

**Government’s Response to the Brook House Inquiry report
Analysis for Parliamentarians**

Medical Justice – 30 April 2024

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1. Summary

The [Brook House Inquiry](#), whose final report was published in September 2023, revealed dehumanising abuse of vulnerable people held in immigration detention by the Home Office. It found that systemic issues, including **dangerous use of force, a wholesale failure of safeguards and a culture of dehumanisation created an environment in which 19 credible breaches of Article 3 of the European Convention on Human Rights**, which prohibits torture, and inhuman and degrading treatment, could occur in a limited time period of only five months.¹ Over £18m of public funds were spent by the Home Office on the Inquiry.²

On 19 March 2024, the government published [its response](#) to the [findings and recommendations](#) of the Inquiry.

Medical Justice, who was appointed as a Core Participant to the Inquiry, is extremely concerned by the government’s response to the Inquiry. We wish to urgently draw these concerns to the attention

¹ [Brook House Inquiry Report Volume 1](#), p 3, para 13

² <https://researchbriefings.files.parliament.uk/documents/SN06410/SN06410.pdf> p 62, Table 2

of parliamentarians, along with wider evidence of ongoing problems in detention. We do so particularly in light of the recent reports of a “major operation” by the Home Office, beginning on Monday 29 April, to detain asylum seekers across the UK in preparation for their removal to Rwanda,³ exposing them to suffering harm and deterioration in detention.

The Brook House Inquiry made 33 recommendations across ten sub-topics. **Thirty-one of these recommendations are directed to the Home Office or the government more generally.**⁴ The government’s response states that the government “accepts the broad thrust” of the Inquiry’s recommendations.⁵ However, **the response fails to explicitly state which of the Inquiry’s recommendations the government accepts, partially accepts, or rejects.** The government’s response only makes specific reference to one recommendation, stating that it “does not accept the recommendation that it should set a time limit on detention” (Recommendation 7).⁶

Medical Justice are deeply concerned by the lack of clarity and detail in the government’s response. We have therefore conducted a detailed analysis to better understand what the response does (and does not) contain.

Our analysis shows that **of the Inquiry’s 31 recommendations directed to the government across ten sub-topics:**

- Only **one recommendation** appears to have been **fully accepted** (Recommendation 14). It is important to note that this recommendation only requires the Home Office to ensure staff are aware of a current policy (that the technique of handcuffing detained people with their hands behind their back while seated is not permitted, given its association with positional asphyxia). It does not require any change to policy or practice.
- **One recommendation** (Recommendation 7) has been **explicitly rejected** by the government, as noted above.
- For **five recommendations** (Recommendations 5, 16, 19, 22, and 27), **no information is provided at all.**
- For **one recommendation** (Recommendation 30) **the information provided suggests the recommendation has been rejected.**
- For the **remaining 23 recommendations**, the information provided **either appears to simply state already existing policy** (Recommendations 2, 4 and 20), **does not relate to Home Office activity** (Recommendations 8 and 20,) and/or **does not offer enough detail to allow a conclusive assessment** (Recommendations 1-3, 6, 9-13, 15, 17, 18, 21, 23, 24, 26, 28, 29, 31, and 32).

We are extremely troubled by how few of the Inquiry’s recommendations appear to have been fully accepted, and how little information has been provided by the government in its response. When establishing the Inquiry, the government committed to ensuring “that lessons are learnt to prevent these shocking events happening again”.⁷ **The government’s response to the Inquiry, as well as the evidence gathered by Medical Justice and shared below, of continuing failures in detention particularly in relation to safeguarding and healthcare, suggests that this commitment to learning lessons is not being upheld.**

³ Severin Carrell, Rajeev Syal and Aletha Adu, “[Home Office to detain asylum seekers across UK in shock Rwanda operation](#)”, *The Guardian*, 28 April 2024

⁴ The Inquiry’s recommendations directed to the Home Office or government more generally are Recommendations 1-24, 26, 27 (part), 28-32. Recommendation 25 is directed at contractors, and Recommendation 33 is directed at HM Inspectorate of Prisons and the Independent Monitoring Boards. Part of Recommendation 27 is also directed at contractors. See [Brook House Inquiry Report Volume 2](#)

⁵ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 3

⁶ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.3.2

⁷ <https://questions-statements.parliament.uk/written-statements/detail/2019-11-05/hcws99>

We urge parliamentarians to seek further information as quickly as possible from the Home Secretary and relevant senior officials regarding the government’s response, and the ongoing problems highlighted. We provide our detailed analysis below, including evidence of ongoing problems in detention, which we hope can be of help in this work. We also share the case study of M, a former client of Medical Justice, who was detained at Brook House IRC for 52 days in 2023. His testimony provides an important insight into the current situation at Brook House and the profoundly damaging impact detention can have on those subjected to it.

2. Analysis

The following section provides an analysis of all ten of the sub-topics within the government’s response to the Brook House Inquiry.

For each of the sub-topics, the relevant Inquiry recommendations is identified, followed by an outline of the information provided, if any, in the government response that appears to relate to it. Comparing the two, the section analyses whether the recommendation appears to have been accepted, rejected, or whether the government’s position is unclear and why. It also suggests a number of key questions that parliamentarians may wish to ask relevant government ministers and/or officials.

Where Medical Justice has gathered wider evidence of ongoing problems in detention in relation to a particular sub-topic, this is also shared.

2.1 *The contract to run Brook House*

The Inquiry made **two recommendations** in relation to the contract to run Brook House.

BHI Recommendation 1:

“The Home Office must actively and robustly monitor the performance of the Brook House contract, including satisfying itself that any self-reported information is accurate. This may include engagement with monitoring bodies and appropriate stakeholders. Penalties must be attached to inadequate self-reporting”.⁸

Relevant information from the government response:

“(D)etention services compliance teams are responsible for all on site contract monitoring. This includes ensuring that contracted service providers are fulfilling their contractual requirements and delivering against KPIs. The teams monitor the services provided, the treatment of detained persons and the condition of the establishment.

“In addition to this oversight and engagement, improvements are being made to the current Detention Services Operations Compliance and Assurance strategy for 2024 onwards to:

- define a robust staffing structure for locally embedded Home Office compliance teams and standardise compliance monitoring schedules

⁸ [Brook House Inquiry Report Volume 2](#), p 336

- provide a clear methodology, ensuring a consistent approach to the monitoring of and adherence to contracts
- strengthen consistency between IRCs by standardising processes, sharing best practice and providing a consistent approach across the detention estate with clear reporting and escalation processes.

“As further support, executive oversight boards (EOBs) are held quarterly between senior Home Office officials (from both the operational and commercial community) and senior executives and account management from IRC service providers. These boards offer the opportunity to escalate and conclude any issues raised by either party that cannot be resolved at an operational level.

“These measures will give more stringent oversight and review opportunities to identify local and estate-wide trends. These findings will inform discussions at senior management level to ensure attention to and prioritisation of welfare standards is taken seriously and forms a fundamental part of contractual obligations”.⁹

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – some of the information provided appears to state already existing policy, while the rest does not offer enough detail to allow a conclusive assessment of whether Recommendation 1 has been accepted or rejected.
- ➔ Does the government’s statement that “detention services compliance teams are responsible for all on site contract monitoring” include ensuring that any self-reported information from contractors is accurate, as set out in Recommendation 1? If so, does the process involve any engagement with monitoring bodies and appropriate stakeholders? If not, why is this, and does the Home Office plan to introduce it?
- ➔ The government response mentions quarterly “executive oversight boards (EOB)” between senior Home Office officials and senior executives and account management from IRC service providers. Does the work of the EOB include a mechanism whereby the Home Office can satisfy themselves that any self-reported information from contractors is accurate, as set out in Recommendation 1? If so, does the process involve any engagement with monitoring bodies and appropriate stakeholders? If not, why is this, and does the Home Office plan to introduce it?
- ➔ Are penalties attached to inadequate self-reporting, as set out in Recommendation 1? If not, why is this, and does the Home Office plan to introduce it?
- ➔ What is the timeline for completing the improvements to the current Detention Services Operations Compliance and Assurance strategy? Do any of them address the issue of ensuring the Home Office is satisfied itself that any self-reported information is accurate, as set out in Recommendation 1?
- ➔ Will the changes include engagement with monitoring bodies and appropriate stakeholders, and/or the introduction of penalties for inadequate self-reporting, as set out in Recommendation 1?

BHI Recommendation 2:

“The Home Office must ensure that each contract for the management of an immigration removal centre must expressly require compliance with the overriding purpose of Rule 3 [of the Detention

⁹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.1.3 – 6.1.4

Centre Rules 2001], which is to provide “the secure but humane accommodation of detained persons in a relaxed regime with as much freedom of movement and association as possible, consistent with maintaining a safe and secure environment, and to encourage and assist detained persons to make the most productive use of their time, whilst respecting in particular their dignity and the right to individual expression.

“The provisions and operation of each contract must be consistent with and uphold the requirements of the Detention Centre Rules 2001, the Adults at Risk in Immigration Detention policy and the safeguards contained in detention services orders (including those concerning the use of force)”.¹⁰

Relevant information from the government response:

“From 2017, following the documentary [that revealed the abuse investigated by the Inquiry], the Home Office has recognised deficiencies and significantly invested in the development of new contracts to improve service provision and bolster oversight thereof. These contracts require the implementation of an internal audit programme to monitor both processes within the IRC and compliance with detention centre (DC) rules, detention services operating standards and detention services orders (DSOs) as well as mandating self-reporting by contracted service providers. Key performance indicators (KPIs) relate to operating the required audit arrangements and submitting completed audits to the Home Office, including details of any non-compliance”.¹¹

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – some of the information provided appears to state already existing policy, and the rest of the information does not offer enough detail to allow a conclusive assessment of whether Recommendation 2 has been accepted or rejected.
- ➔ If the “new contracts” mentioned in its response were introduced prior to the publication of the Inquiry report (ie prior to 19 September 2023), will any changes be made to them in light of Recommendation 2?
- ➔ Do the new contracts expressly require compliance with the overriding purpose of Rule 3 of the Detention Centre Rules 2001, as set out in Recommendation 2? If not, does the Home Office intend to update them to ensure this? Will all future contracts require such compliance?
- ➔ In addition to Detention Centre rules, detention services operating standards, and DSOs, does the internal audit programme also monitor compliance with the Adults at Risk in Immigration Detention policy, as set out in Recommendation 2? If not, will the Home Office require contractors to introduce this?

