

BROOK HOUSE INQUIRY

First Witness Statement of Dominic Edward Aitken

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

I, Dominic Aitken, of DPA, will say as follows:

Introduction

1. My research at Brook House took place in the summer of 2017. It was one part of my doctoral fieldwork on responses to deaths in custody (primarily prisons and IRCs), which also included interviews with coroners, inquest lawyers, Prisons & Probation Ombudsman employees and others. At the time, I was a DPhil (PhD) Candidate at the Centre for Criminology, University of Oxford. I received my doctorate in 2019. Since September 2020, I have been a Lecturer in Criminology at the Department of Social & Policy Sciences, University of Bath.

About Me

2. In the relevant period, I was a DPhil Candidate in the Centre for Criminology, University of Oxford (2015–2019)
3. At present, I am a Lecturer in Criminology, Department of Social & Policy Sciences, University of Bath (September 2020–present)
4. My first time in Brook House was on 6 June 2017. I had an initial meeting with Ben Saunders (Centre Director) and was shown around Brook House.
5. From 26 June 2017 until 27 July 2017, I spent between 3 and 5 days in Brook House per week, typically from 9.30 am till 5.30 pm
6. Prior to my research at Brook House, I had been a Research Assistant to my DPhil supervisor, Professor Mary Bosworth (University of Oxford), for a research project in autumn 2015 on staff culture at Heathrow IRC. I had been given

relevant Home Office clearance to participate in this research project, and the clearance permitted me to conduct research in IRCs for several years.

7. In the academic year 2016–17, Professor Bosworth tried to arrange access for me to do my DPhil fieldwork in Heathrow IRC, but this was declined. She therefore contacted someone – I’m unsure who specifically – from Gatwick IRC to arrange access for me to do a research project in Brook House, which was granted.
8. I had an initial meeting with Ben Saunders on 6 June 2017, and was shown around the Brook House site that day. Several weeks passed as I was on holiday, then I began my research in earnest on 26 June 2017, and I believe my final day in Brook House was 27 July 2017.

Research Project and Access

9. My research project was essentially about how staff in an IRC manage the risk of self-harm and suicide in a high-risk population, while also running a secure custodial institution. More generally, I was interested in what it is like to work in an IRC, how staff make sense of IRCs, and how they deal with the competing pressures on their time and energy in a complex, difficult environment.
10. I was granted relatively unrestricted research access during my time in Brook House, especially when doing informal observations. I carried keys (but no radio), which permitted me to move around the centre freely. I occasionally shadowed individual members of staff for some of the day, but spent most of the time deciding for myself where I would go on any given day. I was not expected to report back to particular members of staff, nor was my presence in the centre questioned or challenged. Considering that Brook House is a secure environment, I felt that I had been given a great deal of freedom as an external researcher.
11. I spent time in all of the major communal areas of Brook House, typically at least a morning or afternoon. For instance, I spent time in all residential units (particularly in E wing, including the ‘Care and Separation Unit’, i.e. the segregation unit), recreational areas, courtyards, staffrooms, the healthcare unit (far less time spent here than elsewhere), and so on.
12. I also occasionally sat in on staff meetings, Assessment, Care in Detention and Teamwork (ACDT) reviews, and other miscellaneous events in the centre.

13. In the main, I would say that I was given fairly generous research access, considering that I was a young student (aged 24 at the time) in a secure institution. I felt comfortable walking around the centre, and did not feel that there was any formal or informal guidance about where I ought to spend my time.
14. I also carried out 18 semi-structured, qualitative interviews, the average length of which was 1 hour 10 minutes. I was given the time and space to interview participants, which is not always easy in a secure institution with many pressures on staff.
15. There were few formal limitations on the issues I was permitted to consider, and as noted above I felt that I was granted fairly wide-ranging freedom to carry out research unimpeded.
16. I would, however, stress that I was only in Brook House for 3 to 5 days per week for a month, and only there on weekdays, only during the daytime. (And, of course, one can only ever be in one part of the centre at a time. There's always a feeling that the action is happening elsewhere and you're missing it.) Inevitably, there were many things I did not see, hear or observe during the relevant period.
17. Moreover, given that events can at times move quickly and unpredictably in an IRC, one is often uncertain about what is happening, information is scarce, and it is difficult to verify claims that people make or rumours that circulate.

