

Home Affairs Committee

Oral evidence: [Channel crossings, migration and asylum-seeking routes through the EU](#), HC 705

Wednesday 25 November 2020

Ordered by the House of Commons to be published on 25 November 2020.

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Members present: Yvette Cooper (Chair); Ms Diane Abbott; Andrew Gwynne; Adam Holloway; Dame Diana Johnson; Tim Loughton; Stuart C McDonald.

Questions 505 - 576

Witnesses

I: Mary Molyneux, Chair, Brook House IRC Independent Monitoring Board; Dame Anne Owers, National Chair, Independent Monitoring Boards; and Dr Hindpal Singh Bhui, Inspection Team Leader, HM Inspectorate of Prisons.

II: Sarah Burnett, Operations Director, Immigration & Secure Logistics, Serco; and Paul Morrison, Immigration Services Director, Mitie Care & Custody.

Written evidence from witnesses:

[Independent Monitoring Boards \(CHA0052\)](#)



Examination of Witnesses

Witnesses: Mary Molyneux, Dame Anne Owers and Dr Hindpal Singh Bhui.

Q505 **Chair:** Welcome to this evidence session for the Home Affairs Select Committee as part of our ongoing inquiry into channel crossings. We are grateful to the witnesses joining us this morning. For our first panel we have Dame Anne Owers, the national chair of Independent Monitoring Boards, Mary Molyneux, the chair of independent monitoring board for Brook House, and Dr Hindpal Singh Bhui, the inspection team leader from Her Majesty's Inspectorate of Prisons. We are looking today at the response to people arriving, and at the services and provision provided when people are arriving by boat.

Can I begin with our first witnesses and ask two questions? First of all, tell us what changes you have observed happening and what your organisation has been monitoring this year, both in terms of the pattern of people arriving by boat rather than by lorry and being sent to different accommodation or different centres. Also, any changes that you have seen in the Government's policy response, in the pace of returns or different approaches. Secondly, what issues is this raising for you and for your organisations, and are there any concerns that you have?

Can I start with the first question, asking what changes you have seen over the last year?

Dame Anne Owers: I suppose the biggest change that we have seen is the concentration and the compressed nature of what is happening to Channel boat detainees and the impact that is having on stress and anxiety for detainees, and also for staff, but principally for detainees, particularly at Brook House, which is where people end up.

The whole process is moving so swiftly, it is almost like a pinball machine where people are moved from Dover to Yarl's Wood to Brook House, potentially out on removal flights, without the ability at any point properly to assess vulnerability, risk, age, asylum claims, medical assessments and so on, and ending up with detainees in considerable amounts of stress and anxiety at Brook House. That has been very new and very obvious over the last few months.

Q506 **Chair:** Can you tell us more about what is actually happening? I want to come on and ask you about your concerns about assessments and anxiety and so on. Just in terms of how quickly compared to previously, what are the levels of concentration of people in different locations and how is that different to previously?

Dame Anne Owers: I think it is the speed, the movement and the lack of information that is of great concern. Of course, it is the numbers. The number of detainees at Brook House has doubled in a relatively short time. Mary may be able to add more about what is happening there if you want that at this point, Chair, but otherwise that is the general picture we are picking up.



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Mary Molyneux: Yes, at Brook House in particular there has been a complete change in the nature of the population, certainly from about July or August. Before that it was largely time-served foreign national offenders. The last of those were moved out and Brook House has become entirely for charters, so detainees are moved there in preparation for removal on flights.

The population has been changing a little in the last few weeks, but the population, nationalities, are people you never usually see at Brook House. Brook House is usually for time-served foreign national offenders and others with immigration issues, overstayers, visas not right and so on. This population is from Sudan, Iraq, Iran, Yemen and Eritrea. Most of them—certainly all of those I encounter—are asylum seekers. They are people who are not familiar with institutions such as Brook House. They have not come from a prison or they have not encountered much of, say, immigration processes and procedures before.

Anne has touched on information. We find their need for information, even understanding what is going on, different from what it was before. Staff have had to adjust to that. That is the main thing.

It is a very different population, entirely there for the purpose of removal and—we will probably come to it later—there is a clear correlation between the start of the current programme of EU removals and very high levels of vulnerability, self-harm, threats of suicide; very high compared to usual. The centre is under great stress at many levels, systems, processes, staff, detainees, but that is the fundamental change.

Q507 **Chair:** Before we get on to the consequences that you have seen, when you talk about the start of the current programme, can you describe what you have seen happening and what this means in practice at Brook House?

Mary Molyneux: I think the first of this current series of flights to EU Dublin Convention countries was 12 August. Since then, yes, it is the change of population and the nature of issues that have to be dealt with by staff, frontline staff in particular. There is a very significant increase, besides the harm and the stress the detainees are going through, in the impact on staff, with the number of constant watches, supervisions, that kind of thing, making sure people get the right information and understanding. There have been issues like access to lawyers. That has significantly improved.

Q508 **Chair:** Let me come back to that in a second, because I want to start by establishing what policy changes we are looking at, at the moment, and what things have changed during the course of the year. Can I just go to Dr Bhui and then I will come back to you both on the nature of the consequences you are seeing?

Dr Bhui: Good morning. The Inspector of Prisons has undertaken inspections of conditions at Dover. We are also seeing people moving



from Dover to other facilities, so we have a view across the system of what is happening. Our fundamental view about what has changed is that not enough has changed to deal with what have been very high numbers of migrants coming across the Channel, but we do not believe the rise in numbers was unpredictable. It may be unprecedented to have that many coming in small boats across the Channel, but we pointed out in the report we published that a major incident was declared in 2018 because of arrivals in small boats. In our view, there should have been a lot more done to prepare for the number of detainees coming into Dover initially. The physical conditions for detainees should have been better, and I can go on to describe those in more detail later. Also, I think we have seen a strain on management processes and on safeguarding processes in particular.

We have very specific concerns about safeguarding children, about the way that vulnerable adults are being managed and the way that people are being moved around the system, so I support what Anne has just said about people moving around the system without enough care taken to meet individual needs.

Q509 Chair: Before I ask you about those concerns and consequences, we have had other evidence about the fact that numbers from other routes into the country have fallen. Numbers of people arriving by lorry or on flights coming to claim asylum had fallen, but numbers on boat crossings had increased. Have you seen a shift, therefore, in which centres need to respond? Have you seen a drop in the response in other areas?

Dr Bhui: Yes. There has been a definite shift away from people arriving through the Channel tunnel on vehicles. That is something we saw happening a lot in 2015-16 when we last went to Dover. The pressure is less on the immigration removal centres. At the moment, numbers are very low anyway. The pressure is more on the short-term holding facilities, which first receive people coming into the country. Also, on the other end of the process, when people are due to be removed, usually by charter flights. There has been a move towards pressure on short-term holding facilities, I think.

Q510 Chair: Can you give an overview of your concerns and the kinds of problems you are seeing?

Dr Bhui: If I start at Dover, our concern initially was that there were large numbers of people arriving at Tug Haven. They were wet. They were cold. They had often spent many hours in the open air, and they were received into what we described as something looking like a building site. There was rubble on the floor. There weren't adequate facilities to hold people in. People were wet, cold and outside.

The closed facilities there were also not big enough, which meant social distancing was almost impossible. We were there in September when clearly there were concerns about making sure that the potential for infection was being managed. Basic supplies were running out, so this is



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what I meant by the strain on systems. Dry clothes were running out. We found that people were being placed in escort vehicles to go to Yarl's Wood in wet clothes and arriving at Yarl's Wood shivering. There was no ready access to showers or to lockable toilets at Dover.

The positive we saw there is that individual detainees were telling us they were treated respectfully by staff. They certainly were not being treated abruptly or nastily but, unfortunately, the conditions were just not good enough, and that speaks to a lack of planning and some systemic problems.

When people were moved from Tug Haven to the other facilities, the Kent Intake Unit—which was the main place that people went to from there—the concern was that it is a facility designed for relatively small numbers of people. There were some hundreds, going into the thousands, going through that facility, so it simply could not cope.