2.2 The physical design and environment

The Inquiry made **two recommendations** in relation to the physical design and environment at Brook House.

BHI Recommendation 3:

¹⁰ [Brook House Inquiry Report Volume 2](#), p 336

¹¹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.1.1

“The Home Office must ensure that a maximum of two detained people are accommodated in each cell at Brook House”.¹²

Relevant information from the government response:

“In relation specifically to rooms at Brook House, no room designed for only two individuals houses more than two and there are no plans to change this. Although rooms in some IRCs do hold more than two individuals, this only occurs where those rooms meet DC Rules criteria and are sufficiently sized. If additional rooms were considered in the future, then a rigorous assessment would be undertaken before any action is considered, including adherence to the accommodation DSO which sets out standards for lighting, heating and ventilation”.¹³

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided does not offer enough detail to allow a conclusive assessment of whether Recommendation 3 has been accepted or rejected.
- ➔ Is Brook House included in the “some IRCs” with rooms that hold more than two individuals? As such, are there rooms holding more than two people at Brook House currently?
- ➔ Is it still the case that no room at Brook House designed for only two individuals houses more than two?
- ➔ The response states that there are “no plans” to house more than two people in rooms designed for two at Brook House. Why can a firmer commitment not be given? Might the government change this plan in the future?

BHI Recommendation 4:

“The Home Office and its contractors must ensure reasonable access to computers and the internet.

“Contractors must comply in full with Detention Services Order 04/2016: Detainee Access to the Internet, in particular:

- Computers and the internet provided for detained people’s use must be maintained and fixed, if broken, within a reasonable time period, in order to allow detained people to access the internet for a minimum of seven hours per day, seven days per week.
- Websites containing personal internet-based email accounts must not be blocked, since this is not a prohibited category of website.
- Websites facilitating the provision of legal advice and representation must not be blocked, as this is not a prohibited category of website”.¹⁴

Relevant information from the government response:

“Access to activities and regime are important factors built into new service contracts. All service contracts require adherence to DSOs including the mandatory provision of and regulated access to

¹² [Brook House Inquiry Report Volume 2](#), p 337

¹³ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.2.1

¹⁴ [Brook House Inquiry Report Volume 2](#), p 339

IT equipment and internet services. The Home Office has an ability to impose fines if these obligations are not met”.¹⁵

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided appears to simply state already existing Home Office policy.
- ➔ Does the Home Office intend to implement any changes to ensure contractors comply with Detention Services Order 04/2016: Detainee Access to the Internet, and in particular the aspects of it set out in Recommendation 4? If so, how does the government plan to ensure compliance?

2.3 Detained people’s safety and experience

The Inquiry makes **three recommendations** in relation to detained people’s safety and experience.

BHI Recommendation 5: Undertaking and complying with cell-sharing risk assessment

“The Home Office must ensure that adequate risk assessment for cell sharing is carried out by contractors in relation to every detained person. This must be done at the outset of detention and then repeated at reasonable intervals (at least every 14 days) or following any relevant change in circumstances.

“In the event that an immigration removal centre is unable to detain someone in accordance with the outcome of a risk assessment (due to capacity or for other reasons), the Home Office must ensure that the individual does not remain at that centre”.¹⁶

Relevant information from the government response:

The response makes no reference to ensuring contractors are undertaking or complying with cell-sharing risk assessments.¹⁷

Analysis and questions:

- ➔ The government response provides no information about the recommendation.
- ➔ Does the lack of information indicate that the recommendation has been rejected? If so, why has this been rejected? And why has this not been explicitly stated, as with Recommendation 7 and reasons given?
- ➔ On what basis does the government consider it acceptable to provide no information? Is it aware of the seriousness of the issues addressed by Recommendation 5, including the safety of detained people for whom it is responsible?

¹⁵ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.2.2

¹⁶ [Brook House Inquiry Report Volume 2](#), p 340

¹⁷ [Government response to the public inquiry into Brook House Immigration Removal Centre](#)

BHI Recommendation 6: Review of the lock-in regime

“The Home Office, in consultation with the contractor responsible for operating each immigration removal centre, must review the current lock-in regime and determine whether the period of time during which detained people are locked in their cells could be reduced.

“The Inquiry does not consider cost alone to be a sufficient justification for extensive lock-in periods”.¹⁸

Relevant information from the government response:

“A new staffing model has been developed to deliver a considerably healthier ratio of custodial staff per detained individual to nearly double what it was in 2017... One of the most significant changes affecting staffing levels is a shorter night state¹⁹, when staffing requirements are reduced, limiting the amount of time a person can be locked in their room overnight to up to a maximum of 9 hours. This 9-hour maximum night state is now embedded”.²⁰

Analysis and questions

- ➔ The government’s position on the recommendation is unclear - the information provided in the response does not offer enough detail to allow a conclusive assessment.
- ➔ The response makes no mention of any reviews of the current lock-in regimes at each IRC. Has the Home Office conducted such reviews, as set out in Recommendation 5? If not, why is this and does it intend to conduct the reviews?
- ➔ The “night state” is defined as the period when detainees are “limited to” (including being locked in) their rooms or residential units during the night. When was the “shorter” night state at Brook House IRC introduced? Was it in May 2020, as cited in the Brook House Inquiry report?²¹ If so, what action if any has the Home Office taken in relation to night time lock-in periods since then?

BHI Recommendation 7: A time limit on detention

“The government must introduce in legislation a maximum 28-day time limit on any individual’s detention within an immigration removal centre”.²²

Relevant information from the government response:

“The government does not accept the recommendation that it should set a time limit on detention. A time limit would significantly impair the ability to remove those who have breached immigration laws and refused to leave the UK voluntarily. The Illegal Migration Act makes it clear that

¹⁸ [Brook House Inquiry Report Volume 2](#), p 341

¹⁹ The ‘night state’ is defined as “the period when detainees are limited to their rooms or their residential units during the night”. See [Detention Services Order 04/2018: Management and security of night state](#)

²⁰ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.3.1

²¹ [Brook House Inquiry Report Volume 2](#), p 56, para 35

²² [Brook House Inquiry Report Volume 2](#), p 343

immigration detention must only be used for a period of time that is reasonably necessary, in the opinion of the Secretary of State, for the relevant immigration function to be carried out".²³

Analysis and questions:

- ➔ The government has explicitly rejected this recommendation.
- ➔ If it is possible to state this explicitly for this recommendation, why is the government not explicit about the other recommendations?
- ➔ In rejecting Recommendation 7, what consideration has the government given to the Inquiry's finding that "(i)ndefinite detention had a negative impact on the health and wellbeing of detained people and therefore contributed to conditions where mistreatment could occur more easily"?²⁴

Detained people's safety and experience - wider evidence of ongoing problems

- ➔ In relation to lock-in periods, IRCs have both night-time and day-time lock-in periods. **From 4 December 2023, the Home Office extended day-time lock-in periods by 30 mins each, from 12.00-12:30 and 17.00-17.30 to 11:30-12.30 and 16.30-17.30.**²⁵ As such, the total amount of time per day that detainees at Brook House IRCs are now locked in their rooms, unable to interact with others or access facilities at the centre, is 11 hours (9 hours at night, 2 hours during the day). This is almost half of each day.

2.4 Safeguards for vulnerable individuals

The Inquiry made **two** recommendations in relation to safeguards for vulnerable individuals.

BHI Recommendation 8: Mandatory training on Rule 34 and Rule 35 of the Detention Centre Rules 2001

"The Home Office (in collaboration with NHS England as required) must ensure that comprehensive training on Rule 34 and Rule 35 of the Detention Centre Rules 2001 is rolled out urgently across the immigration detention estate. Staff must be subject to refresher training, at least annually.

"Attendance must be mandatory for all staff working in immigration removal centres and those responsible for managing them, as well as GPs and relevant Home Office staff. Consideration must be given as to whether such training should be subject to an assessment".²⁶

Relevant information from the government response:

"NHS England is developing interim clinical guidance to support GPs undertaking Rule 35 assessments and reports. Once the Rule 34 and 35 and AaR policies have been reviewed [see relevant information for Recommendation 10], NHS England will commission training to further support clinicians' understanding of their responsibilities under the revised rules. Information is also

²³ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.3.2

²⁴ [Brook House Inquiry Report Volume 2](#), p 67, para 59

²⁵ <https://questions-statements.parliament.uk/written-questions/detail/2024-04-12/21108>

²⁶ [Brook House Inquiry Report Volume 2](#), p 344

included within initial training courses (ITCs) to promote awareness amongst all new contracted service provider staff".²⁷

Analysis and questions:

- ➔ The government's position on the recommendation is unclear because the information provided in its response does not relate to Home Office activity. It relates to activity by NHS England only.
- ➔ What actions is the Home Office itself taking with regards to training on Rules 34 and Rule 35? Will comprehensive training on Rule 34 and Rule 35 be rolled out to all staff, not just to GPs? Will the training adhere to the requirements set out in Recommendation 8? What is the timeframe for any training, given that Recommendation 8 stipulates it must be rolled out "urgently"?
- ➔ Will staff be required to undertake an assessment following the training? How often will the assessment occur? What additional provisions will be provided for those who do not pass the assessment?
- ➔ Will the interim clinical guidance developed by NHS England be published? Which experts, if any, has NHS England consulted about the guidance? Have any IRC doctors or other medical professionals criticised in the BHI report be involved in writing the guidance? How has the clinical guidance been communicated to GPs? Is there a training programme that accompanies the guidance? Does the interim clinical guidance include information on Rule 34?
- ➔ From which body does NHS England plan to commission training to further support clinicians' understanding of their responsibilities under the revised rules?
- ➔ What information is included in the initial training courses (ITCs) for all new contracted service provider staff? Which body/bodies provide the courses? Are the courses subject to an assessment?

