the Delivery Manager has agreed that this action is complete.</p>
<p>5.12</p> <p>A care suite for detainees at risk of self-harm should be established.</p>	R	<p>Rejected - The building design constraints do not allow for a care suite to be established at Brook House. However, a care suite is being built at Tinsley House IRC, located half a mile away, where G4S is also the service provider. This will provide care suite facilities for the Gatwick IRC estate with detainees, those at risk of self-harm and other vulnerable detainees who require such accommodation being moved to Tinsley House subject to any risk assessment.</p>
<p>5.13</p> <p>All staff should have effective training in the adults at risk guidance. There should be effective multidisciplinary oversight of detainees in this group. Their vulnerability</p>	A	<p>3/01/19 - Staff currently receive AaR training during the ITC and refreshers take place with new e-learning training being introduced. Toolbox talks have also been held and the notes from these were viewed by the DESAAT. The Gatwick estate holds a weekly AaR meeting which has multidisciplinary attendance with representatives including the Home Office (PDT and Compliance teams), Healthcare and the Gatwick safer community team. At the time of the review Brook House had 58 detainees noted as AaR. Meeting minutes noted specific detainees and noted how their vulnerabilities were being monitored. Release plans for detainees who were considered AaR level 3 were also viewed, these plans were agreed and signed by the Home Office, supplier and healthcare and outlined the action to be taken and also contained a series of “release questions” that were asked.</p> <p>Recommendation remains ‘complete and ongoing’ and will remain so to allow for further monitoring.</p>

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
should be monitored carefully and developments communicated promptly to Home Office case workers.		
5.14 There should be a multi-agency case review of detainees found by social services to be children, which should include the chief immigration officer who made the original assessment, to learn safeguarding lessons.	A	23/01/19 - The supplier has an established Age dispute policy, although age disputes are limited in number. The policy was last reviewed in March 2018 and a further review will take place in March 2019. The staff that the DESAAT spoke with were aware of the process and know where it can be located on the supplier's intranet. Recommendation remains 'complete and ongoing' and will remain so to allow for further monitoring.

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
<p>5.18</p> <p>All use of force should be necessary, proportionate and competently applied.</p>	<p>A</p>	<p>23/01/19 - Use of Force (UoF) minutes were provided by the supplier as well as trend monitoring data. The centre also has a UoF overview which logs details such as: detainee, incident date and type, whether the UoF was planned or spontaneous, the availability of body worn camera or CCTV footage and what actions have been taken by the Home Office or supplier. Reviews of incidents will take place within 24 hours and any issues that are highlighted will be disseminated to staff and managers as required. A training package specifically aimed at managers was delivered by the in-house C&R team to increase managers understanding of the review process.</p> <p>Recommendation remains ‘complete and ongoing’ in order to monitor the process and ensure reviews are conducted after incidents and ‘lessons learned’ are disseminated to staff.</p>
<p>5.19</p> <p>All detainees should have a private reception interview and experience robust first night and induction procedures, irrespective of their initial location, to help reduce anxiety and prepare for their time in the</p>	<p>A</p>	<p>23/01/19 - During the review several visits were made to reception and the induction wing. Within reception there is one room where detainees can be searched/have private discussions with DCOs. Reception staff explained the induction process to the DESAAT. The desks in reception are separated by dividers and conversations can be overheard. The supplier is currently making further amendments to the induction process and a new induction video is available for detainees to view. Inductions are conducted by the welfare team daily.</p> <p>Recommendation remains ‘ongoing’ whilst amendments are taking place.</p>

