



HOUSE OF COMMONS

# Home Affairs Committee

## Oral evidence: Brook House, HC 717

Wednesday 1 May 2024

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Members present: Dame Diana Johnson (Chair); Lee Anderson, Simon Fell; Carolyn Harris; Kim Johnson; Tim Loughton; Alison Thewliss.

Questions 1-42

### Witnesses

I: Kate Eves, Chair, Brook House Inquiry, and Anna Pincus, Director, Gatwick Detainees Welfare Group.

Written evidence from witnesses:

## Examination of witnesses

Witnesses: Kate Eves and Anna Pincus.

**Chair:** Good morning. Sorry to have kept you waiting, but we had a very interesting first panel. We are pleased to see you before us today. This is the opportunity for the Home Affairs Committee to look into the Brook House inquiry report and look at progress. Before we do that, I am going to ask if any members of the Committee have any declarations they wish to make.

**Tim Loughton:** I should declare that a member of my family works at Brook House.

Q1 **Chair:** Thank you, Mr Loughton. The aims for this session are to hear from Kate Eves, former chair of the Brook House inquiry, about her assessment of the inquiry's key findings and recommendations; to examine the Brook House inquiry report's key findings and recommendations, and look at progress since publication; to consider key concerns arising from the Committee's recent visit to Brook House; and to understand how progress on the inquiry's recommendations will be monitored moving forward. First of all, Kate, would you like to introduce yourself to the Committee?

**Kate Eves:** Thank you, Chair. Good morning, everybody. I am Kate Eves. I was formerly the chair of the Brook House inquiry.

**Chair:** Anna, would you like to introduce yourself?

**Anna Pincus:** Thank you, Chair. My name is Anna Pincus. I am director of Gatwick Detainees Welfare Group, a charity based in Crawley that supports people during and after immigration detention. We were core participants in the public inquiry into abuse at Brook House.

Q2 **Chair:** Thank you. Kate, could you set out for the Committee what you think were the key recommendations in your report, and perhaps talk a little about what has happened since its publication?

**Kate Eves:** Absolutely. Thank you very much for the opportunity to speak to the Committee this morning. To give a little context, the Brook House inquiry lasted for just under four years. We heard from 101 witnesses; reviewed both undercover and body-worn camera footage, all of which is still available on our website if Committee members would like to familiarise themselves with it; took reports from three expert witnesses; and produced an over 700-page report.

The headline, I suppose, that the Committee will want to be aware of is that, looking at what was happening at Brook House over the five-month period from April to August 2017, I found 19 incidents where there was credible evidence of mistreatment that I found to be capable of amounting to mistreatment contrary to article 3 of the European convention on human rights. The wording is the way that it is because, as you will no



## HOUSE OF COMMONS

doubt be aware, section 2 of the Inquiries Act means that it is not the responsibility of a statutory inquiry to find either civil or criminal liability. That wording is very deliberately crafted to reflect that. None the less, I found 19 serious incidents of mistreatment.

To give you a flavour of what that included, there were 10 instances of inappropriate use of force on detainees; force was used on naked or near-naked detainees, which I found to be humiliating; unnecessary pain was used in a number of instances during use-of-force incidents; and dangerous restraint technique—a restraint technique that had been previously associated with the death by asphyxiation of Jimmy Mubenga, who was also in immigration detention—was used several times. I also found use of inappropriate and humiliating comments against detainees during active suicide attempts; homophobic comments being used towards detainees; and an initial failure to help a detainee following a suicide attempt when he was lying on the floor with a ligature around his neck.

Aside from the 19 incidents, I found that there was a combination of issues that, when woven together, constituted a toxic culture that meant that mistreatment was more likely to happen. I made 33 recommendations, 31 of them for Government. Those recommendations covered a variety of different issues. I will whizz through them very quickly, if that is helpful.

I found the physical environment to be entirely unsuitable for detaining people for anything other than a short period of time. As you will know from having visited, Brook House is a building designed to the specification of a category B prison. Given that harsh physical environment and the indefinite nature of detention, which I found caused anxiety, uncertainty and distress for detained people, I made a recommendation that there should be a 28-day time limit on detention in such environments.

I found that, far too often, there was a failure to follow the Government's own rules around safeguarding and protecting particularly the most vulnerable people in detention—I am happy to talk in more detail later about those specific rules, which relate to people who are particularly vulnerable in terms of their mental or physical health—and the rules around the extra powers that can be used against people once they are in detention, such as using force against them or segregating them from the rest of the population. I found that the overwhelming misunderstanding of and disregard for those rules left already vulnerable people at an enhanced risk of harm.

The Committee will probably also be aware that there are high levels of mental illness in the detained population, and a significant proportion are likely to be acutely vulnerable. Many have been victims of torture or exposed to trauma. I found that medical staff did not sufficiently understand their safeguarding duties in relation to detained people, particularly around the issue of use of force. They did not understand their responsibilities.



## HOUSE OF COMMONS

The use of force is deliberately governed by very strict rules. It should be used only as a last resort and it should never be unnecessary, inappropriate or excessive. Too often, I found that it was the case that at Brook House, those things were not being followed. The most serious incident involving the use of force, which some of the Committee may be aware of, was an incident that involved applying pressure to the neck of a man who was highly distressed. The footage of that incident is available on the inquiry's website.

There was significant understaffing. I found that G4S, who at the time were the contractors running Brook House, were dysfunctional as a senior management team. Too often, junior staff were left to manage extremely complex and difficult situations on their own. Staff were, essentially, insufficiently trained, and there were too few of them to deal with the very complex nature of their job.

I also found that there were issues with not having developed a healthy staff culture. Actually, staff were alarmingly desensitised to the distress of the detained population that they were seeing around them. The lack of supervision and leadership by the senior management team left staff to develop their own inappropriate coping mechanisms and ultimately led to that malignant staff culture.