There were people being held in a short-term holding facility, which should really only hold people for a few hours, for days on end. We saw some people being held for more than two days in the Kent Intake Unit, and it does not have any sleeping facilities. Access to showers is quite poor, and bear in mind that people arrive covered in sea water, exhausted and are not really able to keep themselves clean, so that was a real concern.

There were some basic things that were just going wrong. For example, the women's toilets were not functioning properly. There were no handwashing facilities. We thought that was a basic failure at a time of pandemic: there were no handwashing facilities or even sanitiser being placed in the women's toilets.

Q511 Chair: Why is that? Why were people being kept there for several days? The overall number of people arriving in the country to claim asylum was lower than in previous years, and in previous years, when people have arrived through different routes, they have not been held for three days in conditions like that. There have been places for people to go. Why was this suddenly such a problem?

Dr Bhui: It is difficult for me to answer that in full. I think that is a question for the Home Office, but certainly there were higher numbers coming through a smaller area. I understand why there would be more pressure initially on those facilities. I understand less why they were held for quite so long before being moved to other facilities, given there is plenty of space in the immigration detention estate more generally. In fact, I think the estate is currently running at only about 25% of capacity. We thought, similarly, that people should be moved more quickly from those areas.

Q512 Chair: Just to clarify, that 25% figure is for which bit of the immigration detention estate?



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Dr Bhui: That is my rough calculation of the immigration removal centre capacity, based on the most recent figures I have been given.

Q513 **Chair:** Anne Owers, can I come back to you on the consequences that you have seen as a result of these changes?

Dame Anne Owers: What we have seen is the bit in between what Hindpal Singh Bhui has been describing. First of all, we have seen people moved off to Yarl's Wood without the right documentation, sometimes without medical assessments having been carried out and sometimes having to be taken to hospital because of medical conditions, so imperfect handover of documentation around people.

As I said earlier, because of the speed of removal to Brook House, there is not enough time to do assessments properly. We have seen minors, for example, children not being identified at an early stage and certain medical conditions not being identified and so on, everything following behind the detainee rather than being in front of them, and being able to deal with those concerns.

Our major concern—and the reason that we wrote to the Immigration Minister on 2 October—was the impact this was having, as Mary Molyneux has described, at Brook House and on the charter flights, with very high levels of self-harm and suicide threats and attempts, constant 24-hour watches. At the moment, from what I understand, 10 or 11 in one day, because people are being whisked around in a system they do not understand. They don't know where they are going, they don't know what is happening to them and they are fearful and anxious and in desperation. The impact of the stress and anxiety levels, for them and for other detainees held in the centre, is something that we haven't seen before. I cannot remember IMB colleagues expressing such huge concern about detainees and their welfare and wellbeing. Those are the major concerns that we have been describing.

Moving on to the charter flights, sometimes people need to go to hospital at this point. You get a sense that this is a process that is not paying enough attention to people. That the imperative of moving people on, moving people quickly, is getting in the way of proper care for human beings who are in this process, but Mary can talk more about the Brook House situation.

Mary Molyneux: Everything Anne has said about the impact on detainees, yes, and we can give details of the kinds of things that are happening: the self-harm you see on a daily basis, the impact on others. Also, the strain on the systems and processes there, the safeguarding processes, with all these people who are self-harming and threatening suicide, other issues, and the constant watch as part of the safeguarding process put in place. Anne has said that, just over the last weekend, there were 10 or 11 men needing constant watch at one time. That is part of the process, part of the care for them, and constant watch is not done lightly. It can be a huge strain on the detainee who is being



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watched and can upset them further. It is a member of staff watching them, literally 24 hours a day, with staff taking half-hour turns. You can see the stress and strain that brings, both on staff and detainees.

Also, healthcare at Brook House by its own admission—I think probably in about August—has effectively become a reactive service, because the priorities and time were all necessarily going to the demands of vulnerable detainees and responding to self-harm attempts, having to sit and attend in constant watch reviews and assessments. There was a big spike in food refusals and the daily attention that healthcare needed to give to that. Fortunately, that has declined.

There is a huge backlog in the Rule 35 processes, which is the process where detainees can seek an assessment—usually it is a result of a self-declared claim that they have suffered torture—which again has reduced, but there are still delays, so that has been the impact on healthcare.

Hindpal mentioned the age-dispute process. There is still something not right there. In September there were four age disputes at Brook House, and three young people were released into the care of social services. In October there were eight age disputes and seven were released into the care of social services, so something is wrong in the system that that is still not being picked up until the final stage of removal.

The induction process, and this is important—this is a combination of Covid—needs to separate out detainees, based on arrival, but also the volume of people coming in for the flights. Had we changed the usual standard structure, giving of information, it was being given more ad hoc. That has also caught up, but we had concerns for months: are detainees getting the right kind of information, the necessary information they need on how to contact a lawyer, how to get healthcare? Having a different population with different needs to before has been a strain.

Those are the main things, talking about strain on the system, but the fundamental problem at Brook House is the nature of this charter programme, the number of charters that are being run. They are to EU Dublin Convention countries, and these charters historically have issues around self-harm, problems like that. There are so many of them. Since August there have basically been one or two a week. I think there is a week coming up when there are three. That is simply unheard of at Brook House or at any detention centre, and they are all concentrated in Brook House. They are not, for example, spread around different immigration removal centres.

That is the heart of all these problems. It is the concentrated nature of the programme and just the continuous nature. There is no break from it. There is no stop for detainees or staff. People are living with it. If you miss one charter, if you are not removed because an objection or representation is put in, it doesn't necessarily mean you are released. If you miss a charter to France one day, there is another charter to France in two weeks. You could well be staying at Brook House that time, too. It



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is relentless, continuous, concentrated. They are quite emotive words, but that is what is happening. That is the fundamental thing at Brook House that is causing the issues.

Q514 **Chair:** In terms of the way that the system would previously have operated, was that about the spread and the location of where people were? Was it about the number of flights, or was it about the length of time for people to have assessments? I am interested in what is different about the current arrangements compared with previously that you are seeing these problems arise.

Mary Molyneux: Certainly at Brook House it is about the spread. To have so many charter flights—I do not have statistics, and we can get them from the Home Office—particularly to EU countries, there used to be a matter of months between them, at least, from my recollection. We would have to back that up, but it was certainly nothing like this. They are close together. There are so many of them and they are all from one place, yes.

As you know, charters are going to areas other than the Dublin Convention countries. There are some to west Africa and Pakistan, places like that. They are essentially going out of Harmondsworth, Colnbrook at least, and detainees for them could also have been coming into Brook from places like Morton Hall and other centres. That is the main problem and main difference.

In terms of time at Brook House, I don't have data on how long people are staying there. I think the men come in for the flight and there are now, I believe, five business days' notice, removal directions that the Home Office is giving and the expectation is they would leave. The fact is most men are not leaving. Far and away, most men are not being removed. They are still staying there, so people are staying longer in these conditions than had been anticipated.

Dame Anne Owers: In a way, Chair, the answer to your question is all of the above. It is partly about the movement between centres and the inability to assess genuine vulnerability and risk at the right point, and then the pressure at the other end. As Hindpal Singh Bhui said, we have an immigration detention estate that is certainly less than half full. It is not clear why there cannot be some sort of release of pressure by having people in different bubbles, in different places.

A disappointment for us is that the boards were so concerned that Mary and her colleague who chairs the charter flights removal team, the independent monitoring board, wrote to the Minister on 2 October saying that cumulatively this was, in their view, inhumane treatment and asking what mitigation or forward planning there was to try to at least manage this in a better way, and sadly there has been no response.

Q515 **Chair:** My final question to all of you: given the Home Office's objective, which it has set out, to be able to respond very quickly to the Channel



crossings and to be able to apply the Dublin processes very quickly, what additional services or what different kinds of services did it need to put in place to be able to address this in a way that has in place proper standards, proper support for people and proper humanity?