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
centre.		
<p>5.20</p> <p>The management of perpetrators of violence and bullying should include monitoring and challenge of poor behaviour.</p>	A	<p>23/01/19 - the supplier has implemented a new policy which is “Monitor, Challenge and Support”. Any incidents in which violence or bullying is a factor will be investigated to establish the circumstances and any underlying issues and the perpetrators and victims will be interviewed. The suppliers Violence Reduction Strategy and Anti Bullying Strategy were viewed by the DESAAT. The supplier has also engaged with the Home Office and other service providers in respect of how best to manage challenging behaviour within the IRC estate. Morning briefings and Tool Box talks have also been conducted to ensue staff have a greater understanding of the policy.</p> <p>Recommendation remains ‘complete and ongoing’ to allow for monitoring of the process.</p>
<p>5.21</p> <p>The constant supervision cells should be refurbished and cleaned to provide a more suitable environment for detainees in crisis.</p>	A	<p>12/01/18 - DESAAT - refurb work is still ongoing and approx. one cell a day is being painted. Daily cleaning carried out by unit cleaner, although currently recruiting a new cleaner and this is ongoing. Wing diary logs cleans although deep cleans only conducted in extreme circumstances.</p>
5.22	PA	SR 12/07/17 - Additional work required around how the drug strategy is working, what are the

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
All security procedures should be proportionate to a detainee population and based on individual risk assessments.		results of the monthly audits and what other aspects of security are being reviewed. Reverted to complete and ongoing from complete.
5.23 Detainees should not be locked in cells and should be allowed free movement around the centre until later in the evening.	R	Rejected - The purpose of immigration removal centres is to provide secure but humane accommodation for detained persons in a relaxed regime with as much freedom of movement and association as possible, consistent with maintaining a safe and secure environment. At Brook House open access to the centre's regime is provided for all detainees between 8am and 9pm each day. Detainees are only confined to their rooms overnight.
5.24 The rewards scheme should not be punitive or	R	Rejected - Paid activities opportunities may be provided under Rule 17 of the Detention Centre Rules. Detention Services Order 1/2013 sets out that the provision of opportunities should be directly linked to a level of compliance with the service provider and Home Office.

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
based on sanctions.		
<p>5.25</p> <p>Detainees in the separation unit should be held in clean and fully furnished cells, and they should be able to access a full regime.</p>	A	<p>23/01/19 - the rooms within the CSU have been recently decorated and at the time of the review it was noted that they were clean. Detainees within the unit are subject to a risk assessment before access to the regime is authorised by the duty director. Staff within the CSU were knowledgeable about the processes within the CSU and the facilities available to detainees.</p> <p>Recommendation reverted from 'complete' to 'complete and ongoing' as the recommendation will require ongoing monitoring.</p>
<p>5.27</p> <p>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,</p>	A	<p>23/01/19 - All detainees are spoken with by an officer upon arrival and then at the one-week point, again after 2 weeks and then monthly thereafter. All conversations are recorded and are held within the Detainee Transferable Document folder. All future conversations are diarised in the wing review diary, and a 5% dip sample is conducted by Detainee Custody Managers.</p> <p>Recommendation remains 'complete and ongoing' to allow for monitoring of the process.</p>

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
and the conversation should be recorded together with any actions arising from it.		
5.35 A drug and alcohol strategy for the centre should be established.	A	07/10/2019 Update from Healthcare - Drug strategy written and in place reviewed 6 monthly at security meetings COMPLETE
5.44 All detainees should be able to access the welfare service when required. Interviews should be confidential and not	A	23/01/19 - the welfare surgery appeared a popular resource, although detainees did not mention excessive waiting times for the service. The relocation of the room has prevented interruption by other detainees. Recommendation reverted from 'complete' to 'complete and ongoing' to allow for further monitoring.

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Recommendation referred to in the Rule 9 Request	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	1 st Line assurance update and evidence
interrupted by other detainees.		