**Q3 Chair:** Gosh, that is quite a catalogue. I am sure we will want to ask you specific questions. To start us off, I want to ask about one of your recommendations, which is about the safeguarding of vulnerable detainees. What we knew from the Government was that they were carrying out a review of that. We also understand that in the last day or so, the Government have issued new regulations—new policy—around that. Can you comment on that and on what you think of the approach that the Government are taking?

**Kate Eves:** Yes, absolutely. As you say, that guidance came out only yesterday and I understand that it is draft guidance, so I have been furiously trying to get my head around it to understand what the implications may be.

In summary, the guidance around the adults at risk process appears essentially to be moving towards weakening the protections for vulnerable detainee populations. Specifically, I talk in the report about rules 34 and 35 of the Detention Centre Rules, which are essentially the pathway through which specifically vulnerable detainees are identified to the Government to have a review of whether their detention should be continued—whether it is appropriate for that to happen.

**Q4 Chair:** Can you give an example, so we understand the kinds of factor that would be taken into account?

**Kate Eves:** Absolutely. There are essentially three strands to rule 35. The first is that if somebody's health, physical or mental, is going to be injuriously affected by being detained, that should prompt a review of whether that detention continues to be appropriate for that individual. The second prong is that if there is evidence of suicidal intentions—if



## HOUSE OF COMMONS

somebody has been identified as being at risk of serious self-harm or suicide—that in itself should prompt a review of that person’s detention. The third factor is if there is evidence of somebody having been a victim of torture previously. Those three prongs should prompt a review, which then goes back to the Home Office for an assessment of whether it still believes that detention is appropriate, having weighed all the factors that it needs to weigh.

The rule intersects very closely with the adults at risk policy. What my findings in the inquiry have shown is that there needs to be a strengthening of the provisions and the way they are implemented.

I should add that I do not necessarily think there is any problem with the way rule 34 and rule 35 are drafted. The problem is that they are not used in the way they were intended. As I read it, the adults at risk policy constitutes something of a departure from the original intention on adults at risk, which was essentially about minimising the use of detention for people who are specifically considered to be vulnerable. Actually, it is a move in the opposite direction from what I have suggested is needed, which is a doubling down to make sure that the safeguards in place are being implemented in the way the rules intended.

**Q5 Chair:** Could you briefly comment on the issue of the second opinion? Would you say a little about that, and what your view about it is?

**Kate Eves:** The second opinion, to put it in lay terms, is about the ability to have a second specialist medical opinion. If an external medico-legal report has been completed for an individual and it says, “Yes, this person appears to have been a victim of torture,” that would have meant under the old guidelines that the person automatically became what is known as a level 3 adult at risk, which affords a certain consideration of whether their detention is appropriate. Under the revised guidance, my understanding at the moment is that a second medical opinion can be given by a Home Office-contracted clinician, and then the Home Office will need to consider those two opinions in conjunction.

My concern would be how a non-medically trained Home Office caseworker is to decide between two complex medical opinions. First, is this essentially building in a delay in assessing whether the person really is safe to be detained? Secondly, is there a potential retraumatising of the individual in going through the process a second time? Thirdly, I am not entirely clear why the second opinion is needed or what the evidence is to show that it is needed. From my perspective, I would certainly want to understand more about those things when thinking about the potential impact.

I would add that all these potential changes are happening when we currently have no independent chief inspector of borders and immigration. I know that part of the former chief inspector’s programme of work was to look at adults at risk, so it is really concerning to me that the guidance appears to be moving in the opposite direction to what I have



recommended based on all the evidence, at a time when it does not have sufficient scrutiny from an independent perspective.

**Q6 Chair:** Did the Home Office speak to you about its plans for this draft guidance?

**Kate Eves:** No. The first I was aware of it was when a kind former colleague told me yesterday that it had been published—so no, I had no idea it was coming. In the Government's response to my recommendations, they noted that they were undertaking a review of adults at risk and the rule 35 process. What I am not clear on is whether the publication of this draft guidance means that that review has therefore concluded. If it has, I would dearly love to see what the results of it were. I just don't know what the sequence of events is. But I was not aware at all that it was being published.

**Q7 Tim Loughton:** Ms Pincus, may I ask about the evidence you gave to the Committee? In your conclusions, you said that you continued to observe and have reported a range of extremely concerning working practices and staff behaviours at Brook House and Tinsley House. Your final conclusion is that six months on from the Brook House inquiry report, there has been no meaningful change, nor any sign that the Government is taking the inquiry findings seriously, which is quite a damning statement. Why do you think that it is as bad as it ever was?

**Anna Pincus:** We are meeting people on a daily basis in the centre, so this is my response based on their testimony of their experience at Brook House. There may be reviews; there may be considerations going on. I am not speaking to those. I am just saying that for people on the ground, there is no discernible change. In fact, there are elements that have actually worsened in the way people are experiencing detention at present.

**Q8 Tim Loughton:** How are you getting comparisons? Obviously there are some people who have been there for longer, but then there would be an awful lot of people who did not know the previous regime. How could they make a comparison as to whether it is worse or not?

**Anna Pincus:** They are not making a comparison; they are telling me how they experience it. I am saying that the same themes are repeating and repeating and repeating.

Nothing is improving. Some things are becoming worse, in fact. For example, the report asked for a consideration of the lock-in regime. The time that people are locked up for roll-call at lunchtime and in the evening has been extended. People feel that intrusion on their time, being locked back down in the room, as something very difficult to endure.

**Q9 Tim Loughton:** Do you speak just to the detainees, or to staff as well? Do staff come and speak to you unofficially to complain about things? How does it work?

**Anna Pincus:** We go into the centres to support people in detention, but in the process we have exchanges with staff and we get to know them well



## HOUSE OF COMMONS

over the years. People in detention leave, sometimes frequently, but staff are there for decades, so relationships build up. They are very open with us. It is a difficult place to work: you are dealing with high levels of people who are trauma survivors, who have complex mental health needs and who present in ways that are very challenging for staff.