BHI Recommendation 9: Review of the operation of Rule 35 of the Detention Centre Rules 2001

"The Home Office must, across the immigration detention estate, assure itself that all three limbs of Rule 35 of the Detention Centre Rules 2001 (reports by a medical practitioner where: (i) it is likely that a detained person's health would be injuriously affected by continued detention (Rule 35(1)); (ii) it is suspected that a detained person has suicidal intentions (Rule 35(2)); or (iii) there is a concern that a detained person may have been a victim of torture (Rule 35(3))) are being followed, are operating effectively and are adequately resourced, in recognition of the key safeguarding role that the Rule plays".

"The Home Office must also regularly audit the use of Rule 35 in order to identify trends, any training needs and required improvements".²⁸

Relevant information from the government response:

"The Home Office is currently undertaking a review of the AaR [Adults at Risk in Immigration Detention] policy and DC [Detention Centre] Rules 34 and 35".²⁹

²⁷ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.4.3

²⁸ [Brook House Inquiry Report Volume 2](#), p 346

²⁹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.4.2

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the response does not offer enough detail to allow a conclusive assessment.
- ➔ Although the government states that it is undertaking a review of the Adults at Risk policy and Rules 34 and 35, no further information is given.
- ➔ Will the review focus on the operation of Rule 35, as per Recommendation 9? If not, does this indicate that Recommendation 9 has been rejected?
- ➔ What are the terms of this review? Is it the same review, focusing on policy rather than operational issues, as referred to [here](#) by the Home Office Minister, Michael Tomlinson MP?
- ➔ Furthermore:
 - What is the timetable for completing the review?
 - Will external stakeholders be consulted? If so, which stakeholders?
 - Will details and the result of the review be available publicly?
- ➔ The response makes no mention of conducting regular audits of the use of Rule 35. Can the government confirm that undertaking a one-off review is different to carrying out a regular audit? Does the Home Office already conducting such audits, and if so, do these include, for example, assessing the quality of Rule 35 reports written by IRC doctors? If such audits are not being conducted, does the Home Office plan to introduce them? If not, why is this?

Safeguards for vulnerable individuals - wider evidence of ongoing problems

- ➔ **Continued extremely low numbers of Rule 35 (2) reports being completed by IRC GPs, despite known high levels of suicide risk.** Rule 35(2) reports are the primary safeguarding mechanism via which detained people who are suspected to be at risk of suicide should be identified to the Home Office by the IRC’s GP, to have the appropriateness of their continued detention considered³⁰.

Home Office statistics show that a total of **just three Rule 35 (2) reports** were issued by GPs at Brook House IRC, for example, between during 2023.³¹ By comparison, Home Office data obtained by Medical Justice via Freedom of Information requests reveals that during the same 12-month period, **121 self-harm incidents were recorded at the centre, and 240 new Assessment Care in Detention and Teamwork (ACDT) processes** (used to manage people in detention who have been identified by Home Office / IRC staff as at risk of suicide or self-harm³²) were opened.³³

Such low numbers of Rule 35 (2) reports, despite available evidence of self-harm/suicide risk such as open ACDT processes, was one of many serious concerns that led the Brook House Inquiry to find “there is a deep-rooted, systemic problem in relation to the adequacy of the operation of the safeguards under Rule 35”.³⁴ It found that such safeguarding failures “exposed vulnerable people to a risk of harm and, in some cases, caused actual harm to be suffered”.³⁵ It is extremely worrying that the same problems appear to be continuing.

³⁰ See [Rule 35, Detention Centre Rules 2001](#). For a more detailed discussion of the system of safeguards for vulnerable individuals in detention - including Rules 34 and 35 of the Detention Centre Rules 2001, the Adults at Risk policy and Detention Service Order, and the Assessment Care in Detention and Teamwork process – and key concerns around them, see [Brook House Inquiry Report Volume 2](#), Chapter D.5, pp 70 – 104.

³¹ [Immigration Enforcement data: Q4 2023](#), Table DT_04

³² See [Assessment care in detention and teamwork \(ACDT\): detention services order 01/2022](#)

³³ Home Office, FOI 0893 Response Letter to Medical Justice, 19 February 2024; and Home Office, FOI 2122 Response Letter to Medical Justice, 27 March 2024. Both available upon request.

³⁴ [Brook House Inquiry Report Volume 2](#), p 101

³⁵ [Brook House Inquiry Report Volume 1](#), p 8

- ➔ **Continued very low numbers of Rule 35 (1) reports being issued by IRC GPs.**³⁶
- ➔ **Evidence from Medical Justice’s casework of ongoing problems with the Rule 34 process.** Rule 34 of the Detention Centre Rules 2001 is another key safeguarding mechanism in detention: under it, there is a legal duty to offer detained people an appointment with an IRC GP within 24 hours of their arrival at the centre, in order for their physical and mental health needs to be examined.³⁷ However, a study published by Medical Justice in December 2023 showed that, for example, of the 66 people included in the study, just 35 saw an IRC GP within the 24 hour deadline, while 3 people were not seen by a doctor at all during their detention. Other problems identified included evidence of inadequate or no mental health examinations taking place during the appointment, and of Rule 34 appointments not triggering Rule 35 reports, despite vulnerabilities being identified during the appointment that would require this.³⁸
- ➔ The impacts of these failures have been tragically demonstrated by:
 - The **death of a Colombian man, Frank Ospina, reportedly by suicide and having previously self-harmed twice**, at Colnbrook IRC in March 2023.³⁹
 - What IRC staff described as an **“attempted mass suicide”** at Harmondsworth IRC in March 2023.⁴⁰
 - The **death of an Albanian man, Alfred Dosku, following his attempted suicide** at Brook House IRC in November 2023.⁴¹
 - The **removal from the UK of a man who had attempted suicide** whilst detained at Brook House IRC also in November 2023, and who was **subsequently returned to the UK by the Home Office and re-detained** at Brook House.⁴²

2.5 Restrictions on detained people

The Inquiry made **four recommendations** in relation to restrictions on detained people.

BHI Recommendation 10: Clarification on the use of Rule 40 and Rule 42 of the Detention Centre Rules 2001

“The Home Office must amend, as a matter of urgency, Detention Services Order 02/2017: Removal from Association (Detention Centre Rule 40) and Temporary Confinement (Detention Centre Rule 42) and, if necessary, the Detention Services Operating Standards Manual for Immigration Service Removal Centres, to clarify who can authorise use of Rule 40 and Rule 42 of the Detention Centre Rules 2001, in both urgent and non-urgent circumstances, including providing a definition of the term ‘manager’ in Rule 40(2) and Rule 42(2).

³⁶ [Immigration Enforcement data: Q4 2023](#), Table DT_04

³⁷ [Rule 34](#), Detention Centre Rules 2001 (SI 2001/238)

³⁸ Medical Justice (2023) *‘If he dies, he dies’: What has changed since the Brook House Inquiry?*, para 4.2.2, pp 28-30

³⁹ Aaron Walawalkar, [“Revealed: ‘Mass suicide attempt’ at immigration centre after detainee death”](#), *OpenDemocracy*, 13 September 2023

⁴⁰ Aaron Walawalkar, [“Revealed: ‘Mass suicide attempt’ at immigration centre after detainee death”](#), *OpenDemocracy*, 13 September 2023

⁴¹ Christian Fuller & PA Media, [“Family of dead Albanian migrant want answers”](#), *BBC News*, 16 April 2024

⁴² Diane Taylor, [“Investigations launched after death of Albanian man detained by Home Office”](#), *The Guardian*, 18 November 2023

“In anticipation of the update to Detention Services Order 02/2017, the Home Office must issue an immediate instruction to communicate this clarification to staff and contractors operating immigration detention centres”.⁴³

Relevant information from the government response:

“The Home Office has published an interim DSO to provide staff with further clarity on the use of Rule 40 (removal from association) and Rule 42 (temporary confinement) of the Detention Centre Rules 2001. This operational guidance establishes who can authorise use of Rule 40 and Rule 42 and the circumstances when this is appropriate. A substantive review of the DSO is being undertaken which will also consider assurance mechanisms and updated training for staff and, once in place, compliance with the DSO will be audited. Appropriate detail from the updated DSO will form part of ITCs [initial training courses]”.⁴⁴

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ Has the government issued an "immediate instruction to communicate this clarification to staff and contractors operating immigration detention centres"?
- ➔ To what extent does the interim DSO that the government have published reflect the suggestions in Recommendation 10?
- ➔ Does the interim DSO include a definition of the term “manager”, as set out in Recommendation 10?
- ➔ Will the substantive review of the DSO include amendments to reflect Recommendation 10? Specifically, will the substantive review of DSO look at how to clarify the use of Rule 40 and 42, which is the key issue within Recommendation 10? What is the timeframe for the review to be completed, and for updated DSO be put in place? Who will be consulted as part of this review?

BHI Recommendation 11: Review of the use of E Wing at Brook House

“The Home Office and the current operator of Brook House must keep under review the appropriateness of the multi-purpose use of E Wing, particularly in relation to its suitability as a location to detain vulnerable people”.⁴⁵

Relevant information from the government response:

“The multi-purpose use of Eden Wing at Brook House, and any potential risks associated with co-location of vulnerable individuals with those who may have been removed from association, is under consideration. Any learning will be applied across the removal estate”.⁴⁶

⁴³ [Brook House Inquiry Report Volume 2](#), p 348

⁴⁴ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.5.1

⁴⁵ [Brook House Inquiry Report Volume 2](#), p

⁴⁶ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.5.2

Analysis and questions:

- ➔ The government's position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ Does the government's statement that multi-purpose use of E Wing is "under consideration" mean that it has accepted the Inquiry's recommendation to "review" the appropriateness of E Wing? If so, why is this not explicitly stated in the response?
- ➔ What does the government's "consideration" entail? For example, does being "under consideration" constitute a one-off assessment, or is it a continuing exercise? Who is overseeing and who is involved in this consideration? How is the appropriateness of E Wing being assessed? Is there any process of consultation in this assessment?
- ➔ When will the outcome of the consideration be decided? Who will it be shared with?

BHI Recommendation 12: Training in relation to Rule 40 and Rule 42 of the Detention Centre Rules 2001

"The Home Office and contractors operating immigration removal centres must provide regular training, at least annually, on the operation of Rule 40 and Rule 42 of the Detention Centre Rules 2001, which must include:

- that Rules 40 and 42 are the only powers under which detained people in immigration removal centres can be removed from association and/or located in temporary confinement;
- who is permitted to authorise use of those Rules and in what circumstances they may be authorised;
- that Rules 40 and 42 cannot be used as a punishment or solely for administrative convenience before a planned removal or transfer; and
- the need to assess any adverse effect that use of Rule 40 or Rule 42 could have on a detained person's physical or mental health, and to consider any steps that could be taken to mitigate those effects.

