2023678-23 Emma Shubrook

BROOK HOUSE INQUIRY

FIRST WITNESS STATEMENT OF DALIAH DOWD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 27 September 2021.

Any references to G4S Health Services (UK) Limited in this statement have been abbreviated to "G4S".

I, Daliah Dowd, c/o Gatwick IRC, Perimeter Road South, Gatwick RH6 0PQ, will say as follows:

Background

1. ***Your name and date of birth;***

   My full name is Daliah Sophia Mcnaught Dowd and my date of birth is DPA

2. ***A summary of your career (which explains any professional qualifications which you have, your professional experience and the roles which you have held in your professional capacity including your current role / job description);***

   I first qualified as a registered mental health nurse ("RMN") in 2011 and began working at a residential home. During 2012, I worked at both Whittington and Capio Nightingale Hospital. I then began working at Brook House in March 2013 and I am still there now. I had experience of working in secure settings before I started at Brook House, as I have previously worked in secure mental health hospitals.

3. ***An explanation of when you worked for G4S Health Services and in what capacity. Include all the roles which you held whilst employed by G4S Health Services and details of your working pattern. If you were not employed directly by G4S Health Services, in what capacity did you work at Brook House?***

   Throughout my time at Brook House, I have always worked as a RMN. I do morning shifts at Brook House from 7am to 3pm and I then travel to Tinsley House. I work on both sites every day.

4. ***If you are no longer employed by G4S Health Services, an explanation as to why you left and when.***

   I still work at Brook House.

Application Process

5. ***An explanation of what attracted you to working in healthcare at Brook House.***

When I first saw the advertisement for vacancies within G4S, I thought it would be a very rewarding job and I was open to experiencing new areas. I knew I didn't want to go back to working in a residential home therefore Brook House seemed like a new and exciting challenge.

6. ***Your opinion of whether the recruitment process prepared you for the role. Please explain your answer.***

I think the recruitment process prepared me well for my role in Brook House. My interview was conducted on site, which allowed me to gain a feel for the environment and during my first couple of weeks, I was shadowing another RMN until I felt confident enough to work on my own. There were times I had to draw on knowledge gained from previous roles, as I was not given a job description explaining what my role as a RMN would entail.

Culture

7. ***A description of the culture of Brook House when you worked there. In particular, was there an identifiable culture across Brook House as a whole; whether there was a specific culture within the healthcare department or a department, area or wing in which you did not work; if there was, whether it changed over time; in either event, what that culture was.***

The staff in Brook House are always very supportive. Staff's main concern is that the needs of the residents are met and any issues are addressed. Both healthcare and wing staff always follow up to ensure that the residents are getting the help that they need. Healthcare staff and wing staff work as a team. Staff communicate well and work together to meet the needs of the resident. For example, if a resident requires treatment that is not offered within Brook House, staff ensure that outside help was sought immediately.

8. ***Your views on staff morale at Brook House immediately before, during and subsequent to the Relevant Period, both with regard to healthcare staff and other staff employed at Brook House.***

Some staff members would complain about hours, usually wing staff. There were also issues regarding staff rotas. Shifts would occasionally be changed very last minute and staff were not notified. This resulted in a lot of confusion. There were a few occasions where staff were unhappy and morale was low but this was not often. Whenever anybody has an issue, these issues are raised with the managers. All managers are approachable and have the best interests of the staff at heart. Managers often change shifts that people are not happy with. They are always willing to help.

9. ***A description of attitudes towards individuals who were detained at Brook House immediately before, during and immediately after the Relevant Period.***

Staff always behave professionally towards residents. We always reassure them that we are there to meet their needs and assist them with any issues they may have. Even if residents requested medication out of hours, we would still try to assist. If it was serious, we would treat

them urgently or we would politely ask them to come back during the scheduled medication hours. Their needs are always a priority. I have never witnessed any officer being disrespectful or abusive to a resident on the wing. Wing staff go the extra mile to ensure the residents are comfortable.

10. ***Whether you have any particular concerns about how the values of G4S and / or G4S Health Services or any culture impacted upon the following:***

a. ***The general treatment of individuals who were detained at Brook House;***

I have never had any concern about the way residents are treated. Staff always try to make sure that residents are comfortable and all of their needs are identified and met.

b. ***The management of individuals with physical health conditions;***

I have no concerns about the management of individuals with physical health conditions. Residents' rooms are allocated specifically and healthcare ensure that those rooms are not used, as residents can come into the clinic at any time to occupy those rooms. Healthcare manage the residents throughout until they are fully recovered. Supported living and care plans are in place for certain residents and this ensures that all staff within the centre are aware of the resident's condition and provide any extra assistance as required.

c. ***The management of individuals with mental health conditions;***

RMNs assess residents for mental health issues following referrals. If we see a resident who is behaving in a way that concerns us, we do not wait for a referral. We bring them in for an assessment and follow up until the resident no longer requires our assistance. We refer anyone who is suffering from depression to the doctor for medication. If the resident is suffering from psychosis, the RMNs would refer the resident on to the psychiatrist who would carry out further assessments. A Section 48 referral would be applied for the resident to be admitted to hospital. The psychiatrist would increase, decrease or change the resident's medication if the resident could be managed within the centre and did not require admission to hospital. We are always ready to ensure all mental health needs are identified and addressed.

d. ***The management of individuals who could be considered vulnerable;***

I did not have any concerns regarding the management of individuals who were vulnerable. Anyone who was identified as vulnerable was always well looked after and given adequate support.

e. ***The management of individuals with substance misuse issues;***

I don't think there was enough staff training regarding managing individuals with substance misuse issues. Healthcare did not have enough knowledge surrounding substance misuse issues.

f. The protection of specific individuals from the type of abuse seen on the Panorama programme.

I have never seen an officer behave in an abusive way to any resident.

11. ***Whether you are aware of any occasions where a member of healthcare staff raised concerns about the treatment of individuals (either individuals or collectively), whether informally or as a "whistleblower" and the response to it and the reaction from detention staff management and healthcare staff management.***

I am not aware of any occasions where a member of healthcare staff raised concerns about the treatment of individuals.

Oversight

12. ***Set out your understanding of the role of the following bodies, their involvement at Brook House and the nature of any interaction or communications you had with them.***

i. The Independent Monitoring Board (IMB);

The IMB are an independent body who are there to support residents. Members of the IMB attend ACDT reviews, so I have had some contact with them as a RMN. Any type of discussion or intervention, they are usually required to attend. We have a good working relationship with them.

ii. The Gatwick Detainees Welfare Group (GDWG);

I never had any interaction with GDWG. They come to Brook House to support residents and offer advice. They would sometimes give detainees credit and clothes.

iii. Medical Justice;

I have not had any contact with Medical Justice. They help residents to free themselves from detention. They carry out assessments on residents and get different specialists to come in and see residents.

iv. Bail for Immigration Detainees (BID).

BID help residents with their bail applications. I never had much interaction with them.

v. And other external organisations.