Staffing levels are still an issue at Brook House. That has an impact on the way staff relate to people in detention. They will have less patience to understand conversations that are being brought to them by people who do not have English as a first language. They will have less time to speak to people using interpreter services. We see petty frustrations in the way that staff deal with detained people on a regular basis.

**Q10 Tim Loughton:** What is your worst fear? What do you lose sleep over, in terms of things that could go seriously wrong at Brook House? What the inquiry threw up most of all was behavioural attitudes from the staff towards the detainees. The management firm has changed and various people have been moved on. There must be a consciousness of the shortcomings, to put it mildly, that were revealed in Kate Eves' report, but you are sort of suggesting that attitudes between staff and detainees have not really improved to any appreciable degree, despite everything that has come out.

**Anna Pincus:** We certainly hear that the experience of detained people is that staff are impatient, will raise their voice, will use inappropriate language and will be dismissive. The centre staff are much more open with us as a charity now than when G4S was in post. We now have our drop-in sessions, which were mentioned in the inquiry, in the main body of the centre, as well as on the visits corridor, which enables us to reach a greater range of people, but there are still limits on how far we can go.

You asked me what keeps me awake at night. What keeps me awake at night is that I know there are people in detention who lack the capacity to reach out to us, who may be held in isolation because their behaviours are challenging and that is the only place where staff can manage them, who have severe mental health conditions, and who we don't know about and can't reach.

It is therefore deeply regrettable that the Home Office took the decision that our charity could not be part of safer community meetings, which is a forum where different agencies in the centre come together to consider people who are at particular risk. We attended those meetings; Serco welcomed our attendance and said that we added value. We were able to add a lot of granular detail to the discussions that were going on, because detained people trust us very much and are very open with us. But when we came to negotiate our MOU with Serco to enable our drop-in sessions to take place, the Home Office said that the condition in the MOU that said we were allowed to attend safer community meetings had to be redacted.

**Q11 Tim Loughton:** What reason was given?

**Anna Pincus:** Confidentiality was given as the reason. Serco replied to the Home Office and said that they were willing to run the meetings in





## HOUSE OF COMMONS

such a way that there would be no breach of confidentiality, and we still were not permitted to attend.

Q12 **Tim Loughton:** And yet you deal with people face to face, so you are privy to their confidences.

**Anna Pincus:** Exactly, and we have attended the meetings successfully. Our attendance has been welcomed by Serco as a positive development, but there is still this attitude that wants to keep us at arm's length.

Q13 **Tim Loughton:** I understand. Ms Eves, up to now the majority of the people at Brook House have been foreign national offenders. That is likely to change given that the Government are going to detain more people who are deemed to be here illegally and who may end up going to Rwanda on that scheme. Do you think the dynamics of Brook House will change? A detainee in immigration custody is for the most part a different sort of person from somebody who has served a sentence and has a criminal record, whatever that may be, and that includes some quite violent crimes committed by people who are pending removal from the UK. Do you think that that mix is a problem?

Alternatively, could Brook House be run with a two-type system? How can it actually work? It is not a prison, but it has become a detention centre for spent conviction and not spent conviction criminals, and for people who should not be in the country but have not convicted a crime other than that.

**Kate Eves:** It's a really interesting point, isn't it? What the evidence showed us at the inquiry was that we had witnesses—former detained people who were former prisoners and had served prison sentences—and they, too, told us about the distress that they found in Brook House as compared with a prison environment. That was largely around the uncertainty and the lack of facilities, for want of a better expression. Brook House is built to the specification of a category B prison, but it does not have a lot of the things that another category B prison, which holds people for a long time, would have.

There is not sufficient outside space, nor access to the things that you would have if you were serving a prison sentence. In some ways it is almost akin to police custody, where there are certain things that are acceptable, such as taking people's clothes, shoelaces or writing materials away from them, which you accept is okay because it is for a short period of time. You would not do that once people are actually in prison because there are different expectations about what is reasonable for the duration of time. The regime at Brook House is such that it is not equivalent to what you would find in a prison where somebody is serving a sentence.

I can see on the face of it that perhaps one or the other makes somewhere calmer or less calm. The mixture and complexity of having people who have experience of being in custody and people who have no experience of being in custody does not necessarily mean that you are going to go one way or the other. What it means is that you need a senior management team who are exceptionally vigilant to the risks that are





## HOUSE OF COMMONS

presented by those different population groups living alongside each other, and you need staff who fully understand the power dynamic between themselves and the detainees and between different groups of detainees, so that they are able to manage that in a way that reduces the risk to the most vulnerable people in that situation.

I do not think there is an easy solution, but ultimately it is about really robust senior management processes and really robust monitoring by the Home Office to ensure that that is being done in the way that it needs to be.

**Q14 Kim Johnson:** Good morning, panel. Kate, you mentioned in your opening remarks that it took you four years to undertake the investigation, and I imagine a great deal of money as well. How did it make you feel when the Government slid in a written response as opposed to providing an opportunity for MPs to scrutinise in the Chamber?

**Kate Eves:** I will speak plainly, if I may. Yes, it took us just shy of four years to conduct the investigation. We do not yet have the exact final figure because we are in the process of doing the end-of-year financial reports, but it will be somewhere between £18 million and £19 million of public money that was spent. We produced a long and detailed report. We heard from lots of witnesses who found the experience itself very traumatising; I am talking about both formerly detained people and members of staff and officials. Giving evidence to a statutory inquiry is not an easy process to go through.

Given that the Home Office sets the terms of reference—albeit agreed to by me—and that the Home Secretary at the time said that lessons needed to be learned from what had happened, we worked incredibly hard to make sure we met those very detailed and complex terms of reference. The seriousness of what I found merited a far more detailed, robust and ultimately accountable response. It is difficult for me, even knowing this inside out, to decipher exactly which of the 31 recommendations to Government are being accepted or rejected. It is only clear to me in two instances, which are categorically being accepted or not. For a member of the public to not be able to understand what the outcome is of all that money and all that time is really disappointing.