Dr Bhui: First of all, there needs to be a refocus on the systems that are supposed to be in place. Just reflecting on what Anne and Mary have said, our concern over charter removal flights has been that a number of third-country removals have been cancelled. Often that is because vulnerability has not been properly assessed at the earlier stage, so it leads to more stress for the detainee, more stress for the system and a lot of inefficiency and a lot of human misery that could be avoided by proper assessment and proper safeguarding processes.

The other thing I wanted to mention is that we were particularly concerned about the processes for safeguarding children. Those processes appear to have fallen down to us.

Q516 **Chair:** Can I pause you on that one? We want to come back to that. Finally, Dame Anne Owers or Mary Molyneux, is there anything else that you think the Home Office should have done to prevent or address these concerns, given its overall policy objectives?

Dame Anne Owers: I would echo what Hindpal Singh Bhui has said about proper assessment, having the capacity to make sure you assess full vulnerabilities, as well as being able to move towards removal those who should be removed. I feel that the systems and processes you need to have in place, in order to achieve your own objective, let alone to provide decent conditions and treatment for those who are being held in detention, just were not there.

As I said earlier, in an immigration estate that is by no means full—certainly less than half full—why everything has to be focused in a way that magnifies anxieties and concerns for other detainees and for everyone is not easy to understand.

Q517 **Andrew Gwynne:** Can I explore further some of the questions on the health and vulnerability of detainees? Dr Bhui, HMIP findings show that not all detainees received screening. There was no out-of-hours provision at the Kent Intake Unit, so treatments were conducted outside at Tug Haven and some people arrived at Yarl's Wood with injuries or untreated conditions. Very briefly, do you think the Government are meeting a duty of care for these people?

Dr Bhui: We found on the basis of our inspections that there were certainly some shortcomings in making sure that welfare needs were being assessed and addressed. One of our biggest concerns was that asylum screening interviews were taking place, for no apparent reason, in the middle of the night, including for children who were meant to have had welfare interviews.



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Some children, for example, arrived in the afternoon and the welfare interview would take place at 3 o'clock or 4 o'clock in the morning. Our view is that missed the point of what a welfare interview is meant to be. We saw similar concerns around the assessment of adult vulnerability. The abridged asylum interview, which was being used, was often being undertaken in the early hours of the morning.

When we looked at records of these interviews, they were often very short and sharp, very perfunctory. They didn't give us a sense that vulnerability had been properly assessed. The lack of focus on vulnerability was a key concern throughout. For example, we asked for the number of national referral mechanism referrals from each facility, and we could not get that information. We were told it wasn't possible to break it down. The Home Office itself, we felt, could not properly assess whether or not procedures to identify and manage potential trafficking were being adequately implemented in individual centres.

Q518 Andrew Gwynne: Do you see any indication from Ministers or from the Department that they are taking these issues seriously and putting in procedures to improve them?

Dr Bhui: That remains to be seen. We have made recommendations, and we will await the response to those recommendations in our inspecting outcomes next time we go.

We may come on to this later, but I would say that our ongoing concern is that the response to the previous recommendations has been partial at best. Often the response has not been good enough in most of the recommendations. To give you an example, last time we were in Dover we made 13 recommendations. This time only one of those was fully achieved, and eight of those were not achieved at all, so I think there is some concern about the response to the issues that we have highlighted.

Q519 Andrew Gwynne: Dame Anne, because the IMB has also noted particular concerns about the number of men arriving at Yarl's Wood IRC with injuries, untreated conditions, including broken wrists, leg injuries and, indeed, advanced cancer, do you think the Government are meeting a duty of care to these people?

Dame Anne Owers: I would underline what Hindpal has said, which is that proper assessments are clearly not being made of everybody, including those who have medical conditions and those who are vulnerable, and sometimes because they are not in place. My understanding—and it may have changed since—is that, even at the Kent Intake Unit, medical staff are only available between 10 am and 4 pm. Sometimes people did not have assessments and were moved on. Sometimes the documentation that came with them was not right. Some came with medication, some came without medication, so at that point in the process, that very early stage, some of those assessments, needs and support clearly were not being provided.



Q520 **Andrew Gwynne:** Dr Bhui, turning to children, HMIP also found that there were failings with the vulnerability assessments, resulting in vulnerable people, including children, being detained overnight and for far too long. This is a concern that was raised in the 2016 inspection report. Why has that not improved in four years, and what do you think needs to be done?

Dr Bhui: I do not have a clear answer as to why that has not improved. What I can say is that what we found this time was quite disturbing in some respects. There were, of course, a number of children going to the facility. I think there were 73 unaccompanied children and some 250 children with families going through the Kent Intake Unit in the three-month period that we looked at.

I mentioned a concern about welfare interviews. Children were held for up to 66 hours in the Kent Intake Unit, which is a totally inappropriate environment for them. We picked up a couple of very specific concerns. One was the case of a 12-year-old boy who had arrived with his 18-year-old brother we think. We looked at records and found that these two had been transferred to asylum accommodation in a local authority, so the obvious question is whether social services were informed that a child was being taken to their area. Were basic safeguarding processes put in place?

UKVI were responsible here. They could not tell us, to start with, what had happened. The inspector who was involved chased it up, got no response, passed it on to me. I chased it up. I eventually got a response after chasing it myself a couple of times. It eventually came to light that UKVI had not informed the local authority about this child going to that area, and the obvious question to which I want to know the answer is, "Well, do you know now if this child is being properly safeguarded?" and I still have received no answer from them.

In the meantime, we had made an independent safeguarding referral, as you would expect, to the local authority. It has no knowledge of this child, so something serious has gone wrong. I asked for details of the investigation that I was told was about to be instituted on the back of this accepted failure, and I have been given no details of that. One of the things I would want to know about is why it took so long to respond to the concerns raised by us when we first arrived, but fundamentally I want to know what has happened to the child and whether or not the Home Office can tell us. We have no answer to that yet.

The other case I want to mention briefly is that the pressure on numbers at Dover has, as I said earlier, led to some safeguarding processes falling down. We came across an individual who, to us, looked extremely young, clearly very young. We only saw this child when he arrived at Yarl's Wood, because he was entirely missed at Dover. No one spotted him. He was placed on the vehicle to go to an adult detention centre. When he got to Yarl's Wood, I have to say the response was very good. Yarl's Wood staff were doing a good job of identifying and managing



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vulnerability, but it clearly should not have got that far. He should have been spotted. He should have been assisted and safeguarded at Dover.

Q521 **Andrew Gwynne:** On that point, the statistics we have as a Committee is that, in the three months to the end of August, four children had been transferred to Yarl's Wood.

Dr Bhui: That is right.

Andrew Gwynne: I think in September a further seven had been identified. Why do you think this is happening?

Dr Bhui: I go back to my previous answer. I think there is a lack of focus on safeguarding responsibilities, and the pressure of numbers is a reason for it being difficult to discharge those responsibilities. It is not an excuse for not doing it. There needs to be a refocus on making sure that children are properly safeguarded.

I gave you this case of the child transferred to asylum accommodation, because I think that is indicative of a deeper problem perhaps. You could understand perhaps if one child slipped through, and these things could happen, but not the numbers we have seen. I don't understand at all why we had such a poor response to the concerns raised about this child being transferred to asylum accommodation.

Q522 **Andrew Gwynne:** In your view, is this a Home Office failing or is it a failing of the local authority that has child safeguarding responsibilities, or is it a mixture of both? We have taken evidence from Kent County Council, so it would be good to hear from you what you think the impact of this lack of capacity, which Kent County Council described to us, to take further child arrivals into care is having on the wider system.

Dr Bhui: We had heard, of course, that Kent had said it was unable to take more children into care. Other local authorities were sending social workers to Dover to assess and transport children. That clearly added a lot of time into the process, so children were bound to be detained for longer as a result. Whether that is acceptable I don't know. I don't know what the pressures are on the council and whether or not a different decision could have been made.

It is the clear responsibility of the Home Office—I come back to what I said earlier—to safeguard children. The pressure of numbers is not an excuse not to do it.

Q523 **Andrew Gwynne:** Dame Anne, you also referred to the issue of children in reply to the Chair. What are your views on the issues I have just raised?