I'm not aware of any other external organisations.

General Training

13. ***A description of the general training you received before starting work at Brook House and/or upon starting at work at Brook House. Confirmation of when you attended this training, where it was held and who provided it.***

When I first started working at Brook House, I had an induction and the managers ensured that I was familiar with the centre and operations completely. All of my mandatory training was checked and I completed further Immediate Life Support training and safeguarding training. You also have to undertake continuous professional development training throughout the year as a RMN. There was also a lot of online training such as substance misuse training however we only received very basic online training in relation to substance misuse issues. There definitely was not enough training given in relation to substance misuse at all. Immediate Life Support and Safeguarding Adults and Children refresher courses are completed every three years.

14. ***Reflecting on this training, your opinion about whether it prepared you for your role at Brook House. Please explain your answer. If it did not adequately prepare you, please say what else you believe the training should have covered.***

I think the training provided by G4S fully prepared me for my role in Brook House. We would always be asked if there were any areas we would like to advance in and further training would then be offered.

15. ***Reflecting on your time in healthcare at Brook House, what training do you consider was necessary in order to fulfil your role?***

My previous qualifications and training provided me with enough required knowledge to meet the needs of all residents. At no time did I find myself not being able to meet the needs of the residents.

16. ***What, if anything could be improved?***

I don't think any area could be improved. We are getting the support required in relation to keeping our knowledge up to date and delivering appropriate care.

17. ***Whether you were offered, and attended, refresher training courses. If you did, please provide details of the courses. Was there any other training that you think should have been provided on an annual basis?***

There were a number of of training courses that were completed every year such as life support training, safeguarding training and infection control training.

18. ***Whether you attended any of the training courses provided by G4S to its staff. If so, provide details.***

G4S provide online training, which is mandatory. They also provide classroom based safeguarding and immediate life support training.

19. ***A description of the training you received on the following, including the dates on which you attended such training and any refresher courses on the following matters:***

b. ***Control and restraint (C&R) / use of force on individuals (including both planned and unplanned use of force). Please refer to the Violence Reduction Strategy (CJS000721);***

I did not receive any control or restraint training or use of force training during my time at Brook House.

c. ***Rule 35 assessments and reports; The management of individuals at risk of self-harm or suicide and the ACDT process including the threshold for opening an ACDT document, the management of individuals on an ACDT document and how to complete the documentation. Please refer to the following documents / policies:***

(i) ***Suicide Prevention and Self-harm Management (CJS006380);***

(ii) ***Safeguarding Policy (CJS006379);***

(iii) ***Guidance for staff managing detainees on Constant Observations (CJS006378);***

(iv) ***Management of Adults at Risk in Immigration Detention (CJS000731);***

(v) ***Introduction to Safer Custody, Gatwick IRC's Caring for Detainees at Risk (CJS000052);***

(vi) ***Enhanced Mental Health Training, Gatwick IRCs Caring for Detainees at Risk (CJS000020);***

(vii) ***The management of individuals with substance misuse issues. Please refer to the Drug and Alcohol Strategy (CJS006083);***

(viii) ***Any other specific healthcare training.***

I have prior knowledge of ACDT and Rule 35, I never received any training on ACDT or Rule 35 assessments from G4S.

Staff Induction

20. ***Please refer to Gatwick IRCs and Cedars Welcome Pack (CJS006391). Provide a description of the induction you received upon starting work at Brook House, including its duration, location, and who provided it.***

The initial induction consisted of shadowing members of healthcare for one or two weeks, I cannot remember the exact duration. I shadowed a nurse called Esther and attended ACDT and Rule 40 reviews. We were talked through the systems and procedures and taken around the Centre.

21. ***Did your staff induction process prepare you for your role at Brook House?***

I do not think the staff induction process prepared me for my role at Brook House. I was able to carry out my job role effectively because of my prior experience.

22. ***What, if any, problems were there with the staff induction process?***

We should have been given more information and been allowed more time to become familiar with the processes.

23. ***What, if anything, could be improved?***

The induction process should be longer and more attention should be paid to the mental health team. I don't think RMNs get enough support compared to RGNs.

Management of healthcare staff

24. ***A description of how healthcare was structured in terms of line management and administration during the Relevant Period.***

Sandra Calver is Head of Healthcare. We now have a clinical lead, Chrissie Williams. We didn't have a clinical lead in 2017. We also have senior Registered General Nurses ("RGNs"), senior RMNs and a Practice Manager. I think there were two Practice Managers at the time of the Relevant Period. There is a GP on site and a psychiatrist who comes in every Friday.

25. ***Which staff, if any, reported to you as line manager? Please provide both names and roles.***

I did not manage anyone. If a new RMN came in, I would help to train them.

26. ***Explain your relationship with senior managers in healthcare at Brook House. Include details of the level of contact that you had with them, availability during shift for urgent/non-urgent queries, approachability, and visibility.***

I feel comfortable asking the senior nurses for support. If I have a problem, I know that I can call on them for help. There are times when the workload has been too much and it is always easy to find senior nurses to raise this with. You can go into the office to find them or if it is out of working hours, you can call them. The senior managers are not always approachable. Sometimes they can make you feel worse about raising an issue. It seemed that some members of staff were prioritised above others. Staff were often reluctant to raise issues with senior managers for fear of what response they would get.

27. ***Explain your experience of being managed at Brook House. Include details of feedback, appraisals, and working relationship with your direct manager. Provide details of who your direct manager was with dates if recall them.***

In 2017, my manager was Sandra Calver. It is not always smooth sailing with Sandra and sometimes it can be difficult to communicate. I required more support throughout the pandemic and did not feel that I was getting the support I needed from her.

28. ***Set out your experience of working with other healthcare staff, in particular, whether you felt able to rely on other healthcare staff to support you in your role.***

Healthcare is a very good team. Healthcare work together to meet the needs of the residents. If we haven an issue, we always discuss it and resolve it as a team.

29. ***Provide a description of how clinical supervision of healthcare staff generally took place during the Relevant Period.***

My clinical supervision was ok. I think Karen Churcher carried out my clinical supervision in 2017.

30. ***Explain how your clinical supervision took place.***

Clinical supervision was done every month via one to one meetings. All meetings were documented.

31. ***Did you experience any problems with your line management or clinical supervision? If so, what?***

I did not experience any problems with my line management or clinical supervision.

32. ***What, if anything, could be improved?***

I can't think of any improvements to be made. Clinical supervision is always in place and I have a good relationship with my manager and clinical lead.

Disciplinary and grievance processes

33. ***Provide details of any involvement you had in disciplinary investigations, including any investigation: (a) carried out by you as a manager; (b) carried out into your own conduct and/or (c) carried out into another member of staff, for which you were a witness.***

In relation to each example:

a. ***please provide approximate dates;***

b. ***a description of the issue;***

c. ***who was subject to the investigation;***

d. ***what the investigation involved;***

e. ***what the outcome of the investigation was;***

f. ***whether any further action was taken following the disciplinary outcome;***

g. ***whether there were any 'lessons learned', and if so, how they were disseminated and followed-up.***

I have never been involved in any disciplinary procedures.