Research Questions

18. My DPhil research was about how secure custodial institutions, particularly IRCs and prisons, respond to self-harm and suicidal behaviour. In short, what does it mean to provide care in custody? What is the relationship between welfare and security, and what happens when tensions between these values become apparent?
19. In Brook House, I was particularly interested in how staff understood, interpreted and acted upon self-harm and suicidal behaviour among detainees. How big a part of their role was dealing with detainees' distress, and how did that fit into staff's other responsibilities? What could staff do about detainees who were 'at risk', and how did they make sense of detainees' pain?

Research Methods

20. My research in Brook House was ‘qualitative’, as distinct from ‘quantitative’ research, i.e. research that relies on large data-sets and uses statistical techniques to analyse correlations between variables. Qualitative research is concerned with the meaning and interpretation of people’s actions, beliefs, cultures and so on. The sort of research I was doing was not trying to test a particular hypothesis, or prove whether X causes Y, or provide a systematic evaluation of a policy etc. Qualitative research is more open-ended and indeterminate. You might say that qualitative research is best suited to questions that do not have easy answers, but are nevertheless important to ask. (E.g. ‘What does “democracy” mean to ordinary citizens?’, ‘What is it like to be a soldier?’, ‘How do prisoners cope with extended periods of confinement?’, ‘How do staff in an IRC make sense of their place of work?’) To succeed, it requires a researcher to immerse themselves in a particular place or institution (in my case, Brook House), to try to gain an up-close-and-personal appreciation of how things work and what they mean to those involved.
21. To this end, I carried out ‘participant observation’ or ‘fieldwork’, terms that originate in anthropology and are associated with a particular method of long-term, immersive research known as ‘ethnography’. My fieldwork in Brook House was relatively brief, and so could not be called ‘ethnographic’. However, the basic idea was the same, albeit that my research in Brook House took place over a fairly short period of time. The premise is that researchers can gain an understanding of the social world or come to terms with a particular issue by spending an extended period of time in an unfamiliar environment, observing participants go about their business. That might involve living with people, speaking to them at length, interviewing them, working alongside them, socialising with them, hanging around and simply watching the world go by with them. The goal is to try to understand what is happening and what it all means. Typically, such methods require researchers to suspend judgements about participants and try to understand things from their perspective. Although it would be a mistake to simply accept everything one hears at face value without any healthy scepticism, equally qualitative researchers are not setting out to interrogate or catch out their participants, who are typically voluntarily giving up their time and energy for little or nothing in return.

22. I would be happy to provide a more substantial response to the issue of my 'findings' in writing or orally, but find it quite difficult to summarise them in general terms, without a more specific question or theme to address. I hope that my other responses convey some of my findings adequately, though I should stress that IRCs are complex, confusing environments that can be difficult to understand and interpret.

23. Interviews

I carried out a total of 18 interviews with staff of all levels of seniority, including non-custodial staff, detainee custody officers (DCOs), detainee custody managers (DCMs) and senior managers. One of these interviews was with two participants, so the total number of participants was 19.

Events in Brook House

24. On my first day in Brook House (26 June 2017), there was a man on E Wing named [D401] (though I may have misspelled his name), and he was Lithuanian. I don't believe he spoke very much English. I did not know much about his arrival into Brook House, but I was told he was withdrawing from alcohol. I believe staff had ascertained that he would typically drink an extremely large amount of alcohol per day. From my limited knowledge of the particular issue of alcohol withdrawal or detoxing, I was aware that it could be quite risky and dangerous. It was very clear that this man was in need of help, as he could barely do anything for himself and looked very poorly, but custodial staff were obviously ill-equipped to deal with such a serious issue, which would have required medical and other expertise.

25. I was not aware of anyone else detoxing in Brook House, and this case was particularly memorable given how poorly the man looked and his very limited speech, mobility, ability to eat or drink, and so on.

Long-Term Detention

26. In passing comments during observations, especially when discussing people who had been detained for a long time (e.g. the small number of detainees who had

been in Brook House or other IRCs for over a year), some members of staff were clear that they felt it was unfair to hold people indefinitely for such a long period of time, with no upper time limit, when the progress on their case was often minimal. I would not say that staff were particularly critical of immigration detention in the main, but there were some individual cases of prolonged detention that at least some employees regarded as unfair or unjust.