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Other proposed recommendations - House of Commons Home Affairs Committee Report on Immigration Detention

HAC rec. number	Text of recommendation (as quoted in rule 9 request)	HMG's original response	Updates and milestones
Decision to detain			
8	There needs to be a thorough, face-to-face pre-detention screening process to facilitate the disclosure of vulnerability. Where there is no deemed risk of absconding, this screening should be undertaken at the point of enforcement activity, for example, as part of the reporting process where UK Visas and Immigration officials or 7 Enforcement officers should feedback any concerns they have about a person's suitability for detention. Even a short period of detention for someone who, for example, has been a victim of torture could be extremely traumatic. Therefore it is essential that a proper pre-screening assessment is done.	Accept: Work has begun to scope a project that will enhance the screening of those encountered and subject to enforcement action. In addition, accepting the concerns raised by the Committee, the Home Office will improve the detainee induction pro-forma and process to include a broader approach to considering and assessing vulnerability, as well as providing information on access to services in detention and pathways to return. As referred to above (in response to recommendation 7), we are also improving how we interact with detainees once they are detained, through our detention engagement teams.	<p>Work to test an Enhanced Screening Tool (EST) concept began in March 2020. This pilot continues, although progress has been significantly impacted by the reduction in operational activity caused by Covid-19 and the challenges with clandestine small boat arrivals.</p> <p>The Department sought stakeholder input before commencing the pilot and will do so again as the pilot continues, and as part of the evaluation.</p> <p>Implementation of the EST will depend on the outcome of pilot following an evaluation.</p>
9	The Home Office needs to improve its performance in capturing detained person vulnerability in the early days of an		Once a person is in detention, regular reviews are undertaken to ensure that their detention

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HAC rec. number	Text of recommendation (as quoted in rule 9 request)	HMG's original response	Updates and milestones
	<p>individual's detention. We are concerned by reports that initial screening processes are rushed and that detained persons are made insufficiently aware of their importance. Detained persons arriving in detention for the first time are understandably reluctant to talk openly about traumatic past experiences but the crucial importance of reporting vulnerability to enable potential release should be made explicit. Similarly, immigration detention centre staff should explain to a newly arrived detained person that they may be automatically referred for a bail hearing after four months of detention, and at what other stages of their detention they can apply for immigration bail.</p>		<p>remains lawful, appropriate and proportionate.</p> <p>Case Progression Panels provide additional assurance and challenge on the progress of cases of individuals in detention, reinforcing the consideration of removability, vulnerability and risk factors in decisions to maintain detention. We are making an element of independence a permanent feature in panels and have completed the recruitment process for independent panel members.</p> <p>All detained individuals entering an IRC receive a healthcare screening within 2 hours of their arrival which identifies any immediate or long-term healthcare risks. Individuals in IRCs are also examined by a medical practitioner within 24 hours of arrival (although an examination will not take place unless the person consents to</p>

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HAC rec. number	Text of recommendation (as quoted in rule 9 request)	HMG's original response	Updates and milestones
			it).. In addition to onsite welfare officers and healthcare teams, Home Office Detention Engagement Officers have regular conversations with those detained and all staff are trained and expected to be proactive in identifying vulnerabilities where they exist.
13	The Government should abolish the three AAR levels of risk and to revert to its previous policy of a presumption not to detain vulnerable individuals except “in very exceptional circumstances	In his follow-up review, Stephen Shaw said that it would be folly to give up on the AAR policy, whilst also recognising that it was a work in progress.	Nothing further to add
14	In line with Medical Justice, we recommend a return to the previous category-based approach rather than “indicators of risk” so that an individual who belongs to a category at increased risk of harm in detention is considered suitable for detention in only very exceptional circumstances. To avoid a check list approach, the Home Office should include a catch-all category which captures those who are particularly vulnerable to detention but who also may not fall within one of the pre-set categories. For example, this might include a	We believe that the current AAR policy represents a balanced and proportionate approach to making decisions on the detention of vulnerable people. It is an improvement on the previous policy, which was prone to inconsistent application and potential abuse. But as the Committee has commented, we recognise that the policy could be further improved, including in respect of Level 2 of the policy. To inform these improvements, the Home Office has enlisted the support of a practising	Nothing further to add