"Attendance must be mandatory for all staff working in immigration removal centres and those responsible for managing them. The training must be subject to an assessment".⁴⁷

Relevant information from the government response:

"A substantive review of the DSO is being undertaken which will also consider.... updated training for staff... Appropriate detail from the updated DSO will form part of ItCs [initial training courses]".⁴⁸

Analysis and questions:

- ➔ The government's position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ What precisely will the updated training involve? Will it cover only "appropriate detail" from the updated DSO? Or will it cover all the areas set out in Recommendation 12?

⁴⁷ [Brook House Inquiry Report Volume 2](#), p 350

⁴⁸ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.5.1

- ➔ The response only mentions initial training courses (ITCs). Will training be provided for all staff, on an ongoing annual basis? Will it be mandatory and subject to assessment or not, as set out in Recommendation 12?
- ➔ Until the updated DSO is in place, what is Home Office doing in terms of training for staff right now?

BHI Recommendation 13: Audit of use of Rule 40 and Rule 42 of the Detention Centre Rules 2001

“The Home Office must regularly (and at least quarterly) audit the use of Rule 40 and Rule 42 across the immigration detention estate, in order to identify trends, any training needs and required improvements.

“In addition, HM Inspectorate of Prisons and the National Chair and Management Board of Independent Monitoring Boards review processes to consider how they fulfil their oversight role in respect of Rule 40 and Rule 42, and report on the monitoring of the use of Rules 40 and 42 going forward”.⁴⁹

Relevant information from the government response:

“A substantive review of the DSO is being undertaken which will also consider assurance mechanisms... and, once in place, compliance with the DSO will be audited”.⁵⁰

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ Once the updated DSO is implemented, will the compliance audit mentioned in the government response adhere to requirements set out in Recommendation 13? Will the audit occur regularly (at least quarterly)? Will the audit identify trends, training needs and required improvements? Will the regular (at least quarterly) audit be published ?
- ➔ Until the updated DSO is in place, what is the Home Office doing? Will there be a compliance audit of current situation?
- ➔ The response does not mention any work being done by or with HMIP or IMBs in relation to how they fulfil their oversight and reporting work in relation to Rule 40 and 42. What activity is happening in relation to this?

2.6 Use of force

The Inquiry made **four** recommendations in relation to the use of force.

BHI Recommendation 14: Handcuffing behind backs while seated

⁴⁹ [Brook House Inquiry Report Volume 2](#), p 351

⁵⁰ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.5.1

“The Home Office and contractors operating immigration removal centres must ensure that all staff are aware that the technique of handcuffing detained people with their hands behind their back while seated is not permitted, given its association with positional asphyxia”.⁵¹

Relevant information from the government response:

“The Home Office has communicated to all IRC and contracted service provider staff that techniques involving hand cuffing behind backs whilst seated is not permitted”.⁵²

Analysis and questions:

- ➔ It appears that recommendation has been accepted by the government.
- ➔ If so, why is this not explicitly stated in the government response?
- ➔ When and how did the Home Office communicate to all staff that techniques involving hand cuffing behind the back is not permitted? What did the communication consist of?
- ➔ Is the fact that such techniques are not permitted included in the relevant policies and training on use of force? If not, does the Home Office plan to amend them to include it?

BHI Recommendation 15: A new detention services order about the use of force

“The Home Office must introduce, as a matter of urgency, a new and comprehensive detention services order to address use of force in immigration removal centres. The detention service order must include the following:

- the permissible justifications for the use of force within IRCs, based on the key principle that force must not be used unnecessarily and must be used only as a last resort;
- the use of Personal Protective Equipment (PPE), including that it must be subject to a dynamic risk assessment before and during any use of force incident;
- the protection of dignity when force is used on a naked or near-naked detained person;
- the circumstances in which force can be used against a detained person with mental ill health;
- monitoring, oversight and reporting of use of force by contractors and by the Home Office.

“The Home Office must ensure that training about the application of the new detention services order and use of force techniques takes place on a regular (at least annual) basis for all detention staff as well as healthcare staff. Attendance must be mandatory for all staff working in immigration removal centres and those responsible for managing them. The training must be subject to an assessment.

“In anticipation of a new detention services order on the use of force in immigration detention... issue an immediate instruction to its contractors managing immigration removal centres that force must be used only as a last resort, using approved techniques”.⁵³

Relevant information from the government response:

⁵¹ [Brook House Inquiry Report Volume 2](#), p 352

⁵² [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.6.3

⁵³ [Brook House Inquiry Report Volume 2](#), p 353

“The Home Office has been working closely with HM Prison and Probation Service (HMPPS), NHS England and the Department of Health and Social Care (DHSC) to ensure expert input into consideration of these recommendations.... A new DSO in relation to use of force is being developed in consultation with experts”.⁵⁴

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ Although the government states that a new DSO in relation to the use of force is being developed with experts, no further information is given – are they consulting with experts and if so, which ones? If not, why is this?
- ➔ Will the new DSO include all of the points set out in Recommendation 15? What is the timetable for finalizing and implementing it? Will additional experts outside HMPPS and DHSC be consulted on it, and will they include those with expertise on mental ill health (as stipulated in Recommendation 17 – see below)? Will relevant external stakeholders be consulted, and be given an adequate period of time in which to respond?
- ➔ The response does not mention training on the new DSO or the issuing of any immediate instruction to contractors managing IRCs that force must be used only as a last resort, using approved techniques. Does this indicate that these parts of Recommendation 15 have been rejected by the government?
- ➔ If there will be training on the new DSO, as recommended by the Inquiry, who will provide this, which staff it will be for, and will it be subject to an assessment?
- ➔ On what basis does the Home Office justify its [hiring of a hangar in Bedfordshire to train escorts in forcing detained people onto flights to Rwanda](#) prior to the development of a new DSO regarding use of force and associated training? Who will receive the training and what will it cover?

BHI Recommendation 16: Urgent review of use of force on detained people with mental ill health

“The Home Office must urgently commission an independent review (with the power to make recommendations) of use of force on detained people with mental ill health within immigration removal centres. The review must consider:

- How, when and whether to use force on detained people with mental ill health (including the application of pain-inducing techniques);
- The likely effect of the use of force on a detained person’s mental health;
- The use of individual risk assessments for detained people, which could be conducted by personal officers and healthcare professionals; and
- The increased use and prioritisation of de-escalation techniques for those who have mental ill health.

“The review must take place in consultation with relevant stakeholders, including detained people’s representative groups and mental ill health experts.

⁵⁴ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.6.3

The recommendations of the review must be incorporated in the new detention services order regarding the use of force (see Recommendation 15), in respect of which additional, regular (at least annual) training must then be provided”.⁵⁵

Relevant information from the government response:

The government response makes no reference to any independent review, urgent or otherwise, of the use of force on detained people with mental ill health.⁵⁶

Analysis and questions:

- ➔ The government response provides no information about the recommendation.
- ➔ Does the lack of information indicate that the recommendation has been rejected? If so, why has this not been explicitly stated, as with Recommendation 7 and reasons given?
- ➔ On what basis does the government consider it acceptable to provide no information? Is it aware of the seriousness of the issues addressed by Recommendation 16, including the safety of detained people who are suffering ill-health and for whom it is responsible?

BHI Recommendation 17: Urgent improvement of use of force reviews

“The Home Office must ensure, as a matter of urgency, that training is delivered on how to conduct an effective use of force incident debrief, ensuring that issues of detained person and staff welfare, as well as training needs, are covered. The training must be mandatory for all immigration removal centre contractor employees who conduct such reviews and those who manage them.

The Home Office must also require that use of force incidents be reviewed, at a minimum, at the following levels:

- Within 36 hours of each use of force incident, the Use of Force Coordinator must conduct a thorough incident review, ensuring that all documentation and footage are collated and preserved, and with a view to taking emergency action in instances of unlawful or inappropriate force.
- On a weekly basis, all use of force incidents must be reviewed (including all necessary paperwork and available video footage) at a formal meeting by the Use of Force Coordinator and a suitable manager in order to review each incident and to identify any issues or further action required.
- On a monthly basis, immigration removal centre contractor senior management must arrange meetings with other stakeholders (including detained people and representatives of non-governmental organisations) to review use of force trends.
- Periodically, the Home Office (or its Professional Standards Unit if the Home Office considers it more appropriate) must review use of force at Brook House and across the immigration detention estate, to identify trends and to direct the implementation of any changes and improvements that are required.

⁵⁵ [Brook House Inquiry Report Volume 2](#), p 354

⁵⁶ [Government response to the public inquiry into Brook House Immigration Removal Centre](#)

“This review process must be reflected in the new detention services order regarding the use of force – see Recommendation 15 – in respect of which additional, regular (at least annual) training must then be provided”.⁵⁷

Relevant information from the government response:

“(T)raining around use of force reviews is under development. This will go hand in hand with an overhaul of existing assurance processes, including the introduction of an escalation system to better facilitate the communication of concerns”.⁵⁸

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ The government response states that “training around use of force is under development”, but no further information is given. Will the training adhere to the requirements set out in Recommendation 17? When will the training be finalised and rolled out? Does the timetable for it mean it will be delivered “as a matter of urgency”, as set out in Recommendation 17? If not, is the safety of detained people not at risk in the meantime? Who will provide the training? Which staff will receive it?
- ➔ The government response states there will be “an overhaul of existing assurance processes, including the introduction of an escalation system to better facilitate the communication of concerns”, but no further information is given. Will the overhaul and/or escalation system incorporate the points set out in Recommendation 17 regarding levels and timings of reviews? Will it be reflected in the new DSO regarding the use of force (see Recommendation 15)? What is the timetable for completing the overhaul? Will experts and external stakeholders be consulted?