27. Similarly, although staff themselves would be better placed to make this point than me, for those detainees who had arrived in the UK as young children, gone to school here, worked here and had their entire lives in the UK, some employees felt that it was unfair to deport them as they were, to all intents and purposes, British.

Healthcare

28. Complaints about healthcare and access to medication were made to me by a small number of detainees during informal observations. When I was spending time on the residential units, courtyards and so on, I would speak to anyone I saw, and generally try to learn a little about them, their situation, and how they came to be in Brook House. Unfortunately, the details of these interactions are fairly patchy, as the conversations were informal and the details of them were difficult to verify then and even more so now. I would therefore recommend speaking to detainees themselves and staff members in Brook House to understand these issues in greater detail, as this was something that was mentioned in passing conversation, but not a process I directly observed during my time there.
29. With these caveats in mind, I was told that on arrival in Brook House, in addition to having one's property searched and stored out of reach, detainees were not always able to keep medicines that they regularly used in the community, unless they were essential. As I understand it, they sometimes had to wait for a doctor to re-prescribe them medicine, and the intervening period between arrival in Brook House and re-prescription was therefore difficult. Having medication confiscated early on, alongside the shock of arriving in a new (and, for some people, intimidating) secure institution, seemed to undermine some detainees' trust in

healthcare provision, as it was associated with security and control rather than care and need.

Detainees' Complaints

30. In the main, detainees' complaints were not about the behaviour of individual members of staff whom they saw on a regular basis, such as detainee custody officers (DCOs) or detainee custody managers (DCMs). Although DCOs and DCMs are the face of the institution, and their interactions with detainees can affect the quality of their experience, detainees generally saw quite clearly that it was the Home Office, not individual G4S staff, who called the shots. (E.g. Detainees would tend to prefer staff members who were helpful, friendly, patient, respectful and so on to those who were not, but fundamentally they knew that the people they saw working in the centre were not the ones who made decisions about their immigration case, and therefore had almost no power over their detention or release.)
31. Overwhelmingly, detainees' complaints centred on what they saw as: the unfairness of the Home Office processes relating to detention and deportation; the sense that many of them were essentially being 'imprisoned' on immigration or citizenship grounds; the uncertain duration of their detention and their lack of information about their case; the fact that they didn't really understand what was happening to them and how decisions that affected them deeply were being made; the fact that many detainees had family, close friends, a home, a job etc. in the UK and were sometimes being returned to places where they had few social ties or were expecting a life of hardship and insecurity. These bigger picture complaints had relatively little to do with what DCOs or DCMs did or said. There were also consistent complaints about material conditions, like the quality or variety of food, ventilation in cells, healthcare, quality of legal representation, support for detainees who were really struggling, and many other individual issues. But the consistent theme in detainees' complaints was about the Home Office or the UK Government more generally, not the people who worked in immigration detention.
32. To be sure, as the BBC Panorama exposé demonstrated, the behaviour of some staff *was* extremely concerning. Such behaviour is difficult for a researcher to

detect, and many detainees will be unaware of what goes on elsewhere in the centre. Thus I would stand by my observation that for most detainees, most of the time, their concerns largely related to the Home Office and the general situation they had been put in, which they often struggled to understand but which affected them adversely.

Interpretations of Self-Harm

33. In the main, self-harm and suicidal behaviour among detainees was taken seriously by staff in Brook House. The ACDT process was used extensively, as were more invasive 'constant watches' for those considered especially high risk. Moreover, staff also used more informal means of mitigating detainees' suffering, such as doing hourly observations, sitting down with detainees and speaking to them at length about their problems, and generally talking and listening to help detainees deal with their difficulties and 'keep their mind off it'. Staff were aware of the risk of a death in custody, and many would be willing to go to great lengths to assist people in crisis. Some staff also drew a reasonable distinction between those in 'absolute crisis' who were at high risk of suicide, and those who self-harmed as a 'coping mechanism' or 'cry for help', which is understandable given that they need to assess risks and act accordingly, although of course these distinctions are not always entirely clear in practice.
34. That being said, in both informal observations and formal interviews, I heard a minority of Brook House staff explain that they thought self-harm was sometimes used by detainees as a form of 'manipulation', i.e. a way to get what they wanted or to influence staff when other efforts had failed. Similarly, terms like 'faking it' and 'attention-seeking' were also used occasionally to describe forms of self-harm that were considered relatively 'superficial', as distinct from more lethal methods, such as strangulation or hanging. Finally, self-harm was occasionally interpreted as a 'protest' against deportation, although any 'demands' that detainees made seldom resulted in them getting what they wanted.
35. While there are of course gradations of severity when people injure themselves, and those with more suicidal intention are at higher risk than those with less, this was still a concerning interpretation of self-harm (e.g. cutting, scratching,