34. ***Please provide details of any involvement you had in a grievance investigation, including any grievance investigation: (a) carried out by you as a manager; (b) carried out following a grievance raised against you; (c) carried out following a grievance raised by you; and/or (d) carried out into another member of staff, for which you were a witness. In relation to each example:***

a. ***please provide approximate dates;***

b. ***a description of the issue;***

c. ***who was subject to the grievance;***

d. ***what the investigation involved;***

e. ***what the outcome of the investigation was:***

f. ***whether any further action was taken following the outcome;***

g. ***whether there were any 'lessons learned', and if so, how they were disseminated***

I raised a grievance in around 2016 when member of the team discriminated against me. As I came into a room, she immediately made racist or xenophobic comments to another member of staff telling her she should not go on holiday to Jamaica. I challenged this with the member of staff and she came into the office at the end of the shift and was bullying me. Following this, I put in a formal grievance. Once the member of staff realised I had raised a formal grievance, she apologised. I accepted her apology and did not escalate it any further so we did not go through the formal grievance process.

Staffing

35. ***Describe the staffing levels in healthcare at Brook House during the Relevant Period.***

I am unable to say exactly what the staffing levels were during the Relevant Period. There were occasions when people would be off sick and it would be difficult to find someone to cover it but this was not a regular occurrence.

36. ***In your opinion, were there, at all times, sufficient staffing resources to be able to provide adequate healthcare services to the individuals? Provide your opinion on whether the staffing levels in healthcare were of an adequate level to enable staff to perform all the functions of their role. If they were not, identify why not. Further, did you ever raise this at the time. Please provide details. If you did not, please explain why not.***

I think there were sufficient staffing levels at all time. I didn't have any concerns. If we were short staffed due to illness or annual leave, someone else would cover that shift. The needs of the resident were never compromised.

37. ***What was the proportion of permanent healthcare staff to agency staff?***

There was always a lot of agency staff in Brook House. The same agency staff were used consistently. A lot had worked in Brook House for years.

38. ***Were agency staff experienced at working in detention centres or a custodial environment generally?***

Most had a lot of experience of working in secure settings and would work across many detention centres.

39. ***Were agency staff familiar with the systems and procedures in place at Brook House? What was the nature of training/induction provided, if any?***

When agency staff first started in Brook House, they would shadow other members of staff and learn the systems fully before they began working independently. I was one of the staff members they would shadow in relation to mental health. They had inductions and went through the same clearance process as permanent staff and all of their mandatory training had to be up to date.

40. ***Did the number of agency staff generally affect the provision of healthcare to individuals? If so, how?***

The number of agency staff did not affect the provision of healthcare to individuals. The agency staff were very knowledgeable and provided the same level of care to the residents as permanent staff.

41. ***Provide your opinion on the impact that any shortages (if they existed) had on the care and treatment of individuals, in particular, whether staff were unable to offer services that they would have been able to provide if they were fully staffed (if shortages existed) and if there were delays in provision of healthcare to individuals as a result.***

Staff shortages never affected care at any time. Residents always received an appropriate level of care.

42. ***Provide your opinion on the impact that any staffing shortages had on healthcare staff, including morale and safety (whether perceived or actual).***

Staff shortages never had a negative impact on staff morale or safety. Cover would always be sourced when we were short staffed.

43. ***Provide your opinion on the staffing levels of the detention staff.***

I heard a lot of wing staff complain about staffing levels. I am not on the wing much, so I don't have much interaction with them. I have noticed that there is a very quick turnover of wing staff.

44. ***Provide your opinion on the staffing levels of the activities team.***

I don't think the activities team ever seemed understaffed but I don't know for sure. I did not have much interaction with them.

Relationship between Healthcare and Detention Staff

45. Provide details of your experience of working with detention staff. In particular:

a. Day to day working with the detention team in relation to the welfare of detained persons ;

b. Effectiveness of involvement of the detention team in use of force incidents;

c. Communication with detention staff about any individuals with ongoing medical needs;

d. Attitude of detention staff towards detained persons (provide any specific examples you are able to recall);

Detention staff would often refer residents to healthcare if they had concerns about them. Sometimes certain residents would not want to attend healthcare and detention staff would always work with us to ensure that the resident got the care they needed. I always thought detention staff had very good relationships with the residents. For example, I remember there was a resident who was refusing to eat and would not attend any meals. An officer crushed a banana up and fed it to the resident in small parts to ensure that he was eating something. He was very caring.

I attended use of force incidents on very few occasions. I have never witnessed any concerning behaviour when I have attended use of force incidents. Sometimes if officers are trying to restrain someone with a mental health condition, we will advise them that this resident cannot be restrained and they will immediately stop and try to talk things through with them instead until the resident calms down.

If detention staff have concerns about anyone, they always call healthcare and ask them to attend the wing to assess the resident or escort the resident up to healthcare. Detention staff are very supportive and constantly reassure the residents. I have never witnessed any of them lose their temper or become angry with a resident. If I attend the wing looking for a resident, they are always there to help.

46. Did you experience any problems with the relationship between healthcare and detention staff? If so, what?

I never experienced any problems with the relationship between healthcare and detention staff. We all worked together as one.

47. Provide your opinion on the impact any such issues had on healthcare staff, including morale and safety (whether perceived or actual).

Not applicable. I was not aware of any issues.

48. Provide your opinion on the impact it had on the ability of healthcare staff to fulfil their roles and to provide adequate healthcare services to individuals?

Not applicable. I was not aware of any issues.

49. What, if anything, could be improved?

During the Relevant Period, we had a very mature, experienced team of officers. Everyone got along well and officers were very knowledgeable. There seems to be less teamwork at the moment, as detention staff are younger and quite new. They seem to lack the knowledge about this type of environment. I am finding it harder to communicate with them, as they do not seem to want to work as a team.

Relationship with Home Office

50. Explain your working relationship with Home Office staff, including those who worked within Brook House and those who worked externally. Include details of the level of contact that you had with them, the focus of their involvement at Brook House, your opinion on how they balanced immigration removal procedures with individual welfare. Explain your answer and please give specific details of any particular Home Office staff about whom you wish to comment.

I have contact with Home Office staff if we are both attending a Rule 40 review or an ACDT review. Sometimes they request further information about a resident from healthcare and we request signed consent forms from them. Other than that, I do not have much interaction with them at all.

51. Did you experience any problems with the relationship between healthcare staff and the Home Office? If so, what?

I have never experienced any problems with Home Office staff.

52. ***Provide your opinion on the impact it had on healthcare staff, including morale and safety (whether perceived or actual).***

Not applicable. I was not aware of any issues.

53. Provide your opinion on the impact it had on the ability of healthcare staff to fulfil their roles and to provide adequate healthcare services to individuals?