Use of force – wider evidence of ongoing problems

- ➔ Since October 2023, the Home Office has been using an aircraft hangar in Bedfordshire⁵⁹ to train escorts staff in forcing detained people onto flights to Rwanda.⁶⁰ This is despite little evidence – as demonstrated above – of the Home Office having taken steps towards implementing the Inquiry’s recommendations on use of force.
- ➔ Two Medical Justice clients detained at Brook House in recent months report having been subject to dangerous use of force (in November 2023, and February 2024). Both incidents reportedly involved a staff member putting their hands around the person’s neck and applying pressure (strangulation). In both instances, the detained person reported that they were unable to breathe and thought they were going to die. An additional similar incident was reported to us at Heathrow IRC.

⁵⁷ [Brook House Inquiry Report Volume 2](#), p 355

⁵⁸ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.6.3

⁵⁹ Contract available at: <https://www.contractsfinder.service.gov.uk/Notice/df397310-bae2-4564-8f08-dc6c156c594b>

⁶⁰ Julia Atherley, “Deportation staff hire aircraft hangar used in Netflix Squid Game to practise forcing asylum-seekers onto Rwanda planes”, *The Sun*, 14 February 2024. Contract available at: <https://www.contractsfinder.service.gov.uk/Notice/df397310-bae2-4564-8f08-dc6c156c594b>

These reported events appear to have parallels with the incident of mistreatment investigated by the Brook House Inquiry, in which a highly vulnerable detained person (referred to by the cipher D1527) was restrained by a staff member, who put their hands around the person's neck and applied pressure. The staff member was recorded as saying "Don't fucking move, you fucking piece of shit... I'm going to put you to fucking sleep" (see [video footage clip of incident](#)).

The Chair of the Inquiry, Kate Eves, described this as "one of the most shocking incidents" she investigated, which "must have been terrifying" for the victim and "could have resulted in serious injury".⁶¹ Ms Eves found that it constituted credible evidence of a breach of Article 3 ECHR (no-one shall be subjected to torture or to inhuman or degrading treatment or punishment).⁶² It is extremely alarming that Medical Justice is continuing to receive reports of detained people being subjected to apparently similar and highly dangerous use of force at Brook House and elsewhere.

2.7 Healthcare

The Inquiry made **five** recommendations in relation to healthcare.

BHI Recommendation 18: Urgent guidance in relation to food and fluid refusal

"The Home Office must, as a matter of urgency, update Detention Services Order 03/2017: Care and Management of Detained Individuals Refusing Food and/or Fluid, to ensure that it deals with:

- Food and fluid refusal being clearly and directly linked to consideration of the Rule 35 process and whether a detained person is defined as an 'adult at risk';
- The consideration by the healthcare provider at each immigration removal centre, upon an incidence of food and fluid refusal occurring, of assessments of mental capacity, of mental state, and under Rule 35, and the conduct of these where indicated, as well as ensuring compliance with Adults at Risk in Immigration Detention policy and making sure that decisions made in relation to these are recorded;
- The notification to the Home Office of the numbers of detained people refusing food and fluid, and the reasons for such refusal, on a monthly basis (in the same way that incidents of self-harm are notified); and
- The monitoring by the Home Office of the compliance by healthcare providers with Detention Services Order 03/2017 and the numbers of detained people refusing food and fluid, and the reasons for such refusal, in order to identify any patterns of concern and take appropriate action".⁶³

"The Home Office must ensure that mandatory training on the application of the updated DSO on food and fluid refusal takes place on a regular (at least annual) basis for all detention staff and healthcare staff, as well as those responsible for managing them. Attendance must be mandatory for all staff working in immigration removal centres and those responsible for managing them. The training must be subject to an assessment.

⁶¹ [Brook House Inquiry Report Volume 1](#), para 14, p 3-4

⁶² [Brook House Inquiry Report Volume 1](#), para 14, p 3

⁶³ [Brook House Inquiry Report Volume 2](#), p 357

“In anticipation of the updated DSO on food and fluid refusal, the Home Office must issue an immediate instruction to communicate this clarification to those operating immigration detention centres”.⁶⁴

Relevant information from the government response:

“An update to the DSO in relation to refusing food and fluid has been published. It covers the requirement to link food and fluid refusal with consideration of the Rule 35 process and whether a detained person should be defined as an adult at risk. Any decisions by healthcare providers are recorded along with the numbers of instances and reasons. This information is monitored by the Home Office and reviewed to assist in identification of trends and appropriate action”.⁶⁵

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ The government response states that an update to the relevant DSO has been published. It does not mention when the update to the DSO was published, however. It also does not mention whether there will be training on the updated DSO, or the issuing of any immediate instruction on the clarification to those operating immigration detention centres.
- ➔ On reviewing the [Home Office’s current list of DSOs](#), it appears that [DSO 03/2017: Care and management of detained individuals who refuse to eat or drink](#) was last updated on 29 September 2022, before the Brook House Inquiry published its report.
- ➔ Can the government confirm whether this is the update its response refers to? If so, what did the update consist of? The government’s response implies that the update covers one of the four points set out in Recommendation 18 (the requirement to link food and fluid refusal with consideration of the Rule 35 process and whether a detained person should be defined as an adult at risk). Is this correct, or did the update focus on something else?
- ➔ Are any further updates to the DSO planned? Will it be updated to cover all four points in Recommendation 18, and is it being done “as a matter of urgency”? If not, why is this? Does the absence of any reference to training on the updated DSO or issuing of any immediate instruction to those operating immigration detention centres indicate that these parts of Recommendation 18 have been rejected by the government? If so, why is this? If not, can the government confirm whether any experts, including those with medical expertise, have been involved?

BHI Recommendation 19: Guidance and training for healthcare staff on the use of force

“The Home Office must ensure that guidance is issued to healthcare staff in immigration removal centres clarifying their role in use of force incidents. It must liaise as necessary with NHS England and any relevant medical regulators.

“The Home Office must ensure that mandatory training is introduced for healthcare staff, and those responsible for managing them, on their roles and responsibilities in relation to planned and

⁶⁴ [Brook House Inquiry Report Volume 2](#), p 357

⁶⁵ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.7.1

unplanned use of force (liaising with NHS England and any other relevant parties). The training must be subject to an assessment”.⁶⁶

Relevant information from the government response:

The response makes no reference to any guidance being issued to IRC healthcare staff clarifying their role in use of force incidents, nor any training being introduced for IRC healthcare staff or their managers on their roles and responsibilities in relation to planned and unplanned use of force.⁶⁷

Analysis and questions:

- ➔ The government response provides no information about the recommendation.
- ➔ Does the lack of information indicate that the recommendation has been rejected? If so, why has this not been explicitly stated, as with Recommendation 7, and reasons given?
- ➔ On what basis does the government consider it acceptable to provide no information? Is it aware of the seriousness of the issues addressed by Recommendation 19, including the safety of detained people during use of force incidents?

BHI Recommendation 20: Updating guidance regarding ‘fit to fly and fit for detention’ letters

“The Home Office must review and update Detention Services Order 01/2016: The Protection, Use and Sharing of Medical Information Relating to People Detained Under Immigration Powers, to ensure that guidance given to GPs working in the immigration detention estate in relation to their duties and responsibilities in writing ‘fit to fly and fit for detention’ letters is clear. It must liaise with NHS England and any relevant medical regulators as necessary.

“The Home Office must ensure that training about the updated guidance takes place on a regular (at least annual) basis for GPs working in the immigration detention estate and those responsible for managing them. The training must be subject to an assessment.

“The Home Office must monitor compliance with this updated guidance at least annually”.⁶⁸

Relevant information from the government response:

“Within IRCs, NHS England are responsible for commissioning a healthcare service commensurate to that which is available within the community. Although fit to fly letters are a medico legal practice – and outside of the responsibility of NHS England – where a clinician has concerns in relation to an individual’s detention or fitness to fly, they will, in line with safeguarding responsibilities ensure that this is shared, where appropriate, with the Home Office to support decision making”.⁶⁹

Analysis and questions:

⁶⁶ [Brook House Inquiry Report Volume 2](#), p 359

⁶⁷ [Government response to the public inquiry into Brook House Immigration Removal Centre](#)

⁶⁸ [Brook House Inquiry Report Volume 2](#), p 360

⁶⁹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.7.1

- ➔ The government’s position on the recommendation is unclear – some of the information provided in the response does not relate to Home Office activity, but instead to that of NHS England, and the rest appears to state already existing policy. No changes in light of Recommendation 20 are mentioned.
- ➔ Has the Home Office reviewed and updated Detention Services Order 01/2016, including liaising with NHS England and any relevant medical regulators, as set out in Recommendation 20?
- ➔ If not, does this indicate that the government has rejected Recommendation 20? If so, why has this not been explicitly stated, as with Recommendation 7 and reasons given?

BHI Recommendation 21: Ensuring effective communication of medical information

“The Home Office must review and update Detention Services Order 04/2020: Mental Vulnerability and Immigration Detention: Non-Clinical Guidance to set out comprehensive guidance for detention and healthcare staff where there are concerns that a detained person is suffering mental ill health or lacks mental capacity. This must include an appropriate system for:

- the routine handover or sharing of relevant information between detention custody staff and healthcare staff (for example, in Security Information Reports and Anti-Bullying Support Plans);
- the identification and follow-up of missed medical appointments;
- the assessment of mental capacity where indicated; and
- mental health assessment where indicated.

“The Home Office must ensure that training about the updated guidance takes place on a regular (at least annual) basis for detention and healthcare staff, as well as those responsible for managing them. The training must be subject to an assessment”.⁷⁰

Relevant information from the government response:

“The Home Office and DHSC [Department of Health and Social Care] are considering the policy around detained people with mental ill health as part of a wider piece of work around vulnerable adults and, along with NHS England, are scoping out the requirements for any further work”.⁷¹

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ Although the government states that it is considering the policy around detained people with mental ill health as part of a wider piece of work around vulnerable adults, no detail is given as to what this consideration involves.
- ➔ Will it involve the points set out in Recommendation 21, in particular the specific updates to the relevant DSO? If not, what are the reasons for this?
- ➔ Does the Home Office plan to provide training, at least on an annual basis, for detention and healthcare staff on an updated DSO on Mental Vulnerability and Immigration Detention, as set out in Recommendation 21? Will this training be subject to an assessment?