bruising, overdosing, food and fluid refusal). It suggested that self-harm was considered not simply a matter of providing care for someone in distress and attempting to manage their risk to themselves. Rather, it suggested that staff thought they had to evaluate the authenticity of detainees' pain or question their motivations. (What does he want? What is he trying to achieve by doing this?) Although it is to be expected that staff in an IRC will become somewhat desensitised to self-harm and other behaviours, I think that talk of 'manipulation' was also a way of trivialising self-harm or explaining it away.

36. My impression was that staff were aware from training, official policy and best practice guidance that they should not express such beliefs and ought to take all self-harm seriously, but that they believed first-hand practical experience had taught them that some people's self-harm or suicidal behaviour was more serious than other people's. This created a problem for DCOs and DCMs if they were dealing with several at-risk detainees simultaneously, and trying to decide who to focus their time and effort on, especially in periods where staffing levels were low or there were other issues to deal with in the centre.

Concerns About a Member of Staff

37. On my first full day of research in Brook House (26 June 2017), I spent several hours with someone whose name was Christopher Paytner. I'm unsure what his exact role or title was, but I believe he was a nurse of some kind, and had only been at Brook House for a couple of months when I met him.
38. He was very talkative and told me lots of stories over the course of the day. During our conversations, he made some observations that I thought were insensitive and unprofessional. For instance, during a standard interview with a newly arrived detainee (which I attended), when he asked him the item about suicidal ideation, self-harm or previous suicide attempts, to which the answer was 'no' (i.e. the man was low-risk), the nurse then said, 'Just don't die in the meantime, okay? Terrible paperwork. Just think of the trees'. Generally, my impression was that this interview was not carried out properly and was regarded as a mere formality.

39. Similarly, later that day, a detainee was on the netting between the landings for a long time, and several custodial staff were patiently trying to encourage him to co-operate with them and come down, which he eventually did. I was unsure what Christopher's exact responsibility was in this situation, but he did not seem to be doing much and made several trivialising comments to me. I was asking him about how often this happens and what staff are expected to do, as I had never seen it before. At one point, he told me, 'If he jumps off, I'll give him these tablets for his headache.' My recollection is that other staff, including another nurse or member of the healthcare team, were frustrated with him.
40. Several weeks later, near the end of my time in Brook House, I told Michelle Brown about Christopher's comments and behaviour, and said that from the few hours I spent with him, I was concerned that he was not doing his job properly. From memory, I was told that he was no longer at Brook House, although I'm unsure if this was because a probationary period had ended and he'd moved elsewhere, or he had been asked to leave etc.

Perceptions of Problematic Staff

41. In informal conversations with staff, and occasionally in interviews, when I asked about what made someone a good member of staff and what made someone a bad member of staff, some participants mentioned that a bad member of staff was someone who was 'in the job for the wrong reasons'. Typically, what they meant by this was that a small minority of their colleagues enjoyed the power and authority of being in charge and wearing a uniform in a custodial environment, and being permitted to use control and restraint (C&R) techniques in certain circumstances. It was clear that the majority of staff were not like this, but that there were a handful of officers previously or at present who joined Brook House because they were attracted to the physicality of the role.
42. It was difficult to gather much more than this, as allusions to these colleagues were always somewhat vague or veiled, implying that the person telling me about them would not specify individual employees or would not particularly associate with such officers, but they were sure that they existed.

Use of Control and Restraint (C&R)

43. Staff were always clear that when dealing with detainees, 'it all comes down to the individual', and everyone I spoke to officially disavowed stereotypes about different nationalities, races, religious groups, ethnicities, gender, sexual orientation and so on.
44. However, in practice I was told by some members of staff that certain nationalities or ethnic/religious groups were more or less responsive to instructions depending on who was giving them. For instance, Jamaican men were perceived to be 'chivalrous', whereas Arabic or Muslim men were perceived to be relatively 'disrespectful of females' but deferential to older men. As a result, during risky situations such as planned removals where C&R might be used, staff would consider not only what staff would do, but who would do it. For instance, using younger women to negotiate with Jamaican men, and older men to speak to Arabic or Muslim men.