It does not impact the ability of healthcare staff to fulfil their roles. If we are asked to assess a resident and we do not think they are fit to be in detention, we will always make it known.

54. What, if anything, could be improved?

I don't think there are any improvements to be made.

Reception / Healthcare Screening / Induction

55. Please refer to Detainee Reception & Departures (CJS006045) and Detainee Admissions and Departures Brook House IRC (CJS006046). Please provide a description of the usual

reception healthcare screening process for individuals on their arrival at Brook House. Please summarise what this involved, for example:

a) ***How soon it was after arrival;*** There was no specific time frame. Sometimes we would be told that healthcare screening needed to be completed within an hour but a lot of the time, it would go beyond that hour. The amount of detainees needing to be screened and admitted was too many to do within the hour. There was a huge lack of healthcare staff.

b) ***Whether it was during daytime or night-time;*** Healthcare screening was 24-hour.

c) ***Where it took place;*** Healthcare screening took place on the ground floor of Brook House in the admissions suite.

d) ***Who carried it out (what level of healthcare professional);*** Every level of healthcare professional could carry healthcare screening out. Mainly healthcare assistants. If ever there were any issues, these would be reported to the RGNs to oversee.

e) ***Whether the individuals had access to an interpreter if needed/requested;*** Interpreters could always be used if required. We would call Language Line or BigWord to access one.

f) ***Whether the individuals were given any written materials concerning healthcare in Brook House;*** If a certain health problem has been identified and the detainee needed more knowledge about a particular condition, we would give them leaflets containing further information about the condition and necessary medication.

g) ***Whether healthcare staff had access to any previous medical records and if so the process for obtaining them;*** There were times when we did not have access to any previous medical records. We would sometimes have to get the detainee to sign a consent form and we would then request their medical records.

h) ***If an individual arrived with medication in their possession, what the process was for dealing with it;*** First we would check to see if the medication had been prescribed to that person. If it was a medication we did not use within the Centre such as cocodamol, a GP would see the detainee and give them an alternative. The detainee would also be further examined by the GP to confirm that they were fit to be in possession of their medication and were not at risk of overdose.

i) ***If an individual arrived on medication but without it in their possession, what the process was for the prescription and dispensing of appropriate medication;*** If they needed their medication urgently for example, if the detainee had high blood pressure or diabetes, we would make an immediate appointment with the GP. We had stocks of medication in Brook House that we could give but we had to be sure that the detainee had been previously prescribed the medication.

j) ***If an individual was suffering from a diagnosed physical health condition?*** We would set up a SLP and ensure that the detainee got the extra support they required.

k) ***If an individual was suffering from a diagnosed mental health condition?*** Our main priority was to keep the detainee safe. We would place the detainee under constant supervision. If the detainee was on medication, we would ensure that they are getting the medication they need. If we felt that the detainee could not be adequately cared for in Brook House, we would arrange for them to be admitted to hospital. If they were fit to remain in Brook House, we would open a SLP and ACDT.

l) ***If an individual was deemed to be vulnerable?*** If we didn't know if the person was fit to be detained, we would pass all of the relevant information to the clinical lead and make them aware. Depending on the level of risk, we could refuse to admit the person into the centre if they are significantly ill or vulnerable.

m) ***If an individual was assessed as having a substance misuse issue?*** If the detainee was not displaying any signs of withdrawal then we would send them to the ordinary wing but arrange to carry out constant observations. If a detainee needed to be on a wing with closer supervision we would place them on E Wing. We would also contact the GP immediately to let them know and arrange a further assessment of the detainee.

n) ***If an individual was assessed as being at risk of self-harm or suicide?*** The detainee would be placed under constant supervision and moved to E-Wing where they can be better managed. We would open an ACDT and set up meetings with the RMNs and the psychiatrist.

o) ***Where the individuals were accommodated for the first night or nights of their stay and what access there was to healthcare staff and services;*** On the detainees' first night, we would normally put them on B-Wing which was the induction wing. Following this, they could go on any wing if they were fit. A GP appointment was booked for every detainee to attend the next day and if they needed assistance sooner than this, they could request to see a nurse.

p) ***What provision was there for individuals to healthcare staff to follow up following their first night in detention?*** A GP appointment was arranged for the next day.

56. ***If this usual process was variable, describe how it differed from the description you have provided, how often, why, and in what way.***

This is the usual process. Occasionally detainees refuse to see the GP but this is not very common. In this instance, we would go to their room and carry out the observations on the wing.

Healthcare Facilities and Equipment

57. ***A description of the physical environment of healthcare in Brook House. What facilities were there for the provision of the following in Brook House:***

a) Primary care services (physical health services);

In primary healthcare, there is a pharmacy and a waiting room. We have one clinical room along with the GP room, manager's office and a talking therapy room.

b) Mental health services.

In main healthcare, there is the main office and a talking therapy room. There are notice boards displaying information about mental health.

There is an office and two clinical rooms downstairs where all admission screening is done. Physical health services are on the same floor as mental health.

58. ***Did healthcare have the physical resources to deal with the health conditions with which individuals presented?***

Healthcare had the physical resources to deal with the health conditions presented by residents. If we have a mentally unwell resident and we think he is at risk of harm on a normal wing, we can take them to E Wing. This is a much quieter wing, which helps minimise the stress and allows them to have more one to one care.

59. ***Did healthcare have the equipment to deal with the health conditions with which individuals presented?***

For the mental health team, we only require a space to talk to the residents. We have leaflets that we give out and teach some residents techniques such as sleep hygiene, relaxation and distraction techniques, breathing exercises and coping strategies. RMNs had the equipment to give the adequate support to residents.

60. ***What problems, if any, were there with the physical environment regarding the provision of healthcare to individuals?***

There were no problems with the physical environment of healthcare. We have the GP's office, clinical rooms, manager's office and the pharmacy.

61. ***What problems, if any, were there with equipment regarding the provision of healthcare to individuals?***

I experienced no problems with the equipment. There was a first response bag that was checked every morning and anything used would be immediately replaced.

62. ***What if anything, could be improved?***

I don't think there were any improvements to be made. All resources are adequate, no residents ever go without medication. If medication is required urgently and we don't have it, a member of staff will go to the pharmacy at the airport. If any care is needed we cannot provide it, the resident is transferred to where they can obtain the relevant care.

Access to Healthcare

63. ***A description of what healthcare services were provided to individuals in Brook House. In particular, please describe the provision for:***

i) Primary care (physical health) services;

Healthcare could provide services for a lot of physical health conditions. RGNs conducted initial assessments and if the resident required an appointment with a GP, they would be referred on. A triage service took place every morning in Brook House for two hours, this was a walk-in service. There were times when the residents suffered from health conditions that could not be managed at Brook House. In those instances, they would be referred on to a specialist or transferred to a hospital.

ii) Mental health services;

RMNs assessed residents that were suffering from any form of mental health condition. Often RMNs would receive referrals from healthcare staff or officers. If we thought that a resident required an appointment with the psychiatrist, we could refer them on. The psychiatrist came into Brook House once a week or more often if required. There were group sessions held that gave residents the opportunity to identify and discuss coping strategies and discuss their problems and experiences with other residents. Techniques such as sleep hygiene and coping strategies are also taught to residents. We could implement care plans if we thought it was necessary and schedule one-to-one sessions with the resident in order to offer more support.