**Q15 Kim Johnson:** That is an understatement. How confident are you, then, in the ability of senior civil servants in the Home Office to put in place actions that redress some of the issues you have talked about in your report? You mentioned rules 34 and 35 and the fact that vulnerable people are still suffering inside Brook House.

**Kate Eves:** There are a number of areas in the Government response where there is just a restating of policy. I know what the policy is; I have looked at it and I know it inside out. I took evidence about what the policy was for those four years. What the inquiry found is that the policy may be fine, but it is not being implemented in the way that it needs to be. So, if the outcome is not what it should be for those detained people, and



## HOUSE OF COMMONS

likewise for staff who are having to deal with extremely complex individuals in challenging environments, that to me seems a disservice to what we have found in the inquiry.

I have to say—I am sorry and disappointed to say—that I do not have confidence that, actually, there has been a meaningful engagement with what was really found and what the recommendations really mean. I fear it is very likely that there can be a repeat of those things happening, because if you just reiterate the policy and do not get to grips with why the policy is not being implemented in the way that it needs to be, why would it not be replicated in other parts of the estate?

The other thing I would add is that we are at the point now where we are very likely to have a drastic increase in the number of people being detained, at the same time as not having an independent chief inspector. If there are pressures on the system as it is at the moment, and the policies and the rules are not being applied to protect the most vulnerable and to ensure the rule of law is being upheld, I am very worried about what it looks like when more pressure is piled on that system.

- Q16 **Kim Johnson:** Thanks, Kate. Anna, some of us from the Committee had a very interesting visit to Brook House a couple of weeks ago, and were subject to a bit of a PR exercise. For us, the meeting with detainees and some of the staff was quite interesting because they painted a very different picture. Some of the detainees were not aware of the drop-in sessions—your support group sessions—being held for them to attend. How do you liaise with key staff in Brook House to make sure that information is disseminated so people can access it?

**Anna Pincus:** We do have an excellent relationship with the welfare staff in the centre and they refer people to us and spread word of the drop-in sessions. We also have signs up around the centre. Of course, it is an ever-fluctuating population, so if people are not aware of our drop-in, that would lead me to question what the induction is like when people arrive in Brook House. There is meant to be a pack of information that they receive, and they should get information about what is available in the centre in their own language. That raises a question about the quality of the induction in the centre, but thank you for feeding that back.

- Q17 **Kim Johnson:** Thanks, because I know that you do a great job, Anna. However, we also found that some of the detainees were saying that they do not have regular contact with their caseworkers or do not know who they are, which creates levels of anxiety because they do not know what is happening. What would you say needs to improve to ensure that that relationship is better for the detainees?

**Anna Pincus:** The report identified that a huge frustration and difficulty in the centre is that people have very limited knowledge about their case and contact with the Home Office. It is quite difficult for people to get a hearing from the Home Office in the centre, and people are informed about their case with a very brief document—a monthly progress report—which is often shamefully riven with errors and cut-and-pastes, so that



## HOUSE OF COMMONS

information relates to different people and gives scant information about people's cases. That is all they have: it is the only paper they have—it is not even in their own language—to rely on to understand why they are detained. So many people have no clue why they are in detention in the first place.

People's lawyers receive a much fuller document. It is a 10 or 12-page document that has a lot more detail. Common sense makes one wonder why that is not available to detained people themselves. When we are in the NHS, we get full descriptions of analysis of our health conditions and what treatment is necessary and why, but if we are detained and deprived of our liberty, we are not even given basic information on what the decision is that made that happen.

**Kim Johnson:** Thanks, Anna.

- Q18 **Simon Fell:** I would like to follow up on a couple of the questions that have already been touched on about the physical environment of Brook House, if I may. I was struck by a couple of the things in your report around the physicality of the place and the impact on people's mental health, concerns over layout and concerns over whether there is adequate space for people kept there at the moment. You have already touched on the fact that there is an expectation that there will be a significant number of extra people resident there shortly, thanks to the Illegal Migration Act 2023. Do you have any confidence that the reforms proposed by the Government will enable those people to be housed safely and well, especially given that, as Mr Loughton has already touched on, there will be quite different demographic groups housed in Brook House? I will come to you first, Ms Eves.

**Kate Eves:** Yes, sure, and thank you for the question. It is very difficult to know, because we do not know what that accommodation will look like. My concern would be that if the accommodation makes it almost impossible to deliver what is required by rule 3, which is maximum movement and a relaxed regime, that in itself begins to erode the principle on which you are administratively detaining somebody. That is what I found in the report was having this detrimental impact. You have heavy metal doors swinging shut, the sound of the planes and shouting. Prison environments are loud because they are echoey, and they can feel oppressive, so it is very difficult to answer the question in a meaningful way unless we know what those environments will look like. However, I would say that the starting point must be what the rules require to be delivered for those people and whether that physical environment is actually capable of delivering it, because it does not matter then how well you staff it: if the physical environment itself makes it impossible to deliver that, it is extremely difficult.

- Q19 **Simon Fell:** Thank you; that is really useful. You mentioned staffing, which obviously comes up time and again in your report. Do you have any confidence that Brook House is turning a corner, in terms of its ability to hang on to its trained staff and to recruit new staff, especially given the challenges it is facing at the moment?



## HOUSE OF COMMONS

**Kate Eves:** I do not know the up-to-date figures on the staff retention issues, so I can't comment on that specifically. During the inquiry, we heard about the difficulty that people have in understanding what the reality of the job entails. Lots of people went through the training, and at that point the only mandatory part was the use of force, which in itself was really concerning because it certainly didn't seem to prioritise all the other skills that staff need in those types of environments. You then have staff who complete their training, come on to the wings and are suddenly faced with the reality of what is expected of them in an extremely difficult, challenging environment to work in, and witnesses told us that they were losing people very quickly. I think the two things are potentially related: if you want to retain staff, you need to ensure that you have enough of them in the first place, that they are equipped and trained properly, and that they are in an environment that allows them to deliver the things that you are asking them to deliver.