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	detainee who has recently suffered a bereavement. The Home Office should consult with a wide range of stakeholders who are affected by detention, including people with lived experience, to develop an agreed grouping of categories. The policy should also retain the commitment for a self-declaration of vulnerability to trigger a duty of inquiry into the asserted vulnerability.	IRC doctor in taking forward work in response to Stephen Shaw's AAR related recommendations. In addition, in March, we launched our targeted consultation on the draft Removal Centre Rules, within which the operation of Rule 35 is a key element and is closely linked to the operation of the AAR policy. The Home Secretary has also commissioned the Independent Chief Inspector for Borders and Immigration (ICIBI) to undertake an annual review of the operation of the	
16	The Government should at the very least review the AAR policy guidance with immediate effect to ensure that it includes clear, inclusive and effective categories of vulnerability, with a presumption not to detain unless there are exceptional circumstances. This review should be completed by 1 December 2019. Any amendments to the AAR policy guidance should be reflected in Rule 35 of the Detention Centre Rules 2001 [See paragraph 130 on Rule 35], as well as the Home Office operational Enforcement Instructions and Guidance. Such a review should also revisit the definition of torture, in light of the Shaw follow-up review and concerns raised by various organisations in their evidence to us, and in line with the overall	AAR policy. We are expecting the findings of the first of those reviews shortly ¹ . None of these individual elements can be considered in isolation, and we are looking at them closely in the round. Although we do not accept that the AAR policy or its fundamental principles should be abandoned, we are supportive of the Committee's separate recommendation that endorses our commitment for the ICIBI to conduct an annual review of the operation of the policy. The Terms of Reference for any annual review, and any future reports, are ultimately matters for the Independent Chief Inspector. The definition of torture employed in	Nothing further to add

¹ The ICIBI's first and second annual inspections of Adults at Risk have since been published, in April 2020 and October 2021 respectively.

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	purpose of the Adults at Risk policy.		
17	The Government should also replace the current vulnerability indicators in the AAR statutory guidance of "torture" and "victims of sexual or gender-based violence" with a more inclusive indicator based on the UNHCR detention guidelines, namely "victims of torture or other serious, physical, psychological, sexual or gender-based violence or ill-treatment". This would enable a broader category of risk to be identified and would be more easily applied by caseworkers and doctors.	the context of the AAR policy has been subject to a significant amount of debate and also to legal challenge. The current position is that the Home Office agreed to amend the definition slightly in order to clarify the reference to "powerlessness". Subsequently, the Home Office carried out a targeted public consultation on revisions to the Detention Centre Rules 2001, including the definition of torture (which is set out in Rule 35 of those Rules). The Home Office is considering the responses to that consultation. While the UNHCR guidelines provide some useful input, we remain of the view that the broad indicator set out in the UNHCR guidelines suffers from a lack of specificity that would be very difficult to meaningfully translate into operational practice	Nothing further to add
Treatment of vulnerable adults in detention			
18	We are extremely concerned that the Rule 35 process is plagued with too many long delays, sets too high an evidential burden, and that internal review panel recommendations to release are being overturned by senior Home Office officials. The Home Office must ensure that the Rule 35 process is adequately resourced and monitored to enable medical practitioners in IRCs to carry out their functions efficiently and to deliver Rule 35 reports to the evidential threshold required. All	Accept: We agree to the broad thrust of these recommendations. The Government is committed to ensuring that the Rule 35 process operates effectively as a reporting system for doctors' concerns about the welfare of detainees. During 2018 training was provided to around	The Home Office continues to develop a GP awareness package around the Detention Centre Rule 35 process, with the intention of ensuring the notification allows the Adults at Risk in Detention (AAR) policy to be used in a more refined manner to assess whether ongoing detention is appropriate.