⁷⁰ [Brook House Inquiry Report Volume 2](#), p 361

⁷¹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.7.3

- ➔ What is the purpose of the wider piece of work around vulnerable adults, and what will it consist of?
- ➔ What is the timetable for completing a) the consideration of the policy around detained people with mental ill health and b) the wider piece of work on vulnerable adults?
- ➔ Will additional experts outside HMPPS and DHSC, and relevant external stakeholders be consulted as part of both (a) and (b)?

BHI Recommendation 22: Improving the handling and audit of healthcare complaints

“The Home Office must review and update Detention Services Order 03/2015: Handling of Complaints to ensure that appropriate guidance is given to healthcare providers on the investigation and handling of complaints specific to the provision of healthcare in an immigration detention setting.

“The Home Office must ensure that training about the updated guidance takes place on a regular (at least annual) basis for staff dealing with healthcare complaints, as well as those responsible for managing them. The training must be subject to an assessment.

“Healthcare providers in immigration removal centres must ensure that all healthcare complaints are robustly investigated in accordance with the updated guidance. The methodology and outcomes must be clearly communicated, including to the detained person. They must also ensure that appropriate, regular (at least annual) training and guidance is provided to those holding responsibility for the investigation of healthcare complaints”.⁷²

Relevant information from the government response:

The response makes no reference to any review or update of Detention Services Order 03/2015, or to any training in relation to this. It also makes no reference to any work by or with its healthcare providers in relation to healthcare complaints.⁷³

Analysis and questions:

- ➔ The government response provides no information about the recommendation.
- ➔ Does the lack of information indicate that the recommendation has been rejected? If so, why has this not been explicitly stated, as with Recommendation 7 and reasons given?
- ➔ On what basis does the government consider it acceptable to provide no information? Is it aware of the seriousness of the issues addressed by Recommendation 22, including the (in)adequateness of the healthcare complaints process in detention, which was a key problem leading to the abuse which occurred at Brook House?

Healthcare – wider evidence of ongoing problems

- ➔ **Recent evidence from Medical Justice of ongoing problems with the provision and delivery of healthcare in detention.** Based on research published by Medical Justice in December 2023, the continuing issues include:

⁷² [Brook House Inquiry Report Volume 2](#), p 362

⁷³ [Government response to the public inquiry into Brook House Immigration Removal Centre](#)

- Failure by healthcare staff to identify or explore particular mental health conditions being experienced by detained people. This includes failure to diagnose Post-Traumatic Stress Disorder (PTSD) and other mental health conditions such as depressive disorders, psychotic disorders, anxiety disorders, and acute stress reaction, and a lack of mental capacity assessments.⁷⁴
- Inability and failure to provide adequate treatment in detention, including in relation to PTSD and other mental health conditions, as well as physical health conditions, such as asthma, neurological conditions, and infectious diseases.⁷⁵

➔ **Continued examples of a worrying culture amongst IRC healthcare across the detention estate**, found by Medical Justice in its daily casework with detained people. This includes dehumanising language and behaviour used towards detained people and disbelief of their mental and/or physical ill-health. For example, in the research referred to above, there were instances of disbelief or dismissive language used by staff around self-harm.⁷⁶

2.8 Staffing and culture

The Inquiry made **five** recommendations in relation to staffing and culture.

BHI Recommendation 23: Ongoing assessment of staffing levels

“The Home Office and contractors operating immigration removal centres must ensure that there is ongoing assessment of staffing levels (at least on a quarterly basis), so that the level of staff present within each centre is appropriate for the size and needs of the detained population.

“The Home Office must also ensure that the detained population does not increase at any immigration centre unless staffing is at an adequate level”.⁷⁷

Relevant information from the government response:

“Significant changes have been implemented to better define operational staffing levels”.⁷⁸

“Contract requirements across IRC contracted service providers are being reviewed to provide a policy on safe staffing levels and appropriate mitigations where staff capacity is temporarily an issue”.⁷⁹

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.

⁷⁴ Medical Justice (2023) *‘If he dies, he dies’: What has changed since the Brook House Inquiry?*, para 3.1.1, pp 21-22

⁷⁵ Medical Justice (2023) *‘If he dies, he dies’: What has changed since the Brook House Inquiry?*, para 3.1.2, pp 23-24

⁷⁶ Medical Justice (2023) *‘If he dies, he dies’: What has changed since the Brook House Inquiry?*, para 3.1.3, p 24

⁷⁷ [Brook House Inquiry Report Volume 2](#), p 363

⁷⁸ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.8.1

⁷⁹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.8.4

- ➔ Although the government states that “significant changes have been implemented to better define operational staffing levels”, no further details are provided. What have the changes consisted of? When and how were they implemented?
- ➔ The government states that “contract requirements across IRC contracted service providers are being reviewed to provide a policy on safe staffing levels and appropriate mitigations where staff capacity is temporarily an issue”. However, no further detail about this process is provided.
- ➔ Does the review of contractual requirements, and the policy that comes out of it, include the points set out in Recommendation 23? This includes an ongoing (at least quarterly) assessment of staffing levels to ensure they are appropriate for the size and needs of the detained population, and not increasing the detained population unless adequate staffing levels are in place.
- ➔ Is the review of contract requirements, and the policy that comes out of it, a new activity by the Home Office in response to the publication of the Brook House Inquiry’s report, or is it something the Home Office has already been doing? What is the timeframe for completing the review and implementing the policy? Who will be involved? Will experts and relevant external stakeholders be consulted?
- ➔ Does the Home Office accept that the detained population must not increase at any immigration centre unless staffing is at an adequate level, as set out in Recommendation 23?

BHI Recommendation 24: Mandatory training for immigration removal centre staff

“The Home Office, in conjunction with contractors, must ensure that all relevant immigration removal centre staff receive mandatory introductory and annual training on:

- mental health;
- race and diversity;
- a trauma-informed approach;
- their own resilience;
- drug awareness; and
- the purpose of immigration removal centres.

“This training must include the perspectives of, or be conducted in consultation with, detained people.

“The Home Office must also ensure, in conjunction with contractors, that new joiners must start on probation on completion of introductory training and be adequately supervised for a period of time as necessary to establish their competence to work independently”.⁸⁰

Relevant information from the government response:

“Significant changes have been implemented to... introduce accredited training, a code of conduct, and a mandatory staff engagement strategy”.⁸¹

“The ITC [initial training course] for all new contracted service provider staff in IRCs is undergoing a full review to ensure understanding of fundamental subjects including AaR [Adults at Risk], mental health awareness, racial awareness and safeguarding children. There will also be a mentorship phase following completion of initial training and annual refresher training to ensure new recruits

⁸⁰ [Brook House Inquiry Report Volume 2](#), p 364

⁸¹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.8.1

are effectively supported. These are contractual obligations that are also set out in the contract and certification DSO”.⁸²

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ The government states that “accredited training, a code of conduct and a mandatory staff engagement strategy” have been introduced but provides no further details. What do the accredited training, code of conduct, and mandatory staff engagement strategy consist of? When were they introduced? In the case of the training, who provides it? Which staff receive it?
- ➔ In terms of new joiners, the government states that the initial training course (ITC) is undergoing a review to ensure that fundamental subjects like Adults at Risk, mental health awareness, racial awareness and safeguarding children are understood. What is the timeframe for the review? When will the revised ITC be implemented? Are the fundamental subjects listed (AAR, MH awareness, racial awareness and safeguarding children) already covered in the current ITC? If so, how will the revised ITC be different?
- ➔ Will the other subjects mentioned in Recommendation 24 (trauma-informed approach; staff’s own resilience; drug awareness; and the purpose of immigration removal centres) be included in the ITC?? Will the ITC include the perspectives of, or be conducted in consultation with, detained people, as set out in Recommendation 24?
- ➔ The government does not mention new joiners starting on probation. Does the government plan to introduce probation periods, as set out in Recommendation 24?
- ➔ What does the “mentorship phase” described in the government’s response involve? Will it amount to ‘supervision’ (is it conducted by a peer, or a supervisor), as set out in Recommendation 24? How long will it last for? Will it assess new joiners’ competency to work independently? What other supervision will new joiners be subject to?
- ➔ In terms of existing staff, what training do they receive? Are any changes planned in light of Recommendation 24?

Recommendation 25: Improving the visibility of senior managers within centres

“Contractors operating immigration removal centres must ensure that senior managers are regularly present and visible within the immigration removal centre and are accessible to more junior detention staff”.⁸³

Relevant information from the government response:

The recommendation is not directed to the government and the response makes no reference to it.⁸⁴

Analysis and questions:

⁸² [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.8.2

⁸³ [Brook House Inquiry Report Volume 2](#), p 365

⁸⁴ [Government response to the public inquiry into Brook House Immigration Removal Centre](#)

- ➔ The recommendation is not directed to the government, therefore it cannot accept or reject it.
- ➔ The government is, however, ultimately responsible for its contractors. As such, can the Home Office provide information about IRC contractors' work in relation to Recommendation 25? And can it explain what it is doing to oversee contractors work in this area?

BHI Recommendation 26: Improving the visibility of Home Office staff

"The Home Office must ensure that its staff are regularly present and visible within each immigration removal centre".⁸⁵

Relevant information from the government response:

"The DET teams are being expanded, with further recruitment underway to support the Home Office's commitment to improving the access of detained individuals to Home Office staff. DET staff are regularly present and visible within the IRCs, using face-to-face interaction to build relationships with those in detention and help focus them towards return, utilising available incentives such as the Voluntary Returns Scheme and providing an important on-site link between people in detention and their case working teams. Being based at the centres, engaging with those in detention and on-site healthcare providers and contracted service providers, DETs work to identify and manage any vulnerability issues at the earliest opportunity".⁸⁶

Analysis and questions:

- ➔ The government's position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ What is the timeframe for the planned expansion of DET teams, as stated in the government's response? How many new staff will be recruited as part of it?
- ➔ Will simply adding more staff to DET teams fully address the problems found by the Inquiry in relation to Home Office staff visibility?

BHI Recommendation 27: Developing a healthy culture among staff

"Contractors operating immigration removal centres must develop and implement an action plan to ensure a safe and healthy staff culture in immigration removal centres. The action plan must address:

- the identification of and response to any sign of desensitisation among staff;
- training staff on coping mechanisms and secondary trauma awareness; and
- maintaining an appropriate balance between care and safety or security.