Dame Anne Owers: Much the same. Dover is aware that Kent County Council has said it cannot take any more unaccompanied children. Therefore, other local authorities are being pressed to do so. Therefore, children are waiting for much longer and they are obviously being dispersed we don't know where to.



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The other thing is that, at each point throughout the system—this process I have described of Dover to Yarl’s Wood to Brook House—people are identifying that there are minors being held in detention who should not be there. That, for me, is an indication that the things Hindpal has pointed out in a couple of individual cases are actually systemic, that the system is not picking up at the right point those vulnerable children who ought not to be in detention and ought to be safeguarded.

I think Mary can confirm that this happens at Brook House too, that people are being identified as minors at that point in the process when they have already been through two or three different alleged assessments.

Mary Molyneux: Yes, and then Brook House is working with safeguarding at West Sussex. Brook House works with them. It is true of other vulnerabilities, too. People come all the way through the system to Brook House and then issues are raised about trafficking, modern slavery, NRM referrals even at that point. There were about 32 of those claims open at the end of October at Brook House. It is the speed at which people are going through the system. Maybe the right questions are not being asked. It is a mix of things but, yes, right at the end of the process, if you will, removal, there are still new vulnerabilities or signs of new vulnerabilities emerging of things that have not been picked up.

Andrew Gwynne: These are really serious failings, and certainly something that we as a Committee ought to be raising with Ministers. Thank you.

Q524 **Stuart C McDonald:** Thank you to our witnesses. Your evidence in this session has been quite alarming so far. I was going to ask you all about the evidence that has been provided that says the number of detainees at these centres who are determined to be vulnerable or adults at risk is surprisingly low and why that might be, but I am guessing, from what you have said so far, that you think that is a function of inadequacies in identifying these adults rather than any statistical anomaly or anything like that.

Dame Anne Owers: I would be interested to know what evidence there is about it being low because, unless I am wrong—Mary will tell me if I am wrong—I think in October about half of the detainees at Brook House were on the register of adults at risk.

Q525 **Stuart C McDonald:** I think the evidence was lower than expected, rather than low. I should have been clear.

Dame Anne Owers: Yes. I suppose it depends what you expect. Of those who were referred to the Home Office, I think 30% had torture claims that were accepted. Also, when you have one in five or even higher of the detainees actually at imminent risk of suicide and self-harm, and you talk about things like using shoelaces or television attachments as ligatures, the board frankly would not have written to the Minister had it not had enormous concerns about the risks and vulnerabilities. Part of



our role, as the inspector's role, is prevention. It is to prevent the worst happening. That is why we sent a signal up so strongly, but Mary will be able to talk more about Brook House.

Mary Molyneux: I echo what Anne says. In Anne's submission to the Home Affairs Committee, the emphasis was probably on the indicators of the most vulnerable, so the constant watch, the safeguarding needs for those who are self-harming and threats of suicide. We did not put it all in one place, but you need to look across all the other indicators of vulnerability, whether it is people who are identified as at risk if they are given removal directions because problems could escalate with them based on past history, or statements they have made, "I will kill myself if I have to go back." Those things.

There is also another group about which there are raised concerns. People come in, men come in, who are perhaps tearful and clearly emotionally distressed, but that has not gone further up the trigger list. There is also the Rule 35: all the adults at risk on the adults at risk framework and the Home Office's own categorisation of adults at risk. Some of these are clearly overlaps, but some of them are not. There are the age disputes. There are the modern slavery referrals. Our submission focused on the higher levels of vulnerability, so it is very high across—

Q526 **Stuart C McDonald:** What should happen when these vulnerable individuals are identified? Why aren't they being released, for example, while their cases are considered? Isn't that what should happen?

Mary Molyneux: Some are being released. I think the numbers stay high in the centre, though, because there are always new arrivals coming in. At Brook House, Rule 35 torture claims are not necessarily released. They are usually not released. That has been the case in the past, too, but the numbers are higher now. Men whom the Home Office accepts have been tortured will still be in the centre.

The age disputes, yes, they are dealt with and there is also a social worker at Brook House, which has been very helpful, and the Serco staff. They are dealt with. They take time, so those people will be in the centre for some time. With the modern slavery claims, it is about bringing evidence. It all takes time but, yes, some people are being released.

Stuart C McDonald: Good.

Mary Molyneux: Sometimes only to be brought back at a later date, but they are being released in the short term, yes.

Dr Bhui: I think there is a distinction between people who are held in longer-term detention in immigration removal centres and those held in shorter-term detention. The numbers of people who are identified as adults at risk in longer-term detention are, as Anne and Mary have said, quite high, I think. Where we thought it was low is in the numbers who were coming from Dover, going to Yarl's Wood, spending short periods



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there and then being released to asylum accommodation or into the community.

Given the journeys they had had, and the concerns and risks we were identifying at Dover, it was surprising that there weren't more people identified as being adults at risk.

Q527 **Stuart C McDonald:** Why do you think that is?

Dr Bhui: That is a good question, and I would be speculating on why that is happening. I don't want to speculate, but clearly the process needs to be strong enough to ensure that every adult at risk is picked up.

Q528 **Stuart C McDonald:** What do you think are the key problems in the process that may mean that adults at risk are not being picked up earlier? Is it simply the speed at which the Home Office seems determined to have all this done at, or is it under-resourcing, a combination of both or different factors?

Dr Bhui: The speed certainly has an impact, and it is a concern that the people going through the system so quickly are not being properly identified. Under-resourcing also comes into it. Mary will be able to go into some more detail but, in the Rule 35 process, we have had some evidence of significant delays in assessments being undertaken and often not being undertaken before someone is removed—some indication of vulnerability has been identified but has not been assessed. They are being taken to a flight without that assessment taking place. I understand that has very recently improved, but it was a very significant concern of ours for some time.

Q529 **Stuart C McDonald:** You spoke about the implications for the wellbeing of people being detained of some of the flaws in the processes that you have spoken about this morning, but there must also be implications for the ability to properly assess an asylum application or a claim to be a victim of trafficking, for example, if it is being done at such speed.

Dr Bhui: Absolutely right. If a proper interview has not taken place at the earlier stage, critical information may be lacking. If a decision is made without that critical information further down the line, clearly there is a problem.

Q530 **Stuart C McDonald:** Can I ask specifically about children and age assessment? From what has been said already, this is going wrong at quite an alarming rate. Why is that? Again, is that down to speed? Is the Home Office putting pressure on councils to assess more people? What is happening there?

Dr Bhui: Again, it is hard to be definitive, but many of the assessments are not undertaken by local authorities. They are undertaken by chief immigration officers assessing someone to be clearly over 25, which is the test used. There may be human error in that. It certainly does not feel as rigorous and thorough as it should be. We asked for the number



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of child safeguarding referrals made to social services, but it was difficult to get that data. I don't think we have received a definitive number of those yet.

We also asked for the number of chief immigration officer assessments that led to detainees being assessed either as adults or as children. We were given numbers for those being assessed as adults. They could not tell us how many had been assessed as children. I think there is also a fundamental lack of data here. Data helps you to understand where the problems may lie, and we do not have enough of it.

Q531 Stuart C McDonald: We need to try to get our hands on some. Finally, Dr Bhui, you said earlier that the numbers arriving should not have been a surprise. Was the Home Office taken by surprise, or did it know this was coming and its plans were just not up to scratch?

Dr Bhui: What we saw in Dover is suggestive of a lack of effective contingency planning. I mentioned earlier that a major incident was declared as early as 2018. On single days last year there were very high numbers coming across the Channel on boats, so I do not think it is credible to say this took everyone by surprise. The numbers were certainly high. I have no doubt about that, but they weren't unpredictable.

Q532 Tim Loughton: Dr Bhui, you said earlier that the occupancy rate in the removal centres is only 25% at the moment.

Dr Bhui: That is right, about that.

Q533 Tim Loughton: Is that based on normal occupancy rates or on coronavirus regulation occupancy rates?

Dr Bhui: That is based on normal occupancy rates.

Tim Loughton: On normal?

Dr Bhui: On normal occupancy rates, yes.

Q534 Tim Loughton: Okay. How many people are in Brook House at the moment?