64. ***How would an individual access healthcare? What was the process for an individual to be able to see a:***

i) Nurse;

ii) GP;

iii) Mental health nurse;

iv) Psychiatrist/psychologist etc?

We had healthcare request forms on the wing for the detainees to fill in with the help of an officer if needed. The forms were collected every morning. If there was an emergency on the wing, healthcare staff would attend the wing to see to the resident. A triage clinic was held every morning between 9:30 and 11:30 and this was a walk-in service. No appointment was required. When new arrivals came to Brook House, they have a healthcare screening and were always booked in to see the GP within the first 24 hours of them being at the centre. Residents cannot see the GP without an appointment unless it is an emergency. The mental health team pick up referrals from officers and residents or we see people based on our own observations. This is the same for physical health. In order for a resident to see the psychiatrist, they must first be assessed by a RMN and we refer them to the psychiatrist if we deem it necessary.

65. ***What were the problems, if any, in individuals accessing healthcare?***

I don't think there were any problems with individuals accessing healthcare.

66. ***Were there delays in individuals being able to access healthcare? If so, what was the cause of any delays?***

I don't think there were any delays in individuals being able to access healthcare. There were occasions when we would be asked to move a resident from the appointment list to accommodate a Rule 35 appointment and that would be difficult. Residents would sometimes become aggressive.

67. ***What, if anything, could be improved?***

I don't think there are any areas for improvement. We have over 150 residents at Brook House, if somebody asks for a Rule 35 appointment then they must be put on the list. Everyone tries to make sure that the residents are seen as quickly as possible but some residents are just not willing to wait.

Detained Persons

68. ***Provide your views on what the most significant health problems of the detained person population were throughout your employment, focussing on the immediately before, during and after the Relevant period.***

A lot of residents were very frustrated, as they did not know when they were going to leave or what was going to happen. This caused a deterioration to mental health. Some would self-harm. Some would admit that there was nothing wrong with them but they thought that by saying they were mentally ill, that was the only way they could escape detention.

69. ***What are the challenges that healthcare staff face in managing those health conditions in Brook House?***

It was difficult to tell residents that we could not help them, as they were not suffering with any serious mental health issues. They wanted help with escaping detention, which we could not assist with.

Interpreters

70. ***Describe your experience of the use of interpreters in healthcare at Brook House.***

We used interpreters a lot in Brook House. In order for us to identify the needs of the residents and give residents the right to be heard, we had to make sure that we used interpreters when they were required. Sometimes interpreters would assist over the phone and sometimes it would be face to face. We used a company called BigWord. Sometimes residents would bring a friend or an officer to the meeting to assist with interpretation.

71. ***Were interpreters readily available when needed?***

On most occasions, interpreters were available really quickly. When the demand was high, there were longer wait times. We were sometimes on hold for up to half an hour on the phone.

72. ***What were the problems, if any, with obtaining interpreters for individuals?***

It was difficult to obtain interpreters for particular languages, as they were less well-known.

73. ***How did this impact upon the adequacy of the provision of healthcare to individuals in Brook House?***

This was not a common issue, so it did not impact upon the adequacy of the provision of healthcare to individuals. Even when there was a wait for interpreters, we would always get one before the day ended.

Supported Living Plan

74. ***What was the purpose of a Supported Living Plan (SLP)?***

A SLP is document that identifies the needs of a resident with a disability e.g. a person who is depressed to a state where if there is a fire alarm, they would not try to evacuate. We take these documents to the wing. If a manager is not there we hand it over to the person in charge at that time. It makes everyone aware of what this person needs in terms of extra support.

75. ***In what circumstances would a detained person have a SLP?***

If a resident is really depressed and withdrawn, we would set up a SLP. We also set up SLPs for residents with physical health issues for example, if they struggle walking.

76. ***What was healthcare staff's role in a detained person's SLP?***

Healthcare set up the SLP. We sit with the resident and agree on the contents of the SLP and explain to the resident what the SLP is for. The SLP is reviewed by healthcare as and when required e.g. if a person is asthmatic the SLP would be open until the person leaves Brook House. It is still observed throughout but as this is a long term illness, it does not need constant reviews. SLPs can be long and short term.

Complaints

77. ***What was the complaints process if an individual had a complaint about healthcare?***

If the detainee had a complaint, we would give them a choice to complain to healthcare manager, Home Office, their solicitor or the manager of Brook House. Some did not feel comfortable complaining to the healthcare manager about healthcare. Complaints could be made verbally or in writing. There were complaints boxes on the wing for detainees to place any written complaints inside anonymously.

78. ***Explain your experience of the complaints process, including, in particular:***

i) ***Any examples in which you received a complaint and referred it on for investigation;***

ii) ***Any examples in which you were involved in an investigation, either conducted by G4S Healthcare or the Professional Standards Unit (PSU), in relation to a complaint made against you or another member of staff.***

Please include what happened, any investigation process, the outcome and any lessons learned. If there were lessons learned, whether they were implemented and effective.

I have never been involved in a complaints investigation. I remember that there was once a resident who attended healthcare for his appointment and asked me to write a letter for him to the Home Office to say that he had mental health problems and couldn't stay in Brook House. I refused, as I didn't have any concerns about his mental health. I advised him that he could attend an emotional help group. He became very aggressive. I told him that he could complain if he had an issue with my advice. 20 minutes later there was a first response call and he had self-harmed. The resident told officers that I had caused him to self-harm. I spoke to the resident and calmed him down and he apologised.

E Wing

79. Please refer to E Wing Policy (CJS006043). Describe the nature of the detained persons who were accommodated on E Wing.

People who are due to be deported and who staff know will resist are usually taken to E-Wing. This reduces the risk of officers being injured and other detainees becoming involved. If detainees need constant supervision because they are suffering from a mental condition or substance misuse then they will also be placed on E-Wing.

80. What was the purpose of accommodating an individual on E Wing?

E-Wing is for detainees who require constant supervision and extra support.

81. What was healthcare's role in the management of individuals on E Wing?

Healthcare would go down to E-Wing every morning to check on residents. We would administer medication if detainees could not move off the wing,

82. Please refer to Removal from Association (CJS006040) and Temporary Confinement (CJS006041). What are the criteria for moving an individual to the Care and Separation Unit (CSU)?

If a detainee is disruptive and jumping on the netting for example, they would be placed in CSU. If a detainee is putting themselves and others at risk or they have been involved in a fight then they would be moved to CSU.