"The Home Office must regularly monitor each contractor's compliance with their action plans".⁸⁷

⁸⁵ [Brook House Inquiry Report Volume 2](#), p 365

⁸⁶ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.8.3

⁸⁷ [Brook House Inquiry Report Volume 2](#), p 367

Relevant information from the government response:

The response makes no reference to any work by contractors to develop and implement an action plan to ensure a safe and healthy staff culture, nor any work by the Home Office to regularly monitor compliance with said action plans.⁸⁸

Analysis and questions:

- ➔ The government response provides no information about the recommendation.
- ➔ Does the lack of information indicate that the part of the recommendation directed at the government has been rejected? If so, why has this not been explicitly stated, as with Recommendation 7 and reasons given?
- ➔ On what basis does the government consider it acceptable to provide no information? Is it aware of the seriousness of the issues addressed by Recommendation 27, given the impact that staff culture can have both on detained people and employees?
- ➔ Given that it is ultimately responsible for the work of its contractors, can the government provide any update or information about what its contractors are doing in this area? Will contractors be seeking external expert advice on the topic, given its specialist nature?

Staffing and culture – wider evidence of ongoing problems

- ➔ The Inquiry report noted with concern that staff it found to have been involved in incidents which likely constituted inhumane and/or degrading treatment contrary to Article 3 ECHR at Brook House remain employed at the centre.⁸⁹ It pointed out that some of these staff “are now in senior roles, with responsibility for setting the culture [at the centre], despite showing little or no real reflection on their actions”.⁹⁰ It also drew attention to “the defensiveness and self-preservation of a number of current Brook House staff, some very senior” which “suggest a failure to learn from the [events investigated by the Inquiry]”.⁹¹
- ➔ **The Inquiry raised serious concerns regarding 10 Serco staff members who are still in post, some of whom have been promoted.** They include:
 - Mr Stephen Loughton – was a Detention Centre Manager (DCM) at Brook House during the period investigated by the Inquiry, and at the time of the Inquiry report’s publication (September 2023) had been promoted to Assistant Director at Brook House.⁹²
 - Mr Steven Dix was a DCM during the period investigated by the Inquiry and as of September 2023, had been promoted by Serco to Assistant Director.⁹³
 - Mr Christopher Donnelly was a DCM during the period investigated by the Inquiry and as of September 2023 remained in post as a Detention Operations Manager.⁹⁴
 - Mr Stewart Povey-Meier was a DCM during the period investigated by the Inquiry and as of September 2023 remained in an equivalent role.⁹⁵

⁸⁸ [Government response to the public inquiry into Brook House Immigration Removal Centre](#)

⁸⁹ [Brook House Inquiry Report Volume 1](#), p 12 para 56

⁹⁰ [Brook House Inquiry Report Volume 2](#), p261 para 117

⁹¹ [Brook House Inquiry Report Volume 2](#), p261 para 118

⁹² [Brook House Inquiry Report Volume 2](#), pp 257-258 para 115.1

⁹³ [Brook House Inquiry Report Volume 2](#), p 258 para 115.2

⁹⁴ [Brook House Inquiry Report Volume 2](#), p258-259 para 115.3

⁹⁵ [Brook House Inquiry Report Volume 2](#), pp 259-260 para 115.4

- Mr Ryan Bromley was a Detention Custody Officer during the period investigated by the Inquiry and remained so as of September 2023.⁹⁶

➔ **Other members of staff criticised by the report also remain in post. This includes for example Dr Husein Oozeerally, currently lead GP at Brook House IRC.**⁹⁷ Ms Eves has stated that she will provide a copy of the report to the General Medical Council, indicating the severity of her concerns regarding Dr Oozeerally.⁹⁸

2.9 Complaints and whistleblowing

The Inquiry makes **four** recommendations in relation to complaints and whistleblowing.

BHI Recommendation 28: Action to address barriers to making complaints

“The Home Office and its contractors operating immigration removal centres must take steps to identify and address the barriers to making complaints that are faced by detained people, including a fear of repercussions. This must include training for staff on their role in enabling detained people to overcome these barriers”.⁹⁹

Relevant information from the government response:

“A comprehensive review into complaints, including medical complaints... is being undertaken. This has involved a review of the existing DSOs and improving the visibility of communications about and accessibility to complaints processes within every IRC. Engagement with residents themselves, as well as with the IMB [Independent Monitoring Board] and Prisons and Probation Ombudsman (PPO), is also being undertaken to obtain feedback on the existing complaints process. The DSOs will be updated once the review is complete”.¹⁰⁰

“Training has been updated to reflect BHI findings, highlighting... any obstacles that detained people may face in making complaints”.¹⁰¹

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ The response states that a “comprehensive review into complaints, including medical complaints.... is being undertaken”. However, it is not clear whether the review includes identifying and addresses the barriers to making complaints faced by detained people, including a fear of repercussions, as set out in Recommendation 28.

⁹⁶ [Brook House Inquiry Report Volume 2](#), p 260 para 115.5

⁹⁷ [Brook House Inquiry Report Volume 2](#), pp 90-91 para 50

⁹⁸ [Brook House Inquiry Report Volume 2](#), p 91 paragraph 50.

⁹⁹ [Brook House Inquiry Report Volume 2](#), p 368

¹⁰⁰ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.9.1

¹⁰¹ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.9.2

- ➔ Has the Home Office considered the difficulties that detained people may face in providing feedback on the complaints process (e.g. fear of reprisals)? What steps are being taken to address those difficulties?
- ➔ The response also states that “(t) raining has been updated to reflect BHI findings”. Why was the training updated before the review is completed or the DSO updated? How often is the training provided? Who is required to attend the training? Will further training be provided once the updated DSO is available?
- ➔ Will NGO stakeholders be consulted as part of the review, both on the draft DSO and the training?

Recommendation 29: Improving investigations by the Home Office Professional Standards Unit

“The Home Office must update Detention Services Order 03/2015: Handling of Complaints to clarify that, in investigations carried out by the Professional Standards Unit into allegations of serious misconduct against contractor staff:

- Professional Standards Unit investigators must carry out interviews themselves and not rely on contractors to do so.
- All staff against whom allegations are made must be invited to interview.
- Where there are inconsistencies between any accounts given of events, any evidence relating to those accounts (including footage and documentation) obtained by an investigating officer must be shown to the complainant and to the subject of the complaint prior to reaching a conclusion.
- The Professional Standards Unit must be given information about previous complaints made against alleged perpetrators, including unsubstantiated complaints.
- Previous disciplinary action against alleged perpetrators must be taken into account.
- Investigators must look for evidence that is both supportive and undermining of the complaint.
- Full reports must be sent to complainants (and their solicitors if applicable).
- Investigation reports and/or outcome letters must be sent directly from the Professional Standards Unit to complainants (and their solicitors if applicable).

“The Home Office Professional Standards Unit must ensure that training about the updated guidance takes place on a regular (at least annual) basis for staff dealing with investigations, as well as those responsible for managing them. The training must be subject to an assessment.

“The Professional Standards Unit must also review the training provided to investigators and ensure that investigators receive regular and adequate training, from a variety of perspectives, on issues including:

- the nature of immigration removal centres and issues that may arise;
- obstacles that detained people may face in making complaints;
- interviewing vulnerable witnesses; and
- use of force and assessing reasonableness of force”.¹⁰²

Relevant information from the government response:

¹⁰² [Brook House Inquiry Report Volume 2](#), p 369

“A comprehensive review into complaints, including medical complaints... is being undertaken. This has involved a review of the existing DSOs and improving the visibility of communications about and accessibility to complaints processes within every IRC. Engagement with residents themselves, as well as with the IMB [Independent Monitoring Board] and Prisons and Probation Ombudsman (PPO), is also being undertaken to obtain feedback on the existing complaints process. The DSOs will be updated once the review is complete”.¹⁰³

“The Home Office Professional Standards Unit (PSU) has been closely involved in the government’s review of the report. Many of the recommendations relating to the work of the PSU are already part of its standard operating procedures (SOPs) and those that are not will be incorporated. Training has been updated to reflect BHI findings, highlighting the nature of immigration removal centres and any obstacles that detained people may face in making complaints. The PSU has also sought expert training in interviewing vulnerable witnesses and has an embedded officer with expertise in the use of force and assessing reasonableness of force”.¹⁰⁴

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear. The information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ Although the government response states that the existing DSOs are being reviewed and will then be updated, it is not clear whether the updated DSOs will reflected the detailed requirements set out in Recommendation 29.
- ➔ Following the review, will any updates in fact be made to DSO 03/2015: Handling of Complaints? If updates are made, will they include the clarifications set out in Recommendation 29?
- ➔ Will the PSU provide training on the updated DSO on a regular (at least annual) basis for staff dealing with investigation and those managing them, as set out in recommendation 29?
- ➔ The government response states that “many of the recommendations relating to the work of the PSU are already part of its standard operating procedures (SOPs) and those that are not will be incorporated”. Will the relevant DSOs also be updated, as set out in Recommendation 29?
- ➔ The government response states that “training has been updated to reflect BHI findings” and that the training highlights two of the four issues set out in Recommendation 29 (the nature of immigration removal centres, and any obstacles that detained people may face in making complaints). No further information is provided.
- ➔ What does the training consist of? Who provides it? Who receives it? How often does it occur?
- ➔ The response states that the PSU “has sought” expert training on the third issue set out in Recommendation 29 (interviewing vulnerable witnesses). Has this training in fact been obtained? If so, who is providing it? What does it consist of, and when will it be implemented? Who will receive it?
- ➔ The response does not mention any training on the fourth issue set out in Recommendation 29 (use of force and assessing reasonableness of force). It instead states that the PSU “has an embedded officer with expertise in the use of force and assessing reasonableness of force”.
- ➔ Does this embedded officer provide training to investigators regarding use of force and assessing reasonableness of force? If not, will such training be provided?
- ➔ Can further details be provided about the embedded officer, including more information about what their role involves, the experience/expertise they have, and whether they are employed by PSU?