Dr Bhui: I think it is 173, but Mary will know for sure.

Mary Molyneux: Yes, it is around 170. Due to Covid restrictions, total occupancy at Brook House would be about 220. Those numbers have gone up over the last few weeks, but that is the current position at Brook.

Q535 Tim Loughton: That is not 25%, is it?

Dr Bhui: No, not at Brook House. Brook House has the highest population in the estate at the moment.

Dame Anne Owers: I think that is part of what we are saying, that Brook House has doubled its population in a very short time, whereas



there are lots of other immigration removal centres that are operating at certainly far less than half capacity; some, as Hindpal said, at 25% capacity. Part of our question is, why is this all being concentrated in one place?

Q536 Tim Loughton: Why is that a problem? I presume that everyone is in single-occupancy rooms in Brook House to comply with the coronavirus regulations and that it is below its full capacity, so what is the problem?

Dame Anne Owers: The problem, as described by Mary Molyneux, is that what you have done is concentrated and focused huge levels of stress, anxiety, fear and desperation in one place. That then spreads and it affects all detainees. It makes it very, very difficult for us to be able to sit here and say we can assure Ministers—which is our job as independent monitoring boards—that the risks and vulnerabilities of those they are holding in detention can properly be dealt with in that one place.

Q537 Tim Loughton: I understand that, but the capacity levels at Brook House are still well below what it was actually built for, so are you actually saying, regardless of whether it is spread around the estate nationally, that Brook House should not be accommodating in normal times nearly as many as it is designated to accommodate? I do not understand why you are saying that it is causing additional stress? It just so happens that one centre is not full but is fuller than other centres.

Dame Anne Owers: What I would revert to is the point that Mary Molyneux made towards the very beginning, which is that it is not about the number of people but about the kind of people and the stress and the anxiety of those people, which is quite beyond anything that we have seen at Brook House before. It is not about numbers. As we have said many times, it is about the vulnerabilities, the stress, the level of suicide threats and self-harm. That is all being focused and concentrated in one place, and there is not the capacity. I think that staff are struggling to find the capacity to be able to be sure that they are dealing with those risks and vulnerabilities in the way that they should.

That is compounded by what we have said earlier, which is the inability to pick up and assess those risks and vulnerabilities earlier in the system before ever they get to Brook House.

Q538 Tim Loughton: I am still struggling to understand where the actual problem is, because I think you have all been at pains to say that the staff at Brook House and other centres are doing a good job. You have criticised the processes, and certainly there has been legitimate criticism of the various assessments and the speed at which people are picked up and processed when they arrive in boats.

I am trying to understand why you think additional pressures are being caused now. In the written report from Dame Anne and Mary Molyneux, I think you said there were 44 acts of self-harm in August and 36 acts in September. How many people were involved in multiple acts of self-harm because it is not 44 and 36 different people, is it?



Dame Anne Owers: Yes, those are different people. Those are people for whom what is called an ACDT has been raised because they are at risk. Those are individuals, and towards the end of November I think around 25% of the population of Brook House were having to be cared for, having to be supported or on constant watch because of imminent threats or risks of suicide and self-harm.

Q539 **Tim Loughton:** What your figures suggest is that there were 44 different people in the month of August who were self-harming out of a population of 80, so over half of the people in Brook House in August were self-harming. Is that what you are saying?

Dame Anne Owers: I am sorry, I misunderstood you. I was confusing ACDTs with acts, so you are absolutely right that those were acts of self-harm.

Mary Molyneux: Yes, you are right—I am sorry I do not have the numbers in front of me—that there will be some occasions where one individual has self-harmed multiple times but—

Q540 **Tim Loughton:** Okay. That was my question. I am afraid, Dame Anne, your answer has been unintentionally misleading. It is not that over 50% of the residents of Brook House in a single month are self-harming. It is a smaller number with multiple self-harming. My understanding also is that the vast majority of self-harm is limited to those residents of Iranian origin. Is that the case?

Dame Anne Owers: I don't know, and I am sorry, as I did not mean to mislead the Committee. It is a fact that 20% of the detainees at Brook House—and that is numbers—are being monitored because of an imminent risk of suicide or self-harm. That is the number of individuals who are at risk, and I am sorry that I misunderstood your question. I don't know about the nationalities of those who have actually self-harmed. I don't know whether Mary has that information.

Mary Molyneux: Yes, I think Iranians are probably disproportionately represented in the numbers. But it doesn't matter. It is an act of self-harm. It is a person. It doesn't matter. The same problems are generated for detainees and the staff having to care for them, whether it is one man self-harming multiple times or two men, it is the same response and care needed by staff.

Q541 **Tim Loughton:** But that is not right, though. That is not right, is it? If one person out of 80 is constantly self-harming, there is an intensive problem with that one person. It does not mean that you have a problem for all 80 people who are resident. It would be more helpful to the Committee if we could have more accurate figures as to how many individuals appear to be self-harming and whether they have any common features. I gather there are some common features in the origins of certain of those residents. From that I would have thought that you would want to do some further research as to whether there are



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particular concerns that are causing a particular group of residents at Brook House to self-harm. It would be of more value to the Committee to know that.

I gather there have been no infections from the pandemic at Brook House?

Mary Molyneux: There was one positive case much earlier on, but I think from what we see that the infection controls at Brook House have been good. There have been a number of suspected cases that have been quarantined but only one confirmed case, and that was quite early on.

Q542 **Tim Loughton:** Certainly they appear to be doing a good job when compared with the prison estate, where the infection rate has been much higher.

Mary Molyneux, I ask you again, because you seem to come back to this concentration of people at Brook House because of the removal flights, and that there are a lot of removal flights happening at the moment. Of course, we know from what is in the public domain that the number of people who end up being removed is substantially lower than the manifest of those in Brook House who are due to leave and, with 24 hours' notice, get taken off that manifest.

The reason they are taken off the manifest is because their legal representatives have made a case to get them taken off the manifest. That is the choice of the residents of Brook House, it is not down to anything else, is it?

Mary Molyneux: I am not sure I would call it a choice. I don't know the numbers, but we are certainly aware that the Home Office says there are last-minute claims. I don't know the percentages that might be characterised as last minute. Even if they are, there can be legal reasons, and a lot of these issues arise late with people who are not familiar with processes and systems. You could make the point that they are exercising their basic rights. That is not something we have looked closely into; that is a Home Office issue. The Home Office are looking at that.

Q543 **Tim Loughton:** I understand. I am not denying them their basic rights. There appears to be a problem that may lead to this additional stress, which you have pointed out, and it may therefore lead to welfare considerations about them that a decision to bring legal action, which results in them not leaving when they were due to leave, is brought at such short notice. Twenty-four hours before they were due to be on a flight, they are not on a flight.

We have heard a lot about vulnerable people at Brook House. How many of the people are at Brook House not because they have had a failed asylum claim, having come over in a boat or other illegitimate means, but because they have a criminal record and that is the reason they are being removed?



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Mary Molyneux: For the bulk of August, certainly September and October, everyone at Brook House was there for removal to an EU country and had come across the Channel, I understand.

In the last few weeks certainly, because there is another charter planned for removal to a non-EU country, a number of time-served foreign national offenders are coming in. I don't know the breakdown, but there is now a mixed population at Brook House. Let's say that in the last few months there have only been people who have come across the Channel.

Q544 **Tim Loughton:** There are people in Brook House with a criminal record and who have assaulted staff in various centres as well, is that right?

Mary Molyneux: I would not be surprised because, sadly, that is often the case in the centre.

Q545 **Tim Loughton:** Have you done any research on assaults on staff rather than self-harming incidents?

Mary Molyneux: No, I haven't. We get monthly numbers from Serco and the Home Office on that.

Q546 **Tim Loughton:** Would that not be a legitimate line of inquiry as well?

Mary Molyneux: It is something we look at generally each year. As for this particular inquiry and its issues, I am not quite sure what would be added by that. Yes, it just reinforces the pressures and stresses for staff. Also staff can be assaulted by people who are not ex-prisoners. People who are distressed, desperate, being removed will assault staff, too.

