

IN THE HIGH COURT OF JUSTICE
QUEEN'S BENCH DIVISION
ADMINISTRATIVE COURT

Sensitive/Irrelevant

BETWEEN:

THE QUEEN on the application of BB

Claimant

and

SECRETARY OF STATE FOR THE HOME
DEPARTMENT

Defendant

EQUALITY AND HUMAN RIGHTS COMMISSION

Intervener

WITNESS STATEMENT OF JAMES WILSON

I, James Wilson, of Gatwick Detainees Welfare Group, The Orchard, 1-2 Gleneagles Court, Brighton Road, Crawley, West Sussex, RH10 6AD, will say as follows:

Overview

1. The facts within this witness statement are from matters within my own knowledge except where otherwise stated. There is now produced and shown to me marked 'JW1' an exhibit bundle of true copies of documents. The numbers in bold and in square brackets in my statement refer to the page numbers of the exhibit bundle to this statement.

2. This witness statement is divided into the following sections:
 - a) Preliminary Points
 - b) About Gatwick Detainee Welfare Group
 - c) Meetings with Detainees
 - d) My concerns about Brook House management
 - e) Independent Monitoring Board
3. I am the Director of Gatwick Detainee Welfare Group (GDWG). GDWG is a registered charity that provides support to detainees at Brook House Immigration Removal Centre (IRC) and Tinsley House IRC, which are located in the area of Gatwick airport. I was appointed Director in June 2016. I previously worked at the British Red Cross in the International Family Tracing and Refugee Services teams.
4. In my role as Director of GDWG I have attended several meetings, and have had telephone and email contact, with G4S managers of Brook House and Home Office managers who work at Brook House. I refer to these managers collectively as 'Brook House managers'.

Preliminary points

5. In this statement I express some criticisms of Brook House managers but I want first to acknowledge that managing the needs of immigration detainees is challenging and complex.
6. I also want to acknowledge that since the airing of the BBC Panorama programme on Brook House the IRC managers' response to the work of GDWG has improved, and some learning seems to have gone on, though I think there is still room for improvement.

7. I would also like to say this. I am concerned that in giving this statement Brook House managers will take me as unfriendly, and a critic, and as somehow on “the other side”, and that GDWG’s role in supporting detainees at Brook House and Tinsley House may be affected. I hope this will not happen. I make this statement because BB’s solicitors have asked me to, because – as I understand it - they think the experiences of GDWG may assist the court, and any wider investigation of the causes and contributors to what happened at Brook House. Whether that is so is of course a matter for the court. I do think there is learning to be done, and my only interest is in contributing to that learning.

About Gatwick Detainee Welfare Group

8. GDWG is a registered charity that works to improve the welfare and well-being of people held in detention, by offering friendship and practical and emotional support and advocating for fair treatment. GDWG was set up in 1995. We have been working with detainees held at Tinsley House since the facility was opened in 1996 and with detainees at Brook House since it was opened in 2009. We therefore have 23 years of relevant experience.
9. We have a network of around 80 volunteers who are available to regularly visit detainees. The visitors form the core of our work and their role is to meet detainees, offer empathy, constructive advice, practical help and friendship to ameliorate the experience of detention.
10. In addition, GDWG employs a small team of advocacy co-ordinators or ‘staff’ who offer practical help to detainees including: assessing whether a detainee wishes to have a visitor, which involves understanding the needs of the individual detainee and matching them to the right volunteer visitor and a careful explanation of the limits of the role of visitors; helping detainees maintain contact with the community outside detention; providing extra clothing for detainees where needed; liaising with legal representatives and sign-posting detainees who lack representation to publicly funded legal

advice; sign-posting and referring detainees to external organisations for additional support or assistance, including registered charities such as Medical Justice and Bail for Immigration Detainees. Referring detainees to other organisations may require us to request copies of the detainee's Home Office files or medical records.

11. Our advocacy co-ordinators also seek to help detainees navigate systems within detention; for example, where appropriate they talk to healthcare when detainees are having difficulty accessing medical services, help detainees to use the complaints processes, to contact other organisations such as the Independent Monitoring Board or their Member of Parliament, and to access additional sources of support available within the IRC from organisations such as the Forward Trust (a charity which helps people with drug and alcohol dependence), Samaritans and the Red Cross.
12. Neither volunteer visitors nor advocacy co-ordinators offer legal advice or professional counselling.