83. What was healthcare's role in the management of individuals on the CSU?

Every morning a mental health nurse goes down to sit in on the detainees' review. During that review, we would ask if there were any concerns about the detainees' mental health etc., if the officers said yes then we would book an appointment with the doctor.

Medication

84. A description of the process for management of medication for an individual who had been prescribed medication that could remain in their possession.

On arrival an assessment is done to identify the level of risk a resident poses in relation to handling their medication. During that assessment there are questions that are asked regarding suicide attempts and their current mental state. If the resident does not speak English, this would also raise concerns about how well they could administer the medication and read the bottles. Anti-depressants would not be allowed in their possession or inhalers, as there is risk of other prisoners taking it from them.

85. If an individual was prescribed medication that could not remain in their possession what was the process for obtaining required medication?

We have medication administration three times a day in the morning, afternoon and evening. During COVID, we called the wings and they would send the residents up for medication in smaller groups. Previously, the detainee would get a paper slip and it would outline what time the detainee should come for medication.

86. What were the problems, if any, in the management of detained persons' medication?

If the resident was coming from prison, sometimes they would be sent without their medication. The GP would then have to see the resident in order for the resident to tell him what medication he takes. Healthcare staff then have to order the medication and it never arrives until the following day. Residents become angry and aggressive and this is difficult to manage.

87. What, if anything, could be improved?

I think there should be a small amount of all medications in the pharmacy at all times e.g. anti-depressant. Residents can then receive that dose for that day until any ordered medication arrives.

Drug / alcohol misuse

88. Please refer to the Drug and Alcohol Strategy (CJS006083). A description of the process for the identification and assessment of individuals with substance misuse issues on their arrival in reception at Brook House.

Drugs tests are undertaken on arrival, especially if the detainee is already known as having substance misuse issues. Healthcare carry out an assessment and we would then know if the detainee needed to go in isolation and how often they need to be monitored.

89. ***What treatment was available at Brook House for individuals identified as having a substance misuse issue?***

It depended on the substance. We had methadone treatment plans or the doctor would place them on a different plan after assessing them.

90. ***What substance misuse services were available in Brook House during the Relevant Period?***

We had support groups. Forward would provide group sessions or one to ones. The detainees could talk about their issues and progress.

91. ***Were the services and treatment available for individuals with substance misuse issues adequate in your view?***

The services were adequate. There was always someone to help detainees and provide treatment as and when required.

92. ***What, if anything, could be improved?***

I don't think there were any improvements to be made.

93. ***A description of the level and nature of substance misuse amongst individuals in Brook House during the Relevant Period.***

There was a huge Spice outbreak during the Relevant Period. Sometimes we would get up to 20 emergency calls to see to detainees suffering from Spice episodes. It would be hard for healthcare staff to take their lunch hours and breaks, as emergency calls were constant and we needed to attend.

94. ***What was healthcare staff's role in the management of individuals who were using drugs or alcohol whilst in Brook House?***

We would conduct regular assessments on the individuals and closely monitor their condition. If they were on E-Wing, we would bring any prescribed medication to them and ensure they had the support they needed.

95. ***What was your experience of attending to individuals who were intoxicated by drugs or alcohol in Brook House?***

We always tried to ensure the individual was conscious and breathing. We would carry out a physical assessment and move them to another wing to be more closely monitored.

96. ***Did you have any concerns about the appropriateness of healthcare staff's management of individuals who were intoxicated?***

I did not have any concerns about healthcare staff however there was only one first response bag and this was not enough. During the Relevant Period, there would be numerous calls and one bag would be shared between all wings.

97. ***Did you have any concerns about the appropriateness of detention staff management of individuals who were intoxicated?***

I did not have any concerns about the appropriateness of detention staff and their management of intoxicated detainees.

98. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

Many staff members made complaints about the lack of resources in relation to emergency responses. Senior staff were already aware, so not much changed.

Mental Health

99. ***A description of your experience of the management of individuals who suffered from mental health conditions.***

If we have received a referral regarding a resident, we book an appointment to see them. If it is urgent, we will see the resident immediately and carry out an assessment. If the resident requires urgent psychiatrist intervention, we get the psychiatrist to see them immediately. If the person is unable to cope on the wing, we try to move them to a smaller wing where they can be more comfortable. We review certain residents daily to ensure that the person is supported or we implement a SLP or care plan. We make sure that everyone knows what support the person needs. Anyone can refer a resident to us or the residents can self-refer.

100. ***Did you have any concerns about the appropriateness of healthcare staff's management of individuals who suffered from mental health conditions?***

I do not have any concerns about the appropriateness of healthcare staff's management of individuals who suffer from mental health conditions. Healthcare staff are always on the ball. Whether its physical or mental health, if it is identified that a resident needs to be seen by a RMN then the RGN will assess that person and refer them on to us. RGNs never simply leave a resident, they will treat the person until a RMN is free to fully assess.

101. ***Did you have any concerns about the appropriateness of detention staff management of individuals who suffered from mental health conditions?***

Officers often referred residents to us who they had concerns about. They always follow up and send e-mails and ask how the residents are. They care about the residents' welfare. Officers are very good at trying to distract the detainees who are suffering with mental health conditions e.g. they will offer to play pool with them or sit and talk to them to try and make their day easier.

102. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

I didn't have any concerns to raise.

Rule 35 reports

103. If you were involved in writing Rule 35 reports, please set out your experience of doing so.

I was never involved in writing Rule 35 reports. Only a GP can write them.

104. Set out your understanding of the purpose of a Rule 35 report?

Rule 35 reports are for people who have suffered torture, were trafficked and/or used as slaves.

105. Describe the approach taken when assessing an individual in accordance with Rule 35 and recording that assessment.

Residents are taken in to the GP's office for a face to face assessment. It was important to ensure that the resident had been a victim of torture and not just an attack. Sometimes a nurse would attend or another person to take further notes.

106. What criteria are applied to identify suitability for ongoing detention?

If a person is deteriorating both mentally and physically and finding it difficult to cope with their environment, we would observe the resident and see if they can be treated here. If their needs cannot be met anymore, then they would need to be removed from detention. If the person was at any risk by being in detention, they would be removed.

107. What is the nature of an assessment of an individual for the purposes of a Rule 35 report? How is the assessment carried out?

Rule 35 reports are done on a case by case basis. Some residents do not require any physical examination whereas others have to show scarring, cuts etc. Sometimes the torture has had a psychological effect, which is why the physical examination is not required. Some Rule 35 reports take over an hour. It just depends on the situation.

108. Who was responsible for ensuring compliance with clinical standards and the effective implementation of the Rules 33-35 of the Detention Centre Rules (DCR) safeguards?

Sandra Calver as Head of Healthcare is responsible for ensuring compliance with clinical standards and the effective implementation of safeguards I think.

109. What are the challenges you face or faced in carrying out Rule 35 assessments? What, if any, problems were there?

Sometimes residents would ask for Rule 35 reports when they had not been victims of torture. They thought that by getting a Rule 35 report, they would escape detention.