Q547 **Tim Loughton:** Sure, I am not limiting it to those with a criminal record, I am just saying that is a cause for concern as well, because it may be a cause for criticism of the way they are being looked after by staff or other reasons. I would have thought that was a legitimate line of inquiry.

Finally, do you think the level of care has improved or got worse since the new management and the new company took over at Brook House?

Mary Molyneux: What is certainly a significant improvement is the increase in numbers of staff. It is probably too soon to tell overall, but certainly the signs are very positive with the initiative Serco is bringing and the training they are giving to their staff. We have made it clear in Dame Anne's submission, and also in our letter to the Minister, that there are no criticisms about staff in this particular context. It is more about the impact of the Home Office processes and procedures for removals.

Q548 **Dame Diana Johnson:** On this issue of people's wellbeing and mental health, I want to ask you about access to the internet and being able to contact family through email, et cetera. I know that HMIP had reiterated its recommendation that detainees be allowed access to emails and social media to be able to contact family and friends, but the Home Office has said it is not practicable to provide or supervise access to the internet and that it will not permit access to social media. Could you give your views



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on that?

When I was reading the brief for today, I noticed that you can use the internet at the KIU but you cannot use email, video calling or social media. At Yarl's Wood, you are given a mobile telephone with £1 credit and you are able to access the internet, email and Skype but not social media. It seems as if lots of different rules are being applied. Can you explain to me why there are these different approaches?

Dr Bhui: In the longer-term detention centres you can access the internet, as long as you do not go on to social media sites. We do not believe there should be that restriction, because it is often a way in which people stay in touch with families, friends; it is much more popular nowadays than it was before. Emails should not be restricted in longer-term centres. That normally is fine, as far as we can see, and most sites are accessible.

There is often automatic blocking software, which might stop people from going to sites that are inappropriate for one reason or another. At one point we found that was not working very well, but more recently that seems to be working reasonably effectively. Usually detainees can get to the sites they want to.

Phones are provided in immigration removal centres, and they are also provided in some short-term holding facilities. The problem we found during a recent inspection was that they are confiscated at Tug Haven, and detainees do not have an opportunity to take their family or friends' phone numbers off those phones. Even if they are given a phone later in the process, they are often unable to contact their family or friends.

There was a further problem at the front end, again at the Kent Intake Unit. There was a pay phone but the detainee had to have change to use the pay phone, and often they did not have the right money to use it.

There are some attempts to offer phone access, but it sometimes does fall down. We think there is a problem with not allowing people to get their family's numbers off their phones.

Mary Molyneux: Hindpal has mentioned detainees' phones being taken from them. That is emerging as quite a serious problem at Brook House so, down the line, they are not able to get their phones back. They are given a phone number, which is, "Call Ramsgate, where you were picked up and your phone was taken" it is never answered. There was a Home Office email that you contact and, after complaints from welfare at Brook House, I tried contacting it nearly a month ago, and I have had nothing other than an automatic reply. I said I was from the IMB trying to help somebody. There are certainly problems, and it is a growing problem. Of course they cannot bring the phones into the centre, but they could access them from their property to get their contact numbers.

In Brook House every man will be given a basic phone—there is no internet; it is just a phone—and £5 credit initially. During Covid, the



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Home Office has regularly topped up credit, I cannot remember the exact amount, in recognition that there might be more need for contact.

On a positive note, first G4S and then Serco have responded very well with putting Skype—there used to be just one Skype room but, with Covid restrictions, not everybody could use it. Early on, and it has continued, a room was taken out of action on every wing to have it as a Skype room. That was a positive, quick response at Brook House. Internet access is, as Hindpal said, controlled. You go to a set terminal, there are issues about blocked sites, yes.

Q549 Dame Diana Johnson: I know we are pressed for time, but I also wanted to ask about access to legal advice. I have been listening carefully to what is being said about late legal challenges and not picking up early enough that people may be the victims of human trafficking and modern slavery. Could you say something about access to legal services and when people are first alerted to the fact that they can get legal advice? How many people take that up? If you could talk us through a little bit about that, it would be helpful.

Mary Molyneux: I could do that for Brook House. There is, as with all immigration removal centres, a legal aid roster or programme. Early on when the charter flight programme began, there was an overdemand on that, or it was under-resourced. The Home Office responded to that quite quickly and arranged for extra legal aid appointments.

On questions of access, I checked last night with colleagues who have been in Brook House recently. At the moment the ability to access legal advice is quite good. It can be anywhere from one day to 72 hours before a detainee can have access to a legal aid lawyer. As to when they are first signposted or made aware of this, it was a concern we had. I think I mentioned in particular the falling away of the standard induction process, mainly because of Covid issues and the volume of people coming through for the charters. We had concerns through September and October about whether people were being signposted quickly and well.

My observations are the Serco staff are very good at doing this. Certainly in any reviews it is a standard question now, "Do you have a lawyer?" That is a question of access and being signposted. There is never any guarantee of quality of these lawyers. There is a roster of over 30 legal-aid firms, and it is the luck of the draw who you get.

We do get complaints. Some complaints are about mobile access. I know that lawyers have been contacting the welfare office at Brook House recently saying they have had trouble accessing some men because of mobile reception. We also hear complaints from detainees that lawyers are not returning their calls. There is access, but there is a quality issue.

Q550 Dame Diana Johnson: You are at the end of the system but, earlier in the system, how easy is it for people to get access to legal advice, to flag up all these issues we are worried about?



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Dr Bhui: Very briefly, as Mary says, in immigration removal centres the provision of legal advice is generally okay. There are regular surgeries running, and people should have access to a lawyer at least to discuss their case, if not to get representation, which is an ongoing problem.

At the earlier stage there is a problem with obtaining legal advice, and it is a problem with detainees or migrants understanding what legal advice is out there. For the recent reports on Kent and Yarl's Wood, we interviewed a number of detainees in Yarl's Wood who had been in Kent and almost all of them said they were not aware of how to obtain legal advice and did not think they had been given any information about it. When we asked the Home Office, they thought they were providing some information on this. There were signs up in some of the holding rooms telling people where they could get some advice but, unfortunately, that was not getting through to the people who needed to know—it just was not being understood by detainees.

Q551 **Ms Diane Abbott:** You will have seen the same reports that the Committee has, suggesting that the Government are considering offshore detention processing facilities on the Australian model. As monitors and inspectors of conditions and processes at these types of facilities, what practical problems would such a move create?

Dr Bhui: From my perspective, I think we would need to see more details before we could comment in an informed way. The basic principle should always be, though, that there is no hidden place of detention. Anywhere people are being detained, there should be oversight and monitoring. If this comes to pass, if we see some details, we can set about planning how we might inspect and which part of the NPM, the national preventive mechanism, is best placed to do it.

Dame Anne Owers: I would agree. We stick to our knitting, and our knitting is to monitor the conditions and treatment of those in detention, and that is what we have been representing to this Committee. Given the concerns that we have already described of one in five detainees at Brook House being subject to suicide and self-harm checks and at risk, clearly wherever people are detained there needs to be some independent monitoring and oversight to check on those conditions and treatment.

Q552 **Ms Diane Abbott:** Do you think offshore detention would make oversight more difficult?

Dame Anne Owers: It obviously creates some logistical difficulties but, in a way, that is not a matter for us. What is a matter for us is that, wherever the UK decides it wants to detain people, it has an obligation to ensure there is unfettered, independent access to those places of detention so that the conditions and treatment of those detained can be monitored and inspected.

Q553 **Ms Diane Abbott:** In exploring this possibility, have Government consulted with you or other people that inspect facilities?



Dame Anne Owers: Not with us, certainly.

Dr Bhui: Not with us either.

Q554 **Ms Diane Abbott:** Mary Molyneux, do you have any points you want to make?

Mary Molyneux: Oversight would be more challenging. An independent monitoring board that had to be going offshore or—we do our visits on an unannounced basis. We go in when we like. Also sometimes you have to go in at short notice if there is a particular concern. It would be difficult.