Meetings with detainees

13. At Brook House our volunteer visitors see detainees in the visits hall which is a large noisy open plan room where detention staff are present. There is very little privacy. Visits can be made in either the afternoon session or the evening session but our visitors are permitted by G4S to see only one detainee per session. So if a visitor is seeing more than one detainee they have to attend more than one session. There are restrictions on bringing paper work into the visits hall. No telephones are available.
14. Our advocacy co-ordinators see detainees in the private rooms which are used for legal visits and visits by UK Visas and Immigration (UKVI) officers. This is far preferable to seeing a detainee in the visits hall because our staff see a detainee on his own in a private, confidential place. We find that detainees are more willing and able to disclose vulnerabilities in this setting

and we are better able to take details and assess the detainees' needs so that we can undertake the work I have described above. Detainees can bring their paperwork to show us and our staff can bring in paperwork, for example forms for referring detainees to other organisations and consent forms for obtaining medical records. The majority of private rooms also have telephones so if a detainee has limited English we can arrange for an interpreter to assist over the phone.

15. The use of private rooms was made available by Brook House management following a recommendation made by HM Chief Inspector of Prisons in his report of March 2010 (at paragraph 9.20) that GDWG should be '*enabled to provide regular surgeries for support and advice*'.
16. Whilst our visits by advocacy co-ordinators are sometimes referred to as 'drop-in' sessions they are not truly 'drop-in' as detainees can only see us when we have made an appointment to see them. I know that other charities have established drop-in surgeries at other IRCs in association with the IRC-run welfare service. When I worked at the Red Cross I set up drop-in surgeries in the welfare office at Harmondsworth IRC to give advice on family tracing to detainees. The charities Detention Action and Jesuit Refugee Service run drop-in surgeries at the welfare office in Harmondsworth giving advice and support to detainees. It should be noted that welfare offices are in the heart of IRCs, whereas the legal visits corridor where we see detainees is separate from the detention blocks. So true drop-in sessions would have the advantage that they would be visible to detainees and are for that reason likely to be more accessible to detainees. This is particularly important in terms of vulnerable detainees feeling able to access agencies – it will be easier in many cases for them to come to welfare to see someone than to call the agency on the phone to give details.

My concerns about Brook House management

17. I will set out in detail below my contacts with Brook House managers but in summary my experience has been that managers have introduced a system to control the number of GDWG's advocacy co-ordinators' visits, and to circumscribe the work that we do for detainees, and that this appears directed at avoiding, reducing or controlling adverse reports or complaints against them. I have also seen significant adverse reactions by Brook House managers to anything perceived as criticism, when one might have hoped for a desire to listen and learn, and I have seen managers perceive criticism where in fact there is only the aim of drawing to managers' attention the needs of vulnerable detainees. I have also experienced Brook House managers threatening to withdraw GDWG's use of the private rooms at Brook House after points of this kind have been raised. It is inevitable that this has a serious effect on our work, discouraging my staff from raising matters.
18. Shortly before I became director of GDWG, G4S was highly critical of a member of GDWG staff, Naomi Blackwell, who gave a witness statement in October 2015 in a claim for judicial review brought by the Official Solicitor acting as Litigation Friend for a mentally ill detainee. DX In her statement Ms Blackwell made observations about the detainee's state of health during his detention and her attempts to secure him legal help in his immigration case. The statement was provided at the request of reputable solicitors and was directed to assisting the court to understand the factual circumstances – the presentation - of a detainee who was very mentally ill. That therefore sounds like a proper contribution to an important case (though that would have been a matter for the lawyers in the case). Nevertheless the fact that Ms Blackwell did this has been raised repeatedly with me at meetings with Brook House managers, including as recently as 31 January 2018, when I met with Michelle Smith (Home Office Assistant Director for Gatwick, based at Tinsley House) to discuss the setting up of drop-in sessions at Tinsley.

19. I am told by BB's solicitors that **DX** claim for judicial review concluded in the Court of Appeal¹. The Court declared that **DX** detention was unlawful between 30 June 2014 and 27 April 2015, that he was entitled to compensatory damages for that period and that the secretary of state had not demonstrated that she had complied with her duty under the Equality Act 2010 to make reasonable adjustments for mentally ill detainees in respect of their ability to make representations on decisions regarding their continued detention and segregation.
20. In February 2016, seemingly in response to the witness statement my colleague had given, G4S drafted a Memorandum of Understanding (MOU) to seek to regulate our advocacy coordinator visits (or 'surgery sessions' as they are described in the draft MOU). I understand from my colleagues that there had not previously been any agreement governing our visits. I am informed by the Association of Visitors to Immigration Detainees (AVID), which is the umbrella organisation for detainee visitors' groups nationally, that most visitors' groups at other IRCs are not subject to service level agreements or MOUs.
21. The draft MOU G4S sent to GDWG included a paragraph that sought to restrict the number of occasions on which GDWG staff could see a detainee to only one meeting with further meetings only permitted 'in exceptional circumstances and requiring prior agreement of G4S and HO management'. A copy of the draft MOU is in the exhibit bundle [1].
22. GDWG has been unwilling to be restricted by the terms of the MOU, and we have not signed it. The restriction of only one visit is very impractical for us. We are seeing a detainee for the first time and frequently it is difficult to get sufficient information in one visit or to explain the visitor scheme adequately. Some detainees take time to develop trust in us. Some turn up late. Some have very complicated personal circumstances. Others appear to have

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mental health problems and we need to see them again because we are concerned about them. I also felt uncomfortable with other elements of the draft MOU, for example the restrictions on organisations our volunteers could be members of.