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	IRC medical practitioners should continue to receive training in identifying and documenting concerns as part of the Rule 35 process. Likewise, Home Office case workers should be trained to ensure that there is fairness, accuracy and consistency in their assessments and interpretation of Rule 35 reports.	650 caseworkers and many IRC healthcare staff. We are currently designing and plan to launch a further consolidated and consistent training package focusing on the key responsibilities and policies of safeguarding in respect of those whom we detain. This will become mandatory on an annual basis for all those involved in detained casework and for those who make detention decisions. The Home Office has piloted a dedicated central team to consider and respond to Rule 35 reports. The team is independent from the original detention decision makers and from the casework teams. The pilot evaluation found there was an improvement in the policy compliance of R35 responses, no significant change in the release or maintain rate and that it was more operationally efficient to have a central team. A decision was taken in	Improving the quality of Rule 35 notifications, should also lead to an improvement in the timeliness of the Department's response.
19	As highlighted by Stephen Shaw in his follow-up review, there is a need for an alternative, independent mechanism in the Rule 35 decision making process. Currently, decisions relating to Rule 35 reports are made by the caseworker responsible for progressing an individual's case, as well as their detention. This is not a fair or robust system. We urge the Government to explore alternatives that would ensure independent oversight as part of the Rule 35 decision making process.	June to move to a dedicated central R35 team and this team is expected to be established by mid August 2019. More broadly, as is set out in response to the recommendations above (13-17), in March this year we launched our targeted consultation on the draft Immigration Removal Centre Rules, within which the operation of Rule 35 is a key element and is closely linked to the operation of the AAR policy	The Home Office created a Rule 35 Team in September 2019 to ensure the consistent application of policies related to the decision-making process. The team is independent of those teams responsible for overall case-management and assesses all Rule 35 and Rule 32 reports submitted by IRC medical teams across the UK.
20	We welcome the Government's commitment to review the Rule 35 process. A review of Rule 35 is urgently required to ensure that no further injustices take place on the immigration detention estate. As part of any change to the process, we urge the Government to ensure that Rule 35 effectively identifies all vulnerable groups, as reflected in the wider UNHCR detention guidelines [e.g. "victims of torture or other serious, physical, psychological, sexual or gender-based violence or ill-treatment"] and		The Home Office recently introduced the Nationality and Borders Bill to Parliament, which will deliver the most comprehensive reform to the asylum system in decades. Having initially paused work to reform the AAR policy and Detention Centre Rules 2001 (which include the Rule 35

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	that these categories are clearly mirrored in the Adults at Risk (AAR) policy guidance. The process used to identify any individual who may be vulnerable to harm in detention must be one that is coherent, fair and easy to apply; the current Rule 35 process, as part of the Adults at Risk framework, clearly fails to achieve this. At the time of publication, the government review of Rule 35 had not been done. We recommend that a comprehensive review of Rule 35 is completed by the end of June 2019.		process), we are now in the position to continue policy development but we need to ensure that any further reforms to AAR are compatible with the future system, rather than the one that will soon be reformed. We expect this work to resume in 2022.
22	We are deeply saddened and concerned by the recent reports of an increase in the number of self-inflicted deaths taking place in or shortly after immigration detention. We welcome the Home Office's inclusion in its statistics of deaths in immigration detention from September 2018. This action was long overdue. However, as outlined in the evidence we received, it remains very difficult to access accurate and detailed data on the causes of deaths in immigration detention. The Home Office data does not state if a death was self-inflicted, natural, or if it occurred in a prison. In line with recommendations by Stephen Shaw, and Ministry of Justice practice, the Home Office should publish a more systematic and transparent record of deaths in immigration detention with immediate effect. This should	Accept: Any death in detention is a tragic event and is subject to investigation by the police, the coroner (or Procurator Fiscal in Scotland) and the independent Prisons and Probation Ombudsman (PPO). We agree that we could do more to improve transparency on this important issue. On 29 November 2018 the Government published additional information on those held in immigration detention. This included data on the number of deaths of individuals held under immigration powers in IRCs and under escort in 2017, which are a subset of the 'other' reason for leaving detention in the published tables. The process for capturing and monitoring deaths in prison is different from that in the detention estate. Further work is ongoing to ensure any statistics published on deaths of those held solely under immigration powers in prisons in the	Additional data on deaths in detention was published in August 2020, and new data on deaths after leaving detention as a result of an incident that occurred in detention was first published in November 2020; this data will now be published annually as part of our Immigration Statistics. The data includes gender, age range, nationality, cause of death (natural or self-inflicted or other), place of incident and place of death (name of establishment or community). It includes people who died while detained under immigration