110. Did you have any concerns about the process of assessment and writing of Rule 35 reports?

I did not have any concerns about the process of assessment and writing of Rule 35 reports.

111. If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?

I didn't' have any concerns to raise.

112. What, if anything could be improved?

I don't think anything could be improved.

ACDT and self-harm risk management

113. Please refer to the following documents / policies:

i) Suicide Prevention and Self-harm Management (CJS006380);

ii) Safeguarding Policy (CJS006379);

iii) Guidance for staff managing detainees on Constant Observations (CJS006378);

iv) Management of Adults at Risk in Immigration Detention (CJS000731).

A description of your role and involvement, if any, within the ACDT process

As a RMN, I would carry out welfare checks every morning on the detainees who were on ACDT documents. I would also attend ACDT review meetings. RMNs would ensure that the detainee was fully supported and address any specific needs that they had. I have opened ACDT documents for certain residents who I deemed to be at risk of self-harm or suicide.

114. A description of how individuals who were at risk of self-harm or suicide were identified and assessed.

An officer would often see a detainee acting strangely for example, not socialising as much as normal. The officers would alert healthcare staff and we would try to talk to them and find out what the issue was. We would observe the detainee and refer them to the GP or psychiatrist if necessary.

115. What role did healthcare staff play in the identification and assessment of detained persons who were at risk of self-harm or suicide?

If someone came to healthcare and advised that they were feeling depressed or suicidal, we would call an Oscar 1 manager and notify them. We would then set up an ACDT and a SLP, so everyone was aware of the extra support required.

116. What role did healthcare staff play in the management of individuals who were at risk of self-harm or suicide?

Mental health nurses see the detainee every morning to complete welfare checks and conduct reviews. RMNs would also always attend ACDT reviews

117. Did you have any concerns about the appropriateness of healthcare staff's management of individuals who were at risk of self-harm or suicide?

I did not have any concerns.

118. Did you have any concerns about the appropriateness of detention staff management of individuals who were at risk of self-harm or suicide?

I did not have any concerns.

119. If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?

Not applicable.

ACDT

120. What do you understand the purpose of an ACDT document to be?

An ACDT is put in place to ensure the safety of the detainee. It ensures that the detainee is constantly supervised and supported and their condition is fully monitored.

121. When would an ACDT document be opened in relation to an individual?

If a detainee was at risk of self-harm or suicide.

122. What was the threshold for opening an ACDT document?

I don't think there was a set threshold. Anyone threatening self-harm or suicide could be placed on an ACDT.

123. What was the process for opening an ACDT document?

Once a detainee stated that they were having depressive thoughts, we would talk the person through these thoughts and reassure them. We would inform an Oscar 1 and discuss options and opening the ACDT.

124. How would an individual be managed on an ACDT document?

An officer would be with a detainee 24 hours a day in some severe cases. The detainee's ACDT booklet is constantly updated with any concerns or meetings with healthcare. They are always closely monitored.

125. What was the review process for individuals with an open ACDT document?

It depended on the level of risk the detainee posed. If the risk was severe then they would be reviewed more often. Detainees were always present at the reviews.

126. When would an ACDT document be closed in relation to an individual?

If we thought that the person was still at risk then we would not close the ACDT. The detainee also had to agree to close the ACDT. It depended on our observations and whether we believed the detainee had improved enough to justify less intervention.

127. ***How could an ACDT be challenged?***

I am not aware of any ACDTs being challenged. They are always being reviewed so people can raise concerns at the review meetings if they had any. Once it was established that a detainee posed a risk, an ACDT would nearly always be opened. It was always better to be safe.

128. ***What role did healthcare staff play in the management of individuals on an ACDT document?***

We would check in on the detainee frequently and monitor their wellbeing. We provide support and sit and talk to detainees about how they are feeling and what we can do to help.

129. ***What problems were there, if any, with the process of managing individuals on ACDT documents?***

I don't think there were any problems.

130. ***What, if anything, could be improved?***

I can't think of any improvements to be made.

131. ***The inquiry understands that there were weekly healthcare Multi-Disciplinary Team (MDT) meetings held attended by the mental health team, medical team (GP) and healthcare administration team. Did you attend these meetings? What was their purpose and what was discussed?***

I have never attended any of those meetings.

132. ***The Inquiry understands that there were Safer Community Meetings and Adults at Risk (AAR) Meetings held in Brook House attended by detention staff. Did healthcare staff attend these meetings? If not, why not?***

I have never attended any of those meetings or received any feedback from them.

133. ***Were there any mechanisms in place to offer support or counselling to individuals who had witnessed a violent or distressing event at Brook House?***

There was nothing in place whatsoever. I think staff could have also benefitted from this support. I have been in distressing situations myself and no support was offered.

Food and Fluid Refusal

134. ***Please refer to the Refer to Food & Fluid policy (CJS006084). What was healthcare staff's role in assessing an individual who was refusing food or fluids?***

We would monitor these detainees every morning and carry out observations. If they refused a physical observation then we would do a visual observation. We would refer the detainees on to a doctor if required.

135. ***What was healthcare staff's role in managing an individual who was refusing food or fluids?***

We would be very involved. We would see the detainees every day and make entries in their ACDT booklets if necessary and ensure that they had all of the support they needed.

136. ***What documentation did healthcare staff need to complete where an individual was refusing food or fluids?***

We had specific food and fluids forms that had to be completed and sent to Home Office.

137. ***Have you had experience of individuals refusing food or fluids? If so, please describe your experience.***

I have had many experiences. The worst case was a detainee who was refusing food because he thought that by refusing to eat, he would not be put on his flight. He was transferred to E-Wing. He was taken to hospital twice and brought back to the Centre. It was very distressing.

138. ***Did you have any concerns about the appropriateness of the management of individuals who refused food or fluids? If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

I did not have any concerns.

Use of Force

139. ***Please refer to the Violence Reduction Strategy (CJS000721). What role do healthcare staff play in the use of force on a detained person individual?***

There is a briefing before every planned use of force incident. An Oscar manager would inform healthcare and a member of healthcare would attend that briefing. We would give information about a person's health condition if necessary, for example if we were concerned about a person who had asthma, we would raise it and say that they can only be restrained for so many minutes. We would make it known that this person should not be restrained because of their particular health condition. We would also occasionally try to talk to the person before the use of force was carried out and encourage them to walk voluntarily.

140. ***In what circumstances is it permitted to use force on an individual?***

If a detainee is refusing to leave the centre and they have a flight to catch or if the detainee is involved in a fight or poses a risk to others.

141. ***What records are required to be completed by healthcare staff following a use of force against an individual?***

An F213 form must be completed. Checks must also be carried out to make sure the person is ok and breathing well.

142. ***What follow up is carried out by healthcare staff on a detained person following a use of force?***

An initial assessment is carried out and if any injuries have been sustained then we would arrange further follow up appointments with the detainee.