One thing that I want to add that may help the Committee as things unfold with the use of additional accommodation is that ultimately it is the Home Office that has responsibility for providing humane and decent accommodation for people who are detained for administrative reasons. If an increase in accommodation means an increase in contractors and providers, to my mind that also needs to be paired with an increase in Home Office scrutiny and oversight to ensure those contractors and environments are really up to the job.

Q20 **Simon Fell:** Thank you. I will come back to that point. Ms Pincus, I know that some of the training courses that new recruits are being put on are being updated at the moment. Could you share your insight on whether those updated courses are sufficient? What is your level of comfort that they will help the staff meet the challenges that they are going to face as we see an influx of new people moving into Brook House?

**Anna Pincus:** I have to be honest: I am unsighted of the training that the Home Office offers to its staff.

To go back to your previous question to Kate Eves, what we noticed on the ground was a great turnover of staff, and that makes any interventions that the centre tries to make to change the culture very difficult. Staffing is a huge issue. When you went to the centre, you must have heard about difficulties of recruiting, particularly in healthcare. That has severe impacts for people in detention.

Q21 **Simon Fell:** Can I just bring you back to the physical environment? It is a category B prison environment. We heard in previous evidence about the impact that can have on the people who are there, and Committee members who attended the visit saw that in person. Do you have comfort that the facility is able to expand to house the number of people who will be coming through it in the future?

**Anna Pincus:** The facilities are definitely not adequate for holding large numbers of vulnerable people. It just doesn't work. We know it doesn't work. When people are asked to share a cell, they will sometimes refuse.



## HOUSE OF COMMONS

That sounds like they are being churlish, but it is often a reflection of severe mental health problems. If you have experienced trauma, you may have nightmares, and the only way you may be able to get through the night hours is having the television or the light on. If you have fled persecution because of your sexuality, you may be uncomfortable about talking with your partner when there is someone else in the room who may be homophobic.

There are all sorts of reasons why shared space with no privacy is particularly difficult for people with severe mental health problems—people who often have difficulty accessing their medication, which enables them to function when they first arrive in the centre. What happens to those people? I will tell you what happens: they get put in isolation for not conforming to the request being asked of them.

We supported one man who refused to be in isolation due to his extreme mental health issues. He tried to hang himself while in detention. We asked four times for a rule 35(2)—the mechanism that Kate mentioned—for his vulnerability to be assessed. Our emails were not replied to. Eventually, the Home Office offered him a rule 35(2) at the point when they had already decided to release him, but it took a further five months before he was released from detention. That is the kind of situation we are getting. People are put in segregation because they refuse to share a room, and they refuse to share a room because they are very unwell. It is not a place for extremely vulnerable people to be held.

**Q22 Simon Fell:** Did that particular example—I am sure multiple others are similar—occur when the chief inspector was in place?

**Anna Pincus:** The person was released in March this year. I am not sure of the dates of the chief inspectors.

**Kate Eves:** I think it was early March.

**Q23 Simon Fell:** The question I am trying to get to is that, obviously, there is a route there for someone coming in, taking a view and escalating issues up to the Home Office and ultimately the Home Secretary, but that route is not available at present. I am keen to hear your views as to the risks that that exposes, and what other routes are available now without that chief inspector in place.

**Anna Pincus:** It is extremely difficult for there to be oversight at present. The IMB, the independent monitoring board, is the body in the centre. Every time someone is placed in segregation and every time there is an ACDT, which is the mechanism to monitor people at risk of harm, that is brought to its attention.

There is a lot of pressure on IMBs at the moment, and I am sure they are under resourced. They said during the inquiry that it was difficult for them to meet the requirement to visit every person in segregation within 24 hours. They need more staff. I am sure it is volunteer-led. They need people with specialist language skills. How can a monitoring body like that



## HOUSE OF COMMONS

really understand the severity of the problem if they cannot speak to people in their first language and do not have access to interpreters?

**Kate Eves:** It is concerning, because that key post being vacant means that there is a gap in the fundamental independent scrutiny of the detention estate. Obviously, there is still the chief inspector of prisons, but their inspections are infrequent, by design—that is not their purpose.

If I was a senior official in the Home Office, I would want to be comparing the rates of rule 35 referrals across the detention estate, and trying to understand why there might be a difference between, theoretically, 100 people on constant suicide watch, those at the highest risk of suicide in a certain time period, but only two referrals under that specific branch of rule 35. Why is that the case? Because it certainly seems to me that there should not be such a difference.

I would want to understand whether that is a problem in one place or at one time, or whether it is a problem across the entire estate. What is the root cause? At the risk of repeating myself, ultimately this is the Home Office's responsibility, so it needs to be ensuring that the rules that are in place are being adhered to. It seems to me that that is a routine part of checking—the checks and balances across the estate and doing that comparative data.

**Simon Fell:** That is incredibly helpful.

Q24 **Alison Thewliss:** Thanks very much for coming to give evidence today. Some of the recommendations that you make, Kate, concern medical issues. I want to pick up on some of those medical and health recommendations. To what extent has the Home Office responded to the various medical issues that people in detention are facing?

**Kate Eves:** In terms of looking at the recommendations that I made around the specific problems with health, it is largely unclear what is being accepted and what is being rejected. In some cases, there is no information at all about what the response is; there is just a complete lack.

For example, I talked about the safeguarding responsibilities in relation to healthcare training and the training of healthcare staff on the use of force. There was one particularly concerning incident, which we saw the footage of, where a healthcare member of staff essentially watches what is happening and does not step in at any point; there seemed to be a wholesale misunderstanding of or disregard for what their safeguarding responsibilities were.