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	include whether the cause of death is apparently self-inflicted, from natural causes, or unknown. The data should also record deaths of detainees held under immigration powers in HM prisons.	Home Office release are aligned with wider statistics that are published on deaths in prisons, and deaths in the detention estate. Deaths of immigration detainees in prison are included in the Ministry of Justice Safety in Custody statistics: https://www.gov.uk/government/statistics/safety-in-custody-quarterly-updateto-december-2018 Separately, the Home Office has asked the Independent Advisory Panel on Deaths in Custody to review and report on issues pertaining to deaths and incidents of serious self-harm in immigration detention. This request was made in support of three recommendations relating to deaths in detention made by Stephen Shaw in his second review. As part of this review we are working closely with the Panel to improve the availability and usefulness of the existing data on deaths in detention and consider options for the publication of data on people who have died shortly after their release from detention. The future publication of this specific data set will be considered as part of the current review of published data.	powers in an IRC, short-term holding facility (STHF), pre-departure accommodation (PDA) or under escort, or after leaving detention if the death was as a result of an incident occurring while detained or where there is some credible information that the death might have resulted from their period of detention and the Home Office has been informed. Although data does not include those who died while being detained solely under immigration powers in prison, these are included in the safety in custody statistics published by the Ministry of Justice on 28 January 2021.
27	Following the Home Secretary's commitment, in response to Stephen Shaw's follow up review, to publish more data on immigration detention, we urge the Home Office to begin to publish its data on the rationale for decisions	Reject: As set out in the AAR policy, decisions on the continued detention of individuals subject to a Rule 35 report will always be down to a balance of the evidence of vulnerability and the specific immigration considerations that	Nothing further to add.

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	not to release individuals subject to Rule 35 reports by 1 July 2019. This data can be anonymised, and therefore there should be no reason why the Home Office cannot publicly share this information. Immigration removal centres – management and resources	apply in the particular case. Therefore, publication of high level data will not provide any further insight. Publication of case specific rationales would not be appropriate and, with potentially small numbers, it would be difficult for this to be sufficiently anonymised to prevent identification of individuals. The Home Office has piloted a dedicated central team to consider and respond to Rule 35 reports. The team is independent from the original detention decision makers and from the casework teams and will become operational in mid-August 2019.	
Immigration removal centres – management and resources			
40	The Home Office must meet its obligations to those individuals it detains in immigration removal centres (IRCs). This means that people should be able to access high quality healthcare, equivalent to that in the community. From the evidence we have heard, this is not always the case.	Accept: Healthcare services in IRCs in England are provided by NHS England. Healthcare in detention facilities in Scotland and Northern Ireland is commissioned by the contractor running those facilities. The provision of 24-hour, seven-days-a-week healthcare in all immigration removal centres ensures that individuals held there have ready access to medical professionals and levels of primary care in line with individuals in the community. The Home Office take very seriously the quality of the healthcare provision and when necessary will raise concerns regarding the standards of the healthcare provided.	The National Partnership Agreement between NHS England, UK Health Security Agency and Immigration Enforcement sets out arrangements for governance and accountability. A suite of IRC indicators of Performance (IRCIPs) and STHF indicators have been developed by NHS England, with this information reviewed on a quarterly basis by the IRC Assurance Group.

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		<p>The National Partnership Agreement between NHS England, Public Health England and Immigration Enforcement sets out arrangements for governance and accountability. This includes regular IRC Partnership Assurance Board meetings where healthcare performance across all centres is reviewed. These quarterly meetings allow partners to discuss the health priorities for the estate, manage any escalations of incidents and report any concerns. The meeting includes a former detainee who has personal experience of the healthcare provided to ensure that their experiences are considered.</p> <p>People in detained settings should have access to the same standard and range of services as people in the community. A suite of IRC Indicators of Performance (IRCIPS) and STHF indicators (STHFIPS) have been developed by NHS England, alongside individual IRC pressure reports which flag up any issues (including workforce) which can have a significant impact on the healthcare function in each IRC. All this information is reviewed by the IRC Assurance Group on a quarterly basis.</p>	
41	The Home Office should consider the appointment of a clinically qualified individual to advise on the development of health policy	Reject: The development of health policy is ultimately a matter for the Department of Health and Social Care and, for IRCs specifically, a	Nothing further to add.