Reflections on Senior Management Team

45. I spent a lot of time with Michelle Brown, and she was very generous in helping me understand more about Brook House, inviting me to meetings, being very open with me, and so on.
46. I should also say that on an interpersonal level, I was fond of her and got on well with her. For instance, she would occasionally give me a lift in her car to Gatwick train station, and was generally a friendly, pleasant individual who struck me as taking her job seriously and acting in a competent, diligent, professional manner.
47. My impression was that, especially for a member of the senior management team, she was quite actively involved in the day-to-day operational business of Brook House, as well as being aware of the higher-level strategic issues in the centre and detention estate more broadly. From what I saw, she was a very effective communicator with both detainees and staff, and seemed to be both liked and respected by others.
48. I obviously only knew her for a brief period of time, but in any case those would be my reflections on Michelle Brown.

49. Ben Saunders was someone I spent far less time with, and my overall impression was that he was much less involved in the daily business of the centre, and would not necessarily be familiar to detainees or perhaps even some DCOs. Given that I did not spend much time with him or ask people for their opinion on him, it would not be appropriate for me to comment or speculate further.

Staff With Concerns About Senior Management Team

50. During observations, I believe I spoke very briefly to a DCO who made it clear to me they were unhappy about the senior management and had an ongoing issue, but when I asked for more information they didn't want to say anything, so unfortunately I really can't add anything of substance here.

Staffing Levels

51. As noted in the Verita interview [VER000257], during observations some DCOs pointed out that staffing levels could be a problem, particularly during busy periods of the day or at night. As a hypothetical example, even if there were officially four DCOs working on a busy wing during the day, it may be that one of them was escorting a detainee to a visit, while another was doing a constant watch on E wing, and another was being called to do a planned removal, so in reality there would only be one DCO left on the wing. Similarly, at night when there are fewer staff in Brook House, if there were multiple people who were refusing food and fluid or on constant watch, a lot of staff's time would be taken up with those people, meaning that other issues that might arise would be harder to manage.

Noise and Atmosphere in Brook House

52. Brook House is quite a physically small centre, and compared to other IRCs in the UK it has relatively little open outdoor space, and quite compact residential units and recreational space. As a result, when the residential units are busy, or there is a regular flow of people in and out of the wings who need to show their ID cards to enter or leave, the wings can be quite noisy. Those who are detained or work in Brook House would be better placed to describe this atmosphere, but it was a

noticeable feature at least some of the time during fieldwork, though the feeling of a wing can change a lot from one moment to the next.

Location of ACDT Reviews

53. Staff members often struggled to find suitable space to do ACDT reviews. Ideally, these would take place in a private, calm setting, where detainees could feel relaxed and trust staff. I sat in on one ACDT review that took place in the E wing staff room, with a detainee whose behaviour had been quite disruptive and who was clearly very frustrated. While I did not think that staff did anything wrong in the questions they asked or how they attempted to defuse a difficult situation, it was noticeable that people would intermittently walk in and out of the staffroom as normal, thus compromising the confidential, anonymous nature of the review. Moreover, given that the wing was quite noisy at the time and there were a lot of people passing through, the environment was not conducive to a good ACDT review.

Discipline in Brook House

54. Several custodial staff said that detainee behaviour was a major problem, but that DCOs and DCMs did not have the disciplinary tools to deal with it. In its early days (around 2010), I believe Brook House had been criticised by HMIP for running a rather disciplinary, punitive regime, rather like a prison. Some staff thought that a formal system of Incentives and Earned Privileges, i.e. the carrot and stick structure of entitlements and deprivations used in prisons, should be introduced in IRCs to help staff deal with bad behaviour. I should note that the incentive structure was appealing to some staff because it promised to deter bad behaviour, not because it would reward good behaviour.

Training and Perceptions of Detainees

55. In an interview with a non-custodial member of staff, Sarah Walpole (Art Teacher), they mentioned that although they had not done the full training that DCOs had done, their overarching impression was that they ought to be vigilant, wary of detainees and not trust them. While of course all staff will encounter

difficulties and problems at work, this interviewee was saying that they were being encouraged from the start to think of detainees as ‘the enemy’, i.e. that there was a default state of ‘us and them’ between staff and detainees.