143. ***Have you ever been involved in the use of force on an individual? If so, please give details. What documentation did you complete afterwards?***

I have observed use of force incidents and ensured that no pressure was applied to areas that shouldn't be. The use of force all ran smoothly and I completed a F213 form afterwards.

144. ***Have you ever witnessed the use of force on a detained person? If so, please give details. What documentation did you complete afterwards?***

I have witnessed use of force incidents and always completed a F213 form afterwards.

145. ***Did you have any concerns about the appropriateness of the use of force on the individual? If so, did you raise any concerns? If so, who did you raise concerns with? If you did not do so, why not?***

I had no concerns.

The Panorama Programme

The Inquiry's website has a link to a YouTube channel which has a BBC Panorama programme available to view for free (BBC Panorama - "Undercover: Britain's Immigration Secrets" - YouTube). If you have not already watched the programme, the Inquiry would ask that you do so and consider the following.

146. ***Confirmation as to whether you worked with Callum Tulley (the BBC undercover reporter). If you did, please set out details of when you worked with him.***

I never worked with Callum Tulley. I had seen him around the building and I knew who he was but I never spoke to him much.

147. ***Whether you appear in the programme. If you do, please confirm the timings on the footage where you appear. It would be helpful if you are able to provide a photograph or description of yourself so that the Inquiry is able easily to identify you.***

I do not appear in the Panorama programme.

148. ***Your opinion on the impact that the Panorama programme (which aired on 4 September 2017) had on staff morale.***

Staff morale was awful following the Panorama programme. It painted a very negative picture of the centre. Staff felt ashamed that this had happened here. I was so surprised, I had never witnessed anything like the behaviour on the programme. Everyone was shocked and appalled at the footage. We felt very embarrassed.

149. ***To the extent that you are aware of individuals seeing or become aware of the Panorama programme (e.g. the media), your opinion on the impact that the Panorama programme had on individuals.***

I think some of the residents had seen it. I heard some of them talking about it. It was difficult, they were not happy. They were also using it to get away with things, would threaten to contact the BBC if they were not happy with what they had been told to do. Residents would behave disrespectfully and then threaten to report us.

150. ***During the programme, one detained person says that they are underage for detention.***

151. ***Whether you were involved in this (or any other age dispute) case. An explanation of the process to be followed.***

I was never involved in an age dispute case. If we thought a resident was under 18, they would be removed immediately and put on a separate wing. Social services would be contacted and they would come to the centre and carry out a full assessment.

152. ***Whether there were any changes at Brook House following the Panorama programme and your opinion on whether they were effective. If they were not, your opinion on what should have been done to create effective change.***

Following the Panorama documentary, Brook House employed more staff. Those who had behaved in an unacceptable manner were dismissed. I didn't notice any huge improvements from this. I never knew that people were abusive to residents therefore I didn't think any improvements needed to be made.

Specific Individuals

153. The following individuals who worked at Brook House were either investigated, disciplined, dismissed or left following the Panorama programme:

In relation to each of these individuals, set out the following:

i. ***Whether you worked with these individuals. If so, provide details of when you worked together, your working relationship and your opinion of them in a professional capacity. If you had concerns about their personal views/behaviours and that this impacted on their care of individuals, please set these out.***

ii. ***Whether you witnessed them use derogatory, offensive and/or insensitive remarks about individuals. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.***

iii. ***Whether you witnessed any incidents of verbal abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.***

iv. ***Whether you witnessed any incidents of physical abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.***

a. ***Nathan Ring*** I knew Nathan quite well. He got on very well with everyone in Brook House, healthcare staff and officers. I never saw him being disrespectful in any way to residents. I was very shocked to see him on the footage.

b. ***Steve Webb*** I don't know this person.

c. ***Chris Donnelly*** Chris worked very hard. He was somebody that put the welfare of the resident before everything else. He would tell you if something you were doing was not right. He was a team player and was always willing to help people if required. Chris would never condone any inappropriate behaviour. He would always report it to a manager or take action immediately.

d. ***Kalvin Sanders*** I don't know this person.

e. ***Derek Murphy*** I don't know this person.

f. ***John Connolly*** I was very surprised to hear about John's behaviour. I have never seen John behave unprofessionally towards any staff or detainees.

g. ***Dave Webb*** I would sometimes see Dave in ACDT reviews. I had no concerns about him at all. He was always professional and very polite.

h. ***Clayton Fraser*** I don't know this person.

i. ***Charles Frances*** Charlie got on well with every resident and treated them with respect. He was the officer who helped the resident on the wing that was refusing to eat because he was depressed. Charlie crushed a banana and fed him the banana in small parts to ensure he ate something. The detainee ate the banana and drank some water, which really helped. I was so suprirsed to see Charlie on the footage. He was very good at his job.

j. ***Aaron Stokes*** I don't know this person.

k. Mark Earl I don't know this person.

l. ***Slim Bassoud*** Slim assisted the residents in every way. Even on his lunch hour, he would go and help the residents if they needed an interpreter or needed other assistance. He would go out of his way to support residents all of the time.

m. ***Sean Sayers*** I don't know this person.

n. ***Ryan Bromley*** I don't know this person.

o. ***Daniel Small*** I don't know this person.

p. ***Yan Paschali*** I don't know this person.

q. ***Daniel Lake*** I don't know this person.

r. ***Babatunde Fagbo*** Babatunde was very respectful to residents. He would always show residents where to go and help them whenever he could.

s. ***Shayne Munro / Munroe*** I don't know this person.

t. ***Nurse Jo Buss*** I worked a lot with Jo. I was very surprised to see her on the footage. She was very knowledgeable and very experienced. I did not think she was professional. She was not supportive of the mental health team I don't think she took mental health seriously. I don't think she was a team player but I never witnessed her do anything similar to what she did on the footage.

Suggestions for Improvements

Part of the Inquiry's remit is to identify learning and make recommendations that would help to prevent the recurrence of such events in the future.

154. Where not specifically covered above, set out your opinion of what could be changed or improved at Brook House in order to improve individual health, safety and welfare.

I have covered everything within my statement.

Any other Concerns

155. To the extent not covered by the above, please mention or explain any other matter which relates to the culture of G4S at Brook House, and the treatment of detained persons which you consider may be relevant to the Inquiry. In particular, the Inquiry would welcome any information that you have (this need not be limited to information that you have direct knowledge of) concerning whether in relation to any of the above topics there have been any significant changes such that the situation in Brook House is different now to the situation in 2017.

I have covered everything in my statement.

156. A list of names of individuals working at Brook House who you believe are knowledgeable about the matters that you have mentioned in your statement.

Every member of staff employed at the time.

157. Any further matters which you consider relevant to the Inquiry's work.

N/A.

The topics identified above are not intended to be an exhaustive list and if there are other matters relevant to the Inquiry on which you wish to provide evidence then you should do so.

STATEMENT OF TRUTH

I believe that the facts stated in this Witness Statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in it's truth.

I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.

Signed: **Signature** Dated: 31/10/2021

Name: Daliah Dowd