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	<p>specific to IRCs. In addition to this strategic role, the Home Office should ensure that there is a clinically qualified point of contact within the Home Office for IRC healthcare staff who may require advice relating to Rule 35 reports. Problems with recruitment and staff retention across the whole IRC workforce (including healthcare) must be urgently addressed to prevent staff shortages negatively affecting the health and wellbeing of detained individuals.</p>	<p>matter for NHS England and Public Health England. The Home Office works closely with all of these partners, and the agreements that we have in place sets out priorities in respect of healthcare in IRCs and supports the provision of health services focused on the best interests of the detained population. The specifications for health services in IRCs are developed by NHS England with input from clinicians, including appropriate clinical leads, and other stakeholders including people with lived experience of accessing health services in an IRC and NGO representatives. In addition, NHS England has a specific Health and Justice Clinical Reference Group, which brings their work in this area to a wider clinical audience, and has a seat on the Royal College of General Practitioners Secure Environments Group. In such circumstances, it would be neither appropriate nor necessary for the Home Office to appoint its own clinical adviser on development of IRC health policy. IRC doctors are not experts in identifying signs of torture and we do not expect them to be. In completing a Rule 35 report a doctor is only required to pass on their 'concerns' that a detainee 'may' have been the victim of torture. This is a low evidential threshold. Doctors are medically qualified professionals</p>	

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		<p>trained to spot a wide range of conditions and vulnerabilities. However, training on the adults at risk policy and Rule 35 was attended by representatives of IRC healthcare teams, including GPs, in 2018 and consideration is being given to providing further training later in 2019.</p> <p>The information provided in a Rule 35 report is considered and balanced against all other information in line with the requirements of the AAR policy. But, as we have mentioned in response to the other Rule 35 related recommendations in this report, a consultation on the Immigration Removal Centre Rules is under way. We have also enlisted the services of a practising IRC doctor to assist with the further development of the AAR policy, in response to recommendations made by Stephen Shaw.</p> <p>NHS England are working with Health Education England to develop a workforce strategy to improve the staffing pressures which currently exist across the whole of the healthcare sector.</p>	
42	It is evident from the G4S commissioned investigation into Brook House IRC that the activities and facilities available to detainees at	Accept: We keep staffing matters under continuous review. That is why we have expedited	Please refer to previous corporate witness statement, which refers to the staffing

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	<p>Brook House have drastically failed to meet the statutory requirements as outlined in the Detention Centre Rules 2001. The Home Office must take a more robust approach to ensure that Immigration Removal Centre (IRC) providers maintain adequate staffing levels and resources so that sufficient activities are available to detainees. Low staffing levels mean that people are locked up for longer periods of time, face to face communication is limited and IRC facilities are more likely to be closed (e.g. libraries, cafés, IT facilities) all of which compound levels of frustration and mental health issues among detainees and staff. This can lead to increased levels of self-harm as well as violence among detainees and towards IRC staff. In the event of a serious incident, a lack of staff could have detrimental consequences for everyone's safety within an IRC.</p>	<p>the roll out of Home Office Detention Engagement Teams to IRCs, to improve engagement between caseworkers and detainees. The new arrangements will also strengthen our capacity to oversee the IRC contracts effectively. We have set clear expectations for G4S in responding to the issues highlighted by the BBC Panorama programme. G4S is implementing an agreed action plan for addressing these issues and commissioned Kate Lampard to conduct an independent inquiry into the alleged abuses. Ms Lampard's review was published in December 2018 and the recommendations from that review are being taken forward by G4S. This includes the recruitment and retention of more staff, implementation of a full programme for education and purposeful activity, and reinstatement of the cultural kitchen.</p> <p>In the period ahead, new contracts will set high expectations for the quality of the management and staffing in IRCs. The current re-procurement of the contract for the Gatwick IRCs includes provision for increased staffing in key areas, including residential units, a maximum night state of 9 hours when detainees are confined to their rooms or units, improvements to welfare services and</p>	<p>model in the current contract for Brook House.</p>