My concern is that there is too much of an alignment with the contractor or the Home Office perspective, rather than being true to the professional clinical obligations on those individual members of staff: that they are safeguarding a patient. I have made recommendations on a variety of things—that is just one of them—around them needing to understand what their responsibilities are. We also had instances of fitness to fly letters being endorsed with an endorsement to use force. It is very difficult to





## HOUSE OF COMMONS

understand why a clinician would endorse that, and there is specific information about that in the report.

More generally, I know that previous reviewers and investigators have used the term “a culture of disbelief”, and I did see evidence of that. There was an inclination to see distressed or erratic behaviour as a function of misbehaving or being disruptive, rather than as a function of deteriorating mental health. That means it is treated as a disciplinary issue, rather than there needing to be a recognition that a person may need to be reviewed and that they certainly may not be appropriately held in detention but may need a different type of clinical input.

There was a confluence of issues, and it is really concerning that none of those recommendations appears to have been directly addressed. I just do not know what the response is going to be to them, if any.

**Q25 Alison Thewliss:** That is interesting. When we were taken on the visit to Brook House, we were shown the medical facilities and so on. I noticed that there was a poster on the wall with the “did not attend” rate for February. It said that a quarter of the rule 35 appointments had not been attended, 41% of GP appointments had not been attended and 23% of nurse appointments had not been attended. Have you any thoughts as to why that might be the case?

**Kate Eves:** Again, we covered this in some detail in the report. We identified that there was a real issue, almost a Catch-22: if somebody is in such a position that their mental health is suffering and there is a need to ensure that they are attending appointments, not having any process to identify somebody who is continually missing appointments for assessment does not seem good enough to me.

If you have people whose very reason for needing to be seen is that they are suffering and there is a potential clinical cause of that, you need to then identify appropriate mechanisms or understand why they are not appearing for those appointments.

We talk in the report about a lack of understanding on the part of detainees about exactly what the rule 34 and rule 35 process is about—so, not understanding how important it is in terms of potentially reviewing their ongoing detention and why those two rules need to work so closely together to ensure that they understand the importance of attending those meetings.

**Q26 Alison Thewliss:** It seemed quite odd to me. If you or I did not turn up to a GP appointment, the GP is not going to come out to our house, but you know where the folk who are not attending the appointments are. Would you expect there to be follow-up if people do not attend? Do you have any evidence that that happens?

**Kate Eves:** I am not unrealistic about the fact that there are often staffing shortages, and so there is pressure on staff. I suspect it is easy for things like that to slip when you do not have the right number of staff to fulfil all the roles you need to, but to my mind, that is not good enough. You need





to have the right number of staff, and you need to ensure that you are getting people at risk of deterioration to the appointments that have been scheduled, because they will not have been scheduled for no reason. There will have been an indication that that was necessary.

**Q27 Alison Thewliss:** Anna, do you have any feedback on that kind of thing from the people you meet?

**Anna Pincus:** Yes, certainly. I think the rule 34 is particularly interesting to know. I know there was some Medical Justice research recently that showed that out of 66 people, only 35 had had a rule 34. That was because a lot of people had refused one, but, as Kate Eves says, that is a case of the purpose of it not being explained and it not being explained in their first language.

The way that Brook House functions is kind of arbitrary—some things work well sometimes, and other things sometimes just collapse. There are basic elements of communication that fail regularly, and communication between healthcare and detained people is one of those areas.

As Kate Eves says, that is partly about the level of vulnerability, but we meet people who have been requesting an appointment with a psychiatrist for many months, and then the next time they ask, they are told, “Well, you had an appointment, but you didn’t turn up,” but they were not aware that there was an appointment. These basic breakdowns in communication are signifiers and indications that things are not working well.

**Q28 Alison Thewliss:** On a very practical level, I noticed that there are very few clocks in the building as well. It makes it more difficult to attend an appointment if you do not know what the time is.

**Anna Pincus:** Yes, interesting—I hadn’t noticed that.

**Q29 Alison Thewliss:** Do you feel that people are being appropriately assessed when they arrive? Do they understand the process at that stage?

**Anna Pincus:** I think the pre-screening is an issue even before people arrive. Some people who have already won cases for unlawful detention are being re-detained when there have been no discernible changes in their circumstances, so even before detention, the assessments are poor.

When people arrive, they are entitled to see a nurse and a doctor within 24 hours. Those assessments are very short—10 minutes, I think. It is not long enough to assess someone’s physical and mental health when it is someone who will be distressed, who you will need to build trust with before they can start to give you any meaningful answers, and who will be conversing with you not in their first language. It is very unsatisfactory.

Once an initial assessment is made, there does not seem to be any appreciation that assessments need to be dynamic. They need to be open to be made again and again, because people get bad news or spiral down, or people who have experienced trauma in the past experience being re-



detained as a trigger for post-traumatic stress. There are many reasons why the decisions taken about people need to be revisited.

- Q30 **Alison Thewliss:** That absolutely makes sense. Given the announcement earlier this week about more people being detained or removed as part of the Rwanda plan, do you think that that is likely to get worse? I am aware of a case of somebody being detained in Glasgow and taken almost straightaway down to a detention centre. Is there going to be time within that process to even assess people?

**Anna Pincus:** My concern about what will happen with the changes coming our way at Brook House is evidenced by what has happened in the past. Towards the end of 2020, there were rapid removals before Brexit, and we saw high levels of self-harm, suicidal ideation and people on human strike. At that time, the IMB said that detention was inhumane, and the centre staff were also struggling to manage people in their care.

In 2022, with the first flights to Rwanda, there were more issues. Those were largely issues of a lack of information and a lack of access to legal firms. The situation with access to lawyers in the centre has worsened since then—not just because it is hard to find lawyers with capacity to take cases, but because recently it was introduced that legal advice could be on the telephone for detained people. You can imagine what that means.

People end a phone call having no idea who the lawyer was or what the firm was, and with no written advice. The lawyer is unable to assess the vulnerability of the person in a phone call and is not able to look at documents that the person might have brought to the consultation. Those then have to be faxed afterwards, but the fax may not be working. It just builds delays into their contact, so we have concerns about that.