Chair: Thank you very much to our panel. We are hugely grateful for your time. If there is further information that you want to send us following some of the questions that we have been raising, we would be very grateful for it.

Examination of Witnesses

Witnesses: Sarah Burnett and Paul Morrison.

Q555 **Chair:** I am going to move on to our second panel. Thank you for your patience during the time you have been waiting.

I welcome Sarah Burnett, the operations director for immigration and secure logistics at Serco, and Paul Morrison, the immigration services director at Mitie.

I will ask you initially for your response to some of the concerns that you have heard in the previous panel about the conditions that people have been experiencing in Kent, in particular, and also the self-harm and vulnerability pressures at Brook House.

Sarah Burnett: It might be useful to provide a small amount of context on Serco's role at Brook House. We took over Brook House at the end of May, and over the summer the function of the centre changed so we now focus entirely on the pre-departure charter population. That has changed the risk profile of the individuals we see. Typically, we care for people for about 10 to 14 days.

On some of the concerns raised by the IMB, I would highlight that for us it is very much a people-focused business not a numbers-focused process. It is pleasing that the efforts of our frontline staff have been recognised. We can talk about the various numbers on the incidence of self-harm.

Last month, for example, there were 25 incidents of self-harm but that was related to 19 different individuals. Sometimes the proportion is not a very useful argument, because you need to look at the overall flow through the centre. I would say the focus is on trying to minimise the risk for every individual.



Paul Morrison: Again, context would be very helpful here. We have various operations under the escorting services contract. Primarily we look after the Kent Intake Unit, Frontier House and Lunar House in Croydon. Some of the concerns raised in the HMIP reports are clearly concerning, but it is important that the Committee understands we begin our involvement at the end of the Tug Haven process. All the initial process that takes place at Tug Haven is managed by UKVI, Border Force and Immigration Enforcement and, once those various processes have taken place, those detainees are handed over to us and taken to the Kent Intake Unit typically, depending on capacity and volumes.

I echo that it is typically the volume and capacity issues that drive some of the main concerns that have been raised today.

Q556 **Ms Diane Abbott:** As you will have heard from our earlier witnesses, serious concerns have been raised regarding both the quality and the consistency of health and vulnerability screenings at your centres. Are you happy with the quality of health and vulnerability screenings? Can you see any way they could be improved?

Sarah Burnett: I will take Yarl's Wood first. The context of Yarl's Wood is that, whereas previously we were a core immigration removal centre with a small, dedicated short-term holding facility, at the beginning of August the centre was repurposed so that it can act in its entirety as a short-term holding facility. We now typically take people for about two days, and we have moved from a position of taking 200 people in a busy month to sometimes taking 200 people in the space of 24 hours through that unit. That has placed pressure on the system.

There are two competing pressures. First, we must ensure that people get a thorough and suitable assessment of their safety and vulnerabilities on their first night in detention. That always includes a healthcare screening. Everybody has a full healthcare assessment. Balanced against that there is the pressure, quite rightly, of not wanting people to be staying on coaches or in holding rooms in reception for a long period of time. There is often that balance of trying to ensure the thoroughness of assessment and the speed of the processes.

I would also add that the Covid restrictions have added some constraints on this, because we cannot gather many people in one place at the same time.

Q557 **Ms Diane Abbott:** Following up on what you are saying about Yarl's Wood and how you pride yourself on the thoroughness of your assessments, HMIP has reported that people with existing injuries, often quite serious injuries, and people who are clearly children are being transferred to Yarl's Wood. How does this happen, and why were these individuals not identified at an earlier stage?

Sarah Burnett: The HMIP report also observes that when we identify people with these issues, the response from frontline staff at Yarl's Wood



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has been very good. I can't pick up why something has not been assessed prior to their arrival, but certainly when they come to us we are ensuring everybody is getting the full healthcare assessment, an age-dispute assessment and any other vulnerability screening.

Paul Morrison: There are two elements. First, I have overall responsibility for Heathrow immigration removal centres, Harmondsworth and Colnbrook. It is a much reduced population there. The standard of healthcare provided there is very good. Where the bigger concerns lie are around what happens at the front end of the process as migrants cross the Channel. It is fair to say the report identified that there was no health needs assessment at the initial point of contact at Tug Haven. I understand that is correct.

Given the volumes and the pressures, I understand there is a health screening process at Tug Haven, but you will appreciate that is very much at the front end of the entire process and will be under, no doubt, considerable pressure as more and more migrants arrive if it is a particularly busy day. None the less, I am aware that a screening process does take place; it is something that UKVI and Border Force manage.

When detainees are brought to us, there is already an assessment around individuals' health needs, if there are any flags. We have a subcontractor who works on the site. There has been some reference previously to the hours operated by our subcontractor, six hours a day. I am pleased to report that, in the last month, that has now increased to 24/7 cover. That is really helpful. That is uniquely at the Kent Intake Unit.

Again, it is important to say that the service provided there is very much a reactive triaging service. You are not required to go through a further assessment before onward travel. It is purely that if our staff identify any concerns or there are people who present with some health issue, we will refer them immediately to the onsite health provider.

Q558 **Stuart C McDonald:** Sarah Burnett, you spoke about how there had been a significant upscaling in the number of arrivals. I think you said from 200 a month to 200 in 24 hours, is that right?

Sarah Burnett: That is right. We have spikes in arrivals.

Q559 **Stuart C McDonald:** Regarding staffing, training and their ability to do assessments on the scale required, how have you been able to make that happen? That is a significant pressure.

Sarah Burnett: We have not had to increase the staffing numbers overall. It has been more about looking at the patterns of when people are arriving to make sure that we have enough resources over the weekend and over the night, for example. Our onsite healthcare partners have also increased their resourcing to be able to conduct the healthcare assessments thoroughly.

Q560 **Stuart C McDonald:** So there are not any more staff doing these assessments than before, they are just doing many more of them?



Sarah Burnett: There are more staff doing the assessments.

Q561 **Stuart C McDonald:** Sure, and what training do they get to enable them to do that? How long does it take to train somebody to be able to identify vulnerabilities?

Sarah Burnett: There is different training depending on the role, if you are focused on the initial reception screening, for example. I know everybody receives that training, but I am not sure exactly what the length of that module is. I can following up on that.

Q562 **Stuart C McDonald:** I would be interested to hear. You have obviously been given a heck of a task to undertake and, obviously, if we have concerns about vulnerabilities being missed we will have to try to identify where possible problems could be. I do not know whether training might be one of them.

At what stage did the Home Office start to signal to you that this transition was going to take place? We heard from HMIP that none of this should have been a surprise and that the Home Office was, to put it politely, a bit slow off the mark in putting procedures in place to try to deal with the increase in numbers coming across the Channel. When did the Home Office start engaging with you and talking about what would be required to deal with this?

Sarah Burnett: This has been an ongoing dialogue, I would say, since the start of the pandemic, where the Home Office have been talking to providers about the best use of the estate. That relates not just to the small boats but to the pressures on single occupancy.

Q563 **Stuart C McDonald:** But there was no discussion about the prospect of increased numbers coming across the Channel until after the pandemic hit in March?

Sarah Burnett: We have always been able to respond to surges in numbers, because we have always had the small short-term holding facility that we can overflow into other units when necessary. It was always understood that we may need to flex our accommodation as a contingency. I would have to double-check the date when we actually took the decision that that was going to happen.

Q564 **Stuart C McDonald:** Paul Morrison, for your own company, what has this meant in terms of capacity and your ability to make sure you have sufficient staff who are trained to identify vulnerabilities?

Paul Morrison: All our staff are trained at their initial training course. We cover a range of different modules, including modern slavery. We talk about child safeguarding, in particular, and we spend some time describing the vulnerable adults' position. That is followed every year with annual refresher training, and we touch on those three key areas because they are clearly very significant and important in the work we do.



That said, without doubt, our staff who work at Dover and some of our other facilities are under considerable pressure when there are very busy days. That is probably the biggest constraint for us, when there are big demands, which obviously increases the risk of some things being missed.