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		extended provision of activities. In terms of potential serious incidents, we have robust contingency plans in place to manage any serious incident within the immigration detention estate. These plans are tested on a regular basis.	
43	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	Accept: In addition to the external, independent oversight systems (HMIP, IMBs and the PPO), we have implemented steps across the detention estate to enhance assurance and oversight of service provision. This includes a review of supplier whistleblowing arrangements; action to refresh and reinforce 'whistle blowing' procedures among Home Office based staff based in IRCs; improving information flows on and analysis of complaints, incidents and use of force to better enable effective interventions when appropriate; strengthening service and contract monitoring within IRCs, as mentioned above; and enhancing supplier and Home Office engagement with detainees.	In August 2019 the Home Office undertook a short internal review of the whistleblowing arrangements in place across the immigration detention estate. The 3-month review covered the period August to October 2019 and included input from Home Office Immigration Enforcement staff, supplier and healthcare staff. The review found that a high number of supplier and Home Office staff were aware of the importance of whistleblowing, although improvements could be made to how whistleblowing should be used in practice. All suppliers had whistleblowing policies in place, although some were out of date or did not reflect more recent staff
44	IRC staff should receive comprehensive training on whistleblowing processes which should be refreshed regularly. In line with Stephen Shaw, we support the provision of	Accept: We accept the principle behind this recommendation. We are committed to ensuring a safe environment for staff and detainees to raise any concerns they may have. All our	

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	<p>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.</p>	<p>commercial suppliers in the immigration detention estate are required to have an effective whistleblowing policy in place, and to ensure that staff and detainees know how to access it. In the Gatwick estate G4S have refreshed and promoted their whistle-blowing procedures, with additional training provided at the centre by the Jill Dando Institute. All staff have been issued with whistleblowing cards featuring telephone numbers to enable them to raise concerns confidentially. We will review all IRC suppliers' existing whistleblowing policies by summer 2019 to ensure that they are fit for purpose and regularly refreshed and communicated to all staff working in IRCs. The review will identify best practice, which may include the use of a 'safe space', where appropriate. We will continue to keep the Committee sighted on progress in the context of the Government's wider detention reforms, but we are happy to provide the committee with a letter updating members on the findings of the internal review into whistleblowing when available.</p>	<p>communications on whistleblowing. In addition, each stakeholder working onsite in the IRC all had their own whistleblowing policies and respective reporting chains. The lack of a single overarching whistleblowing policy across the estate meant that staff were unsure how to report concerns about staff outside of their own organisation meaning that chances for the early reporting of issues could have been missed.</p> <p>A new Detention Services Order (03/2020) 'Whistleblowing – The Public Interest Disclosure Act 1998 (c.23)' was published on 15 July 2020 setting out guidance for both Home Office staff and our suppliers on whistleblowing procedures. We have, however, decided not to take forward the creation of 'safe spaces' within our immigration removal centres. Stephen Shaw commented that</p>

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			<p>“staff would benefit from being afforded safe spaces in which they can discuss what they have done well (and less well) without fear of disciplinary repercussions”.</p> <p>We have carefully considered the concept of safe spaces for use within the detention estate against the backdrop of the arrangement the Home Office and suppliers already have in place. While on the face of it these may be a positive step, it is possible that such spaces might also facilitate the very behaviours and attitudes we have been seeking to eradicate. There is a risk that their use would absolve an individual or the organisation from accountability for any wrongdoing and or from the responsibility to properly report wrongdoing. On balance and given that the value of safe spaces over and above existing provision would be marginal we</p>

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			do not believe we should mandate their introduction with our suppliers.