Staff Complaints About Assaults by Detainees

56. One DCO I interviewed, Luke Instone-Brewer, had been attacked with a ‘bladed object’ at work, although I was unsure of the specific object, the exact nature of the attack and the extent of the injuries caused. The DCO was understandably badly affected by this incident. They were particularly aggrieved about the fact that when it was reported, it did not result in a criminal prosecution, and that shortly after the attack the DCO had to work in the same wing with the same person who had attacked them.

Whistleblowing

57. This was not something that I spoke to staff about very much, either during observations or in interviews. My general impression – although I cannot claim to know this with any certainty – is that in a place like Brook House, there is likely to be some reluctance to report colleagues or do whistleblowing, except in fairly extreme circumstances. Given that working as a DCO or DCM requires a lot of trust between staff, and relies on open communication and teamwork, staff will tend to feel their strongest obligations to those they work closely with and spend a great deal of time with. Unfortunately, these are also the relationships where one is more likely to see inappropriate behaviour, so encouraging transparency, formal reporting and whistleblowing is likely to be difficult.

‘Brawl’ in Brook House

58. On one of the days I was doing observations, I was told there had been a fight in a corridor (not on a specific wing, but near a wing entrance). I think it was initially between a small number of people, but then others joined in, and staff later called it ‘a brawl’. Afterwards, there was a tense stand-off in one of the courtyards, which roughly fell along national/ethnic/racial grounds, with a group of ‘white’ Albanian and Eastern European men on one side, and a group of ‘black’

Caribbean and African men on the other side. Eventually, things calmed down. I cannot say how common an event like this is, and it was the only time I saw it at Brook House, but to an outsider like myself it was quite intimidating. That being said, I'm sure that more serious forms of violence and disorder can take place in custodial institutions.

Perceptions of the Risk of Violence

59. My impression from observations and interviews was that Brook House, when it first opened (around 2009–2010), was a genuinely violent and unsafe place, where staff really struggled to establish order and basic discipline. It had changed quite a lot over time, however, such that when I was there, although there were incidents of violence and many problems in the centre, these did not mean that Brook House was entirely out of control or fundamentally threatening on a daily basis.
60. Understandably, given what psychologists call the 'availability heuristic', people are much more likely to recall extreme cases vividly than they are more mundane examples. In somewhere like Brook House, people will – for perfectly good reason – tend to remember highly threatening incidents such as violence, protests, riots and so on.
61. My observation would simply be that while those extreme cases are real – terrible things can and do happen, and staff are trained to avoid them at all costs – they are not nearly as frequent as some will make them out to be. Moreover, certain risks are stored up every day and simply accepted as a matter of course. For instance, there are some detainees with serious physical or mental health problems, with substance abuse problems, who are vulnerable because of traumatic experiences in their past, and so on. But these issues are less psychologically threatening and therefore unlikely to play on staff's mind in the same way that violence, disorder and verbal abuse are.

Healthcare Manager

62. I didn't spend much time with healthcare staff generally, so I can't provide much of substance in response to this question. I heard some very broad-brush

comments from detainees and staff that the standard of healthcare was not very high, and that custodial staff in particular would benefit from more leadership and training on health matters, but people tended not to go into much detail, so I am not best placed to comment on this.

Adults at Risk, Rule 35

63. My broad impression was that some staff, especially DCOs, did not have a particularly clear understanding of the details of policies such as Rule 35, and that decision making on Adults at Risk was not very transparent. The example that I gave in the Verita interview was of a young man who I was told had been in Brook House for a long time, possibly up to two years, and was considered 'at risk', but the level of risk had gone up and down periodically, with very little progress made on his case.

Complaints About Ventilation in Brook House

64. I am not best placed to comment on this, other than to say that several detainees commented on the rooms being small and poorly ventilated, which was a problem if, for example, someone had respiratory problems or if people were smoking nearby.

Miscellaneous Complaints About Brook House

65. I am not best placed to comment on this, other than to say that detainees in Brook House sometimes complained in very general terms about the quality of their solicitors. I cannot say whether these were any different to complaints one might hear in other IRCs or similar settings, but securing good quality legal representation was of course a significant issue for detainees.

Drugs in Brook House

66. During my time at Brook House, there was a fair amount of talk about new psychoactive substances (NPS), especially the synthetic cannabinoid 'spice',

which was also a major problem in prisons. Security staff, in particular, were concerned with the availability and supply of it, and I think on one occasion I was on a wing where someone had earlier taken spice and was behaving quite erratically. From recollection, a DCO or DCM walked into the person's cell and said the smell was very strong.