That is even before you think about the wholesale failure of safeguards that the inquiry report was so clear about. You are adding people into a system that is already struggling. We have seen evidence before of what that means on the ground. It must be very difficult for centre staff to cope with.

- Q31 **Alison Thewliss:** Lastly, when we met people who were currently detained, it seemed to me from a lot of their stories that they did not need to be there. Some of them who were not going to be removed were awaiting removal back to their accommodation somewhere else. That was a bit of a logjam in the system. Do you hear that from the people who you meet?

**Anna Pincus:** So often. We run a walking project where we go on walks with people after detention. Several years after people have been released from detention, they will still be revisiting, “Why did that happen to me? Why was I held?” and you almost want to say, “Leave it behind. It’s in the past.” But there is a sense of injustice about being taken away from your family, your community and your support mechanisms, and placed into a situation where detention is indefinite, and the terrible harms that does to people.



## HOUSE OF COMMONS

There is something about human beings that means we need to understand the parameters. People say that being detained is worse than being in prison, because they cannot count down the days to their release. You are doing that to people for no reason, because you are releasing them back into the community, and I wonder why we are causing people so much harm. I think there was a statistic in the HMIP report in 2022 that 67% of people at that point were being released back into the UK, so you are depriving people of their liberty and causing them the harm of the uncertainty of indefinite detention, and then just putting them back where they were.

**Alison Thewliss:** That is quite frustrating. From the figure that I noted down on the visit, there were about 70 people in the detention estate who were waiting to leave it. That seems pretty ridiculous.

- Q32 **Carolyn Harris:** Anna, the way you have described the situation with segregation and everything that has been used as a weapon or tool to stop people being problematic, as it were, tells me that the biggest health problem in there is obviously mental health. Is there a formal process? Are there in-house staff who are trained nurses and do they have site visits? You said that it was a very quick assessment, but what is the ongoing process for assessing someone's mental health, their potential danger to themselves and their potential danger to others? What is the process?

**Anna Pincus:** It is very opaque. I think there has been a problem recruiting a mental health lead recently. People asks for assessments—lawyers ask for assessments—but they are not successful in getting them.

You are right: mental health is a huge issue. Again, the HMIP report said that 80% of people were depressed. Being in indefinite detention, in the architecture of Brook House, causes harm. Even if people were functioning before they were detained, very often, because of their history of trauma, the experience of being in Brook House makes life impossible.

- Q33 **Carolyn Harris:** So there is no formal set-up—there is no mental health nurse or psychologist who goes in. There is no opportunity for people to talk to someone about their mental health—nothing at all.

**Kate Eves:** What we found in the inquiry is that, at times, there may well have been a mental health nurse on shift. It was not always guaranteed. There certainly is not the same provision as you might expect to see. There isn't an onsite psychologist and the ability to run the things that perhaps are most needed, such as how to deal with post-traumatic stress disorder for those individuals. It is really important as well to recognise that a lot of the time medical staff—discipline staff as they are often called—will need the officers, the detention staff, to identify somebody as being in need of an assessment. What was shown time and again in the inquiry's evidence was that the staff did not understand how mental health might manifest itself, so they, too, saw erratic, irrational, difficult behaviour as being a manifestation of just being difficult and disruptive.

- Q34 **Carolyn Harris:** Did they not understand or were they not trained?



## HOUSE OF COMMONS

**Kate Eves:** I think both. They certainly did not have the training. Even, surprisingly, at more senior levels, people admitted that they did not understand what the difference was between somebody acting up and somebody genuinely being in distress or experiencing some sort of mental ill health. In fairness to clinical staff, they are reliant to a degree on the information that flows through to them. Again, I made a recommendation about a raft of training for staff, which included things such as understanding mental health indicators, and also a recommendation about communicating between medical and non-medical staff, and it is not clear whether those recommendations are going to be addressed in any way. It is a worrying picture because there are clearly very high levels of mental ill health.

Q35 **Carolyn Harris:** Anna, you mentioned staff retention and a high turnover. You just mentioned the fact that they could not advertise for mental health staff. Why is there such a high turnover? Shall I suggest that maybe they do not pay sufficient money to attract people to these posts?

**Anna Pincus:** Interestingly, it is anecdotal evidence that overtime is not paid highly enough. That is from staff chatting in the corridor. The detention centre is right next to the airport, so maybe it is easier to work in the airport than it is to work with a high percentage of vulnerable and traumatised people who are incarcerated. You can imagine it is difficult work.

Q36 **Carolyn Harris:** Yes, and stressful. People are leaving to go where? Do we know what the biggest attraction is for them outside of Brook House? What kinds of jobs are they going into?

**Kate Eves:** I think people probably take other security jobs in the airport. The centre is next to Gatwick airport, and the airport is a major employer of people in the area.

Q37 **Chair:** Can I ask a couple of questions about the detention period? I know that the recommendation that you made around setting a detention period limit was rejected and the Government said that that would “significantly impair” the ability to remove those who refused to leave the UK voluntarily. Can you say something about that? I noted that we are very much out of kilter in this country by not having a limit on detention. Could you comment on why that is?

**Kate Eves:** It is something that frequently came up during the inquiry—the issue of the indefinite, indeterminate amount of time that somebody may spend there being a profound cause of distress. That was both among people who had no experience of a custodial environment and people who had plenty of experience of a custodial environment and were able to compare the two. So, yes, as Ms Pincus mentioned, that counting down the days until release cannot be done. There is uncertainty.

It is particularly interesting when you look at the data, again which Ms Pincus mentioned, on what HMIP found about the number of people being released from detention rather than deported. I am sure the Committee is



## HOUSE OF COMMONS

interested to understand the cost dynamics of what that looks like and why as a nation we detain without time limit and what the reasons are for that. I am certainly not the first commentator on this issue to suggest 28 days. There is no magic to the 28-day number. It is a reasonable timeframe.