¹⁰³ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.9.1

¹⁰⁴ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.9.2

Recommendation 30: Improving the independence of the Home Office Professional Standards Unit

“The Home Office must:

- take steps to enhance the independence of the Professional Standards Unit from the Home Office and the perception of this independence; and
- increase the seniority of the Head of the Professional Standards Unit so that they are closer in status to the Heads of the relevant Home Office Immigration Enforcement teams”.¹⁰⁵

Relevant information from the government response:

“Whilst the seniority of the Head of the PSU will not be changed, the government is confident that the PSU operates within Advisory Conciliation and Arbitration Service (ACAS) Code of Practice on disciplinary procedures requiring fairness and transparency in workplace investigations. Should any complainant be dissatisfied with the outcome of an investigation, there are well communicated routes for escalation or redress outside the Home Office via the PPO [Prison and Probation Ombudsman]”.¹⁰⁶

Analysis and questions:

- ➔ The response makes not reference to the Home Office taking any steps to enhance the independence of the PSU or the perception of this independence. The response also states that the “seniority of the Head of the PSU will not be changed”.
- ➔ It therefore appears that the recommendation has been rejected.
- ➔ If so, why has this rejection not been explicitly stated and reasons given for it, as with Recommendation 7?

BHI Recommendation 31: Improving the process for and response to whistleblowing

“The Home Office must update Detention Services Order 03/2020: Whistleblowing – The Public Interest Disclosure Act 1998 to require contractors that run immigration removal centres to:

- have a whistleblowing policy and procedure that is specific to the immigration detention environment;
- ensure that the whistleblowing mechanism is not limited to a hotline and allows for anonymous reporting of concerns;
- ensure that those who receive whistleblowing concerns have an understanding of immigration removal centres;
- take active steps to encourage staff to use whistleblowing processes, for reasons including those set out at paragraph 10 of Detention Services Order 03/2020; and
- ensure that whistleblowing concerns are investigated thoroughly by someone external to the immigration removal centre, and that the Home Office is informed of the nature of the concern and the investigation carried out.

¹⁰⁵ [Brook House Inquiry Report Volume 2](#), p 370

¹⁰⁶ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.9.3

“The Home Office must ensure that training about the updated guidance takes place on a regular (at least annual) basis for staff dealing with whistleblowing, as well as those responsible for managing them. The training must be subject to an assessment”.¹⁰⁷

Relevant information from the government response:

“A comprehensive review into... whistle blowing processes is being undertaken. This has involved a review of the existing DSOs... The DSOs will be updated once the review is complete”.¹⁰⁸

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ The government response states that the existing DSOs are being reviewed and will be updated once the review is complete. Will the updates reflect the detailed requirements set out in Recommendation 31?
- ➔ Will the Home Office also ensure that training on the updated DSOs is provided on a regular (at least annual) basis for staff dealing with whistleblowing, as well as those responsible for managing them, and will this training be subject to an assessment, as set out in Recommendation 31?

2.10 Inspection and monitoring

The Inquiry made **two** recommendations in relation to inspection and monitoring.

BHI Recommendation 32: Enhancing the role of the Independent Monitoring Boards

“The government must:

- respond to and publish responses to all concerns raised by any Independent Monitoring Board regarding immigration removal centres;
- take steps without further delay to amend the Detention Centre Rules 2001, in so far as they govern Independent Monitoring Boards, in order to accurately reflect their current role; and
- consider whether to put the National Chair and Management Board of the Independent Monitoring Boards on a statutory footing”.¹⁰⁹

Relevant information from the government response:

“The report highlighted the lack of statutory status for the National Chair and Management Board of the IMBs. In the Prisons Strategy White Paper (2021), the Ministry of Justice (MoJ) committed to pursue legislative reform that will provide the relevant arm’s length bodies, including the IMBs, with the statutory framework needed to undertake scrutiny activity as effectively as possible. The MoJ intend to legislate as soon as Parliamentary time allows”.¹¹⁰

¹⁰⁷ [Brook House Inquiry Report Volume 2](#), p 371

¹⁰⁸ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.9.1

¹⁰⁹ [Brook House Inquiry Report Volume 2](#), p 372

¹¹⁰ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 6.10.2

Analysis and questions:

- ➔ The government’s position on the recommendation is unclear – the information provided in the government response does not offer enough detail to allow a conclusive assessment.
- ➔ The government response states that the MoJ “committed to pursue legislative reform” that will provide IMBs with “the statutory framework needed to undertake scrutiny activity as effectively as possible” and that the “MoJ intend to legislate as soon as Parliamentary time allows”.
- ➔ The response does not mention responding to and publishing responses to all concerns raised by any IMB regarding IRCs.
- ➔ Does the MOJ’s intended legislative reform include the amending the Detention Centre Rules 2001, as set out in Recommendation 32?
- ➔ What is the expected timeframe for the MoJ to bring legislation, given current legislative business, parliamentary recesses and an expected general election this year?

BHI Recommendation 33: Improving the investigation and reporting of HM Inspectorate of Prisons and Independent Monitoring Boards

“HM Inspectorate of Prisons and Independent Monitoring Boards working within immigration removal centres must ensure that they have robust processes for:

- obtaining and reporting on an enhanced range of evidence and intelligence from detained people and those who represent or support them, staff and contractors, including that which is received outside of inspections or visits; and
- reporting on any concerns about the Home Office and contractors”.¹¹¹

Relevant information from the government response:

The recommendation is not directed to the government, and the response makes no reference to it.

Analysis and questions:

- ➔ The recommendation is not directed to the government, therefore it cannot accept or reject it.

2.11 Additional points from government response not related to specific BHI recommendations

The government response also included a number of additional points which do not relate to a specific BHI recommendation, but about which parliamentarians may wish to seek further information from government. These points are shared below, along with suggested questions to ask in relation to them.

¹¹¹ [Brook House Inquiry Report Volume 2](#), p 373

Cross-government working group

“A cross-government working group, under the chairmanship of the senior civil servant for detention services, has been considering the report and recommendations in detail and will continue to monitor the appropriateness of and adherence to policy and operational guidance to ensure those involved in overseeing and running the estate remain cognisant of inquiry recommendations”.¹¹²

Questions:

- ➔ The response refers to the “senior civil servant for detention services” who has been appointed to chair the cross-government working group.
- ➔ Is the government aware of the concerns raised by the Chair of the BHI, Kate Eves, to the House of Lord’s Statutory Inquiries about this appointment? The concerns include that the civil servant in question was a senior policy lead in the Home Office at the time when the mistreatment investigated by the BHI occurred and were also involved in defending a judicial review into the BHI taking place, and that Core Participants to the Inquiry may therefore find it difficult to trust in their objectivity and independence.¹¹³
- ➔ Does the government plan to take any action to address Ms Eves’ concerns?

Home Office Analysis and Insight evaluation

“Separate to this [BHI] response, evaluation undertaken by Home Office Analysis and Insight (HOAI) indicated that the AaR policy has been a successful tool in protecting those people with the most severe vulnerabilities from long stays in detention, and that staff became better over time at identifying and responding to changing vulnerabilities. Taken together with the pre-detention processes involving the detention gatekeeper, and the processes for assessing vulnerability in detention, the findings suggest that the current policies are an effective way of safeguarding vulnerable adults. Whilst an internal Home Office review, HOAI received independent oversight and advice from the Stephen Shaw chaired Shaw Analytical Advisory Panel (SAAP)”.¹¹⁴

Questions:

- ➔ The response refers to an evaluation by Home Office Analysis and Insight (HOAI). When was this evaluation undertaken? Was it before, during or since the BHI took place?
- ➔ Are the results of the evaluation publicly available? If not, can a copy be made available to parliamentarians?
- ➔ The response refers to a Shaw Analytical Advisory Panel (SAAP), which provided oversight and advice to the HOIA. When was this panel set up and how often did/does it interact with the HOIA? What is its remit? In addition to Mr Stephen Shaw, who else sits on the SAAP?

3. Case study: Client’s recent experience at Brook House IRC

¹¹² [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 5

¹¹³ Statutory Inquiries Committee, *Corrected oral evidence: Statutory inquiries* (HL, 2023-24) p 46. See also [Letter from Rt Hon James Cleverly MP to Kate Eves](#) (4 January 2024). For details about the judicial review cited by Ms Eves, see [MA & Anor v The Secretary of State for the Home Department \[2019\] EWHC 1523 \(Admin\) \(14 June 2019\)](#)

¹¹⁴ [Government response to the public inquiry into Brook House Immigration Removal Centre](#) para 8

M, a former client of Medical Justice, was detained at Brook House Immigration Removal Centre (IRC) for 52 days in 2023.

His testimony, shared below, provides an insight into the ongoing situation at Brook House and the profoundly damaging impact that detention can have on those subjected to it.

“There was no humanity”

I was reporting to the Home Office for almost four years. I never failed to report for a single day. And yet I was detained. I had a mental breakdown when I was detained. Everything turned to physical pain, chest pains, my whole body started turning numb. I requested the doctor. They said I would see a doctor when I was in the detention centre. They didn't care whether I was going to make it to the detention centre or not.

At the detention centre they brought me up to a nurse who gave me painkillers. Accessing healthcare in the detention centre was an impossible mission. I had to complete about seven request forms. It was difficult to get a prescription for antidepressants, which I needed because I was in the most horrible state I've ever been in.

A week after I was prescribed antidepressants I was sent a mental healthcare nurse to check on me. After I started telling her my whole story—my experience of torture, that my sister passed away, and how that made my depression even worse—she started laughing in my face.

It's hard to speak about this. I went to my room. I was having panic attacks, and at one moment I was almost feeling quite suicidal. I had two boxes of painkillers in there. I was thinking whether to swallow those boxes and end it or whether to throw them down the toilet. And I decided to throw them down the toilet. I'm proud of myself.

I witnessed a lot of mistreatment during my time there. The guy [Mr Alfred Dosku – see section 2 below] who died by suicide, by hanging himself, I remember his birthday, because I was the one who helped him write a letter to the Home Office about his situation. They were his words, but in English, because he didn't know how to write in English. That's never going to leave my mind. There was another guy who set himself on fire. He had been kicked out of the medical centre when he went to request help.

I also witnessed the officers using an excessive amount of force with one of the guys, damaging his jaw and leaving a scar on his throat. He couldn't eat or swallow for a week. I think he's still in detention.

It seemed like the doctors were against you. There were humans in there, but there was no humanity.

M, former Medical Justice client, 29 January 2024¹¹⁵

¹¹⁵ Elisabeth Mahase, [“Immigration detention: BMA calls for abolition, amid health and human rights concerns”](#), British Medical Journal, 1 February 2024