67. Otherwise, I was unsure about the extent and prevalence of drugs in Brook House. All I can say is that staff were aware of them, as were detainees, many of whom strongly disapproved of drug use and were uncomfortable being in an environment where even a small number of people may be buying, selling and taking drugs.

Ex-Prisoners in Brook House

68. Staff in Brook House were aware that the IRC had a relatively high number of time-served foreign national prisoners (less than half of detainees, I believe, but nevertheless a substantial minority), and that some of them had committed serious offences. Although it was sometimes said that ex-prisoners were easier to manage, since they were familiar with a custodial setting and may have been 'institutionalised' after serving a prison sentence, some staff were also wary around and distrustful of ex-prisoners. I was told that some ex-prisoners would attempt to 'condition', i.e. gradually manipulate, officers, and that this was particularly used against impressionable young staff, especially women. More generally, some staff would allude to the seriousness of crimes that some men had committed, and use this to deflect criticism of Brook House, by suggesting that people on the outside didn't really understand what some of the men inside had done.
69. In short, at least some staff were very aware of the fact that a substantial number of detainees were ex-prisoners, and they were also reminded of this fact by working in an establishment that is built to Category B prison specifications. When I asked staff how they would describe Brook House to someone who knew nothing about it, several people said they would describe it as 'an immigration prison'.

Dramatising Brook House on BBC Panorama

70. In a blog post that I wrote [INQ000007], I wanted to take the content of the BBC Panorama episode seriously, while also acknowledging that it is a particular genre of television that comes in a recognisable form, i.e. the undercover, hidden camera exposé for which BBC Panorama is well-known. Such works are intended primarily to appeal to viewers' emotions: to shock them, anger them, or convey a sense of injustice. They are not concerned primarily with explanation, exposition, factual detail, historical context, nuance, complication and so on. Given that filming took place over many months, and a huge amount of footage will have been captured in this time, decisions have to be made about what to include and exclude, how to describe and interpret events, how to narrate the story and what details to omit.
71. None of which is to deny the truth or seriousness of anything that was captured on camera and eventually broadcast. It was merely to say that such programmes are presumably edited and promoted with the goal of grabbing people's attention and maximising the public impact of the material. One of the most effective ways of doing this is by compressing the most egregious examples of individual abuse or staff malpractice into a simple narrative of good and evil, hence my use of the term 'Manichean'.
72. I also noted in the blog post that many other problems in the detention estate received fairly little coverage in the programme, for instance the central role of the Home Office; caseworkers and decisions to detain, deport and release; and several other less eye-catching, dramatic features of IRCs, which are nevertheless highly significant.

Staff Responding to Problems They Cannot Control

73. A lot of the problems in Brook House have their origins outside of detention: people come in with complex histories and troubled backgrounds; they have pre-existing health problems or mental illness; decisions about detention and deportation are largely the preserve of off-site Home Office staff, and so on. Yet in reality, the people who have to deal with the consequences of these issues are DCOs, who through no fault of their own are not especially well-equipped to deal with such serious issues. DCOs are nevertheless highly aware of their

responsibility to avoid major events, such as escapes, riots, a death in custody or other low-frequency, high-impact problems. As a result, they are often reacting to lots of simultaneous emerging problems and trying to deal with them as best they can, in the hope that they can finish their shift without any catastrophe.

Causes of Problems in IRCs

74. I would say that many of the biggest problems in IRCs are not primarily caused by the individual people working inside them, although of course the actions and decisions of individual members of staff can make a difference for better and worse, as the BBC Panorama programme conveyed starkly.
75. Giving people power over others inside a closed, secure institution means that it is possible that a small minority of staff will abuse that power. Detainees suffering, struggling and experiencing distress are inevitable if we incarcerate people in prison-like conditions on grounds of citizenship. Although there are plenty of smaller, local changes that could be made to make particular IRCs more humane, more transparent or more just, the biggest issues are political in nature and they relate to the system of detention and deportation, which ultimately relies on the sovereign power to use force to expel particular members of a population from the territory.

<u>Statement of Truth</u>	
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 its 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.	
Name	Dominic Aitken
Signature	Signature
Date	25 November 2021