With the new legislation there is the potential for the time to lengthen because of things such as a second medical opinion in the adults at risk guidance, for example. It does concern me because there seemed to be a direct correlation between the issues that I found at Brook House and that lack of certainty and the indeterminate nature.

It is also fair to say that it is very difficult for staff to engage with an unpredictably transient population in the same way as they do with a prison population, where you know more about the people you will have there, what they are working towards and those kinds of things. That forms part of why there can be such a negative staff culture; it is very difficult for them to build up those types of relationships. That is in no way an excuse, but there needs to be a recognition that that builds in another risk factor in environments like this. There is also the lack of an end date for how long people can be there for.

**Q38 Chair:** Is there an alternative that could be used? What is the alternative? You can only hold somebody for 28 days, and the Government are obviously concerned about making sure they have the ability to remove people. What would you suggest to sort that out?

**Kate Eves:** The inquiry obviously looked at this specific environment—the cat B prison-type environment. Whatever your views are about the rights and wrongs of detaining different types of people, there must be an option that involves a different form of detention that does not look, feel, sound and smell like a prison. They are very expensive places to run and staff, and unless there are very specific reasons why it is necessary from a safety perspective to detain those people—the data suggests that upwards of 60% of people are being re-released into the community, so that is not the case for those individuals—it seems to me that there needs to be a wholesale reconsideration of the types of environments we are using to detain people. If it is not possible to keep it to 28 days, we should not be using environments that are suitable only for a very short period of time.

**Q39 Chair:** Okay. I also wanted to ask you about the independent scrutiny of Brook House. We have obviously heard about HMIP and the independent monitoring board. Do you think the combination of those two things is adequate in holding the Home Office, which you have said several times is ultimately responsible for this, accountable for the implementation of your recommendations?

**Kate Eves:** It is very difficult for them to do that, given that we ourselves don't know which, if any, of the recommendations are going to be implemented, so they are starting from a very difficult position. It is also really important—the report reflects this in detail—to recognise that external oversight is a really important, complementary form of scrutiny,



## HOUSE OF COMMONS

but the Department ultimately has responsibility for these conditions of detention. Absolutely the IMB and HMIP play a very important role. I also think the independent chief inspector plays a very different but equally important role in looking at the processes more broadly.

What concerned me throughout the inquiry was that there was too much reliance on those forms of oversight and not enough professional scepticism about the fact that a lot of the time the contracts rely on self-reporting, so G4S, Serco or any other contract provider could choose to report in a way that disguises some of the shortcomings of what is happening at a centre. If I were a very senior official in the Home Office, I would want to have in place a system that probed that and could look beneath the figures to make sure we really were getting what we thought we were getting.

**Q40 Chair:** Do you think the cross-Government working group will be effective in monitoring what is going on?

**Kate Eves:** The lack of scrutiny concerns me. My understanding is that it is chaired by a senior policy official in the Home Office itself. I think that the broad range of stakeholders, core participants and people who are interested in the outcome of the inquiry are, rightly or wrongly, not likely to feel a huge amount of confidence in the fact that the person looking at the recommendations and whether they are being responded to is not somebody independent. I think the lack of scrutiny is an issue because, as I say, we do not know which of the recommendations are going to be followed.

I hope that you, as a Committee, will continue to show a great deal of interest in this. I think it is going to be only more and more important as more people are potentially detained and we perhaps see a broader spread of contractors providing that service.

**Q41 Chair:** I noted that when you spoke to the Lords Statutory Inquiries Committee, you made the very generous and kind offer to come back at a six-month point, free of charge, to look at the response to your recommendations and talk through any issues.

**Kate Eves:** I was not taken up on that offer, and the offer still stands. As I said to the Lords Committee, one of the things that concerns me the most about the process of a statutory inquiry is the inability to find out exactly what is going to happen at the end of it. You spend a huge amount of public money, take a lot of time and take a lot of evidence; if at the end of it a member of the public cannot understand what actually came out as a result, that is really problematic.

My offer still stands. I am very happy to assist in any way I can in making sure the recommendations are fully understood and doing whatever I can to ensure that they are implemented in a way that addresses many of the issues that I found.

**Q42 Chair:** It is very concerning that you, as the chair, cannot fathom which of the recommendations have been accepted and which are being





## HOUSE OF COMMONS

implemented or progressed. That is a real concern.

Finally, both of you, is there anything else you would like to say to the Committee that you have not been able to say? Is there anything that you feel we have not questioned you enough on?

**Anna Pincus:** I would just like to mention, as a follow up to your question about alternatives to detention, that there have been two alternative to detention pilots, one of which has been reported on by UNHCR. They involve people in the community being supported holistically, making connections with medics and getting advice on their immigration case. The outcome of that is that people are less likely to abscond and are more likely to follow due process, because they feel that they have been heard and that their cases have been heard swiftly and fairly. It is important to always bear in mind that detention in a place like Brook House is not the only way.

**Chair:** Okay. That is very helpful. Thank you.

**Kate Eves:** I would end by saying that we obviously talk about detention broadly, but it is really important to think about the additional things that can happen once people are in detention, such as using force against people. It is not easy viewing, but I would urge the Committee to look at some of the footage of what that actually looks like in practice. It is important to recognise what force being used actually means to the individual and to the staff who are doing it.

I re-emphasise that, once people are there and detained, there are lots of other things that happen, be that using force on them or be that segregating them. We need to remember that Parliament puts in place these rules to protect people, because of those quite profound powers, and it should not be for individual contractors or members of staff to choose whether they follow those rules.

**Chair:** That is very helpful. Thank you for coming along today. I am sure that the Select Committee, during the course of this Parliament and, hopefully, in the next Parliament, will want to see what is actually happening with the recommendations that you made in your very thorough report. Thank you for all your work, and thank you, Anna, and all your colleagues for all the work that you do.