Q565 Stuart C McDonald: A similar question to what I just asked Sarah Burnett—when did the Home Office start engaging with you, trying to put in place contingencies or giving you any sort of indication that they expected this sort of pressure to be put on the system in the course of this year?

Paul Morrison: It probably goes back to last year as well. It is the same as Sarah said, in the sense that we have regular dialogue with the Home Office, ongoing since 2018, about the pressures that have grown in the Channel and the corresponding pressures that brings to all the agencies involved. We have had ongoing dialogue all the way through. As numbers have increased, we have increased our engagement. We are now part of the twice-weekly resource and contingency planning meeting. It is a fairly lengthy meeting. It involves Border Force, UKVI, all the key agencies, the police, the coastguard and so on. What we do there is share our resources and our abilities for that particular week, looking ahead three or four days. There is a formal assessment of the risk of crossings from the Channel. That involves looking at weather patterns and the intelligence that is received from a variety of different sources.

We think it is important that we are involved at that stage because we can then draw down on the rest of our resources for those very critical, what we call, red days where there is a high probability of crossings.

Q566 Stuart C McDonald: It is good that is all happening now but, to cut to the chase, on the one hand HMIP are saying the Home Office should not have been taken by surprise by this, so there is not really an excuse for all the problems they have highlighted in their report, and yet you are both saying, or appear to be suggesting, that the Home Office were absolutely fine, that they gave you plenty of warning. If the Home Office did everything it could have done and alerted you to what was happening, that points the finger at you guys. Why are all these problems happening if you had adequate warning? From what you have said, it sounds like everything is hunky-dory or should be hunky-dory, we had plenty of warning, the Home Office knew this was coming and put appropriate procedures in place. Something has gone wrong. If it is not the Home Office, is it you guys?

Sarah Burnett: I think there is an element of the dynamic nature of the timings of arrivals. Whereas, as Paul has discussed, we will have good intelligence as to likely numbers and likely weather windows, where we are seeing real pressures converging is if we get over 100 people arrive in a very short period of time. I don't think it is a lack of overall planning; it is simply the nature of the dynamic movement of people.



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Q567 **Stuart C McDonald:** Sure, but the point from HMIP is that the Home Office should have known and been prepared for the fact that there will be days this year where 100 people arrive and, therefore, it should not be a difficulty to deal with that.

Paul Morrison: The real challenge is not necessarily intelligence and our knowledge that there will be a number of people coming across the Channel. The reality is that the infrastructure that is available is simply not fit for purpose. I think it is important that we say that.

The holding rooms at the Kent Intake Unit and Frontier House are relatively small. There is seating capacity for 56 people at KIU, for example. That was absolutely fine historically for those people who came across either through the tunnel or through the freight or lorry-drop cases. Those conditions were absolutely fine; they could very easily, comfortably deal with the type of numbers. Unfortunately, because of what has happened since 2018 onward, the holding rooms of the facilities that we operate on behalf of the Home Office are simply not fit for purpose. They cannot cope with the volume. That is something we have raised on several occasions previously.

I have personally written to the Home Office and suggested that they seek alternative accommodation that is bigger in terms of capacity and resources, so we are able to respond better when we have these influxes.

Q568 **Stuart C McDonald:** When did you make that request, and have you had a response?

Paul Morrison: I made that request in early September, but we have had ongoing dialogue for over 18 months about the concerns at the holding room. Yes, I have had a response.

I made a number of suggestions or recommendations. One was about the holding room, which I just described. I also asked for permanent healthcare cover, because I felt that was a risk for us. I am pleased that, at least at KIU, we now have that full-time cover.

I asked for an additional vehicle base to support the porter vans that we already have. It is very important because we now draw down on the rest of our resources that would normally be carrying out their business-as-usual function of transporting people from courts, prisons and other immigration centres. We draw down on that resource for support on these particularly busy days.

The final recommendation I put forward was to increase the staffing ability at Lunar House, because we have started to make increasing use of Lunar House when KIU and Frontier are full.

Chair: I am conscious that we are going to run out of time. Stuart, do you have a quick final question?

Stuart C McDonald: No, that is fine, thank you.



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Q569 **Chair:** Just to quickly follow up, what scale of additional provision do you need to do this properly? Frankly, the reports we have heard from HMIP about some of the conditions that people have been in are truly shocking. What additional scale do you need from the home office?

Paul Morrison: Realistically, at the Port of Dover, given the size of the holding rooms, there needs to be a new venue. I would say it needs to be at least three times larger than what we have now to help us cope with those busy days.

Q570 **Chair:** Does it have to be there? Could it be at a different location? Could the Home Office make use of alternative centres and alternative locations within a reasonable distance?

Paul Morrison: I think they could. It is something to consider. My view is the less travel time the better when getting people into warm conditions where they can at least make those telephone calls we have talked about already and where the rest of their welfare needs can be addressed. Yes, it could be within the area, that is correct.

Q571 **Chair:** They could use alternative locations; they have chosen not to. In the meantime, the HMIP report has described things like some detainees being held for more than two days in rooms with no sleeping facilities, showers or access to the open air. KIU, in particular, crowded and poorly ventilated. We have seen descriptions of men's and women's toilets often dirty with no seats or lids, that could not be locked, and hand sanitiser and wipes only made available after inspectors pointed out that women needed to be able to clean their hands. Detainees sleeping on the floor on thin mattresses, mats and beanbags. This is pretty shocking, isn't it, just around the basic conditions? You said you raised this in early September, shouldn't you have been shouting more loudly earlier than that to say we need some alternative provision?

Paul Morrison: That has been done. We have had that ongoing dialogue about those concerns at KIU in particular. I would say the staff do a very difficult and very challenging job when they have the types of days that you refer to.

I was down at Dover on Friday, on what we call an amber day, and there were just eight detainees in that holding room and everything you would expect, and would very reasonably expect, was in place. It is only at those very busy peak times when pure volumes mean that some of the things you have described become really critical, but they shouldn't. The staff make a really good effort to try and address them.

Q572 **Chair:** Given the nature of the kind of circumstances you are having to respond to, there will be days when nobody arrives and there will be days when huge numbers of people arrive, so that is what the system has to be designed around presumably, these huge variations, rather than being designed around something that just is not happening.



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Paul Morrison: I think that is entirely correct, which is why everyone, I am sure, is very aware that the facilities are not fit for purpose at KIU or, indeed, Frontier House. We acknowledge that, which is why we are very keen to work with the Home Office to develop a much larger facility that can better meet the needs of detainees.

Q573 **Chair:** Has the Home Office agreed to do that?

Paul Morrison: I believe they are exploring that now. I am not directly engaged in that, but the feedback I have is that they are exploring a range of different options.

Q574 **Chair:** Thank you. A final question to Sarah Burnett. We heard quite a lot of concerns in the previous panel about so many people facing very similar pressures and stresses all being concentrated in Brook House rather than in other locations. Is that your experience, that this has made for a much more challenging situation because you have so many people with similar stresses and experiences and that that has increased the suicide risk as a result?

Sarah Burnett: It is difficult for us to draw a comparison with a previous population, simply because the role of the centre has changed so significantly. We are in danger of giving a disservice sometimes to the quality of care that our frontline colleagues are trying to give. We just need to continue to work with the IMB and the Home Office teams on site to do everything we can to minimise individual risk.

Q575 **Chair:** Given your experience of running different centres in different circumstances, do you think it is easier to run institutions in an effective way and make sure the right support is provided if you are dealing with a broad range of people in different circumstances, as opposed to having acute concentrations of people who face very similar circumstances?

Sarah Burnett: We probably need to look at different research across the different elements of the estate. Our experience at Yarl's Wood is very different to our experience at Brook House, which again is different to Tinsley. This, again, is a matter of working with other providers and the Home Office to work out what is the most effective utilisation of the estate.

Q576 **Chair:** Would it be easier to manage if the Dublin return cases were being routed through different centres rather almost entirely through Brook House?

Sarah Burnett: I don't think I know the answer, because of the complications of the reverse cohorting with Covid. We need to look at the estate across the whole.

Chair: Thank you very much for your time this morning. We appreciate the information and time you have given us. I am drawing this session to a close. Thank you.