23. However we have also felt in a vulnerable position and I have worried that Brook House management will take away our access to the centre if we do not reach some written agreement with them. For this reason I tried to negotiate on the terms of the wording of the MOU and I have gone out of my way to be extremely polite and respectful in all my contacts with Brook House management.
24. On 5 July 2016, just after I took up the post of director, I emailed Dan Haughton (G4S Support Services Manager) to introduce myself and to suggest I meet him. We met on 25 July 2016 and also present were Paul Gasson (Home Office Immigration Manager) and Neil Davies (G4S Head of Visits). This meeting and all other meetings took place at Brook House. No agendas were prepared and no minutes taken. I made my own notes after the visits and I have looked back at those notes in making this statement.
25. Mr Davies led the meeting on 25 July 2016 and told me he was keen that the work of GDWG was centred on 'social' visits. This was a common theme of all meetings I had with Brook House management: they were happy with us making social visits and to donate clothing but they did not want our staff to be doing what they see as 'casework' or making referrals to other organisations. Mr Davies also said he did not want our volunteers acting as sureties for detainees on bail applications or providing witness statements in support of detainees' legal cases and I was told to contact him if any request was made for a detainee to see us for a second meeting at the surgeries.
26. On 17 August 2016 I met Ben Saunders (Director of Gatwick IRCs) who also told me that he was anxious that our work was about social visits solely. He complained about Ms Blackwell giving the witness statement in 2015, about a

volunteer who had offered a sum as surety for a detainee's bail application and about Twitter posts criticising G4S which a staff member had posted in January 2013 - for which the staff member and GDWG had at the time offered G4S an apology. I was struck by the fact that tweets (there were only 3 of them) which had been posted over three years ago were still being referred to. I am told by my colleague Ms Blackwell that the detainee for whom the volunteer acted as surety went on to bring a successful claim for damages for unlawful detention.

27. In February 2017 I tried to secure the use of a desk in Brook House alongside G4S welfare officers for a weekly drop-in surgery. A GDWG staff member spoke with the two G4S welfare officers and I was told by the staff member that the welfare officers were very positive about the proposal. I emailed Steve Skitt (Deputy Director Gatwick IRCs) to ask him for confirmation we could proceed [8-9]. He replied that he had referred the request to Michelle Brown (Functional Head, G4S) but I was later told it had been refused. I cannot find an email with reasons for refusal but my notes say that Mr Haughton and Ms Brown refused on the grounds that there was no need for GDWG to provide this service and that the welfare officers were too busy to facilitate it (even though they had been positive about the proposal to us).
28. In March 2017 I had an email from Mr Gasson (Home Office Immigration Manager for Brook House), asking to meet me as he had concerns regarding some staff/volunteers at GDWG which he wanted to raise and discuss. I asked for some details in advance of the meeting and he replied, without giving details, that he *'would like to clarify the role that GDWG carry out in the centre and if we need to revisit this'*. A copy of my email exchanges with him is exhibited [2-3].
29. The meeting took place on 9 March 2017 with Mr Gasson, Mr Haughton and Mr Skitt (new Head of Visits G4S). They referred again to their historical complaints about the activities of GDWG (the witness statement of Ms

Blackwell and the volunteer acting as surety) and they raised new complaints: that we were not always obtaining consent from management for detainees to visit our drop-in surgeries for a second occasion; an accusation (not substantiated) that one of our members of staff had given legal advice to a detainee scheduled for removal; and criticism that one of our volunteers had written to G4S criticising how they had handled his visits to detainees and that he had written to the Immigration Minister complaining in general that when concerns were raised about suicidal detainees this resulted in detainees being isolated, which in turn exacerbated detainees' mental health. I was not given any details of these concerns prior to the meeting so I was unable to comment on the specific allegations at the meeting but afterwards sent an email with a detailed response [10-11].

30. On 6 April 2017 my colleague Ms Blackwell, our detainee advocacy coordinator who is a very experienced member of staff, sent an email to Mr Haughton (G4S Support Services Manager) requesting to see a detainee DX for a repeat 'drop-in' session [16-17]. Mr Haughton asked why he would need to be seen again when records showed he had been seen in the drop-in surgery on three previous occasions. In Ms Blackwell's reply she explained that the detainee *'is unable to correspond with us meaningfully via telephone or fax. We have concerns regarding his mental health and would like to maintain regular contact with him in order to be able to effectively support him until his mental health improves'*. Mr Haughton refused permission stating *'From the shared understanding we have with James, drop in clinics are not the place to maintain regular contacts with detainees. This should be taking place in the context of social visits.'* [15]. This was not what I had agreed with Mr Haughton but we did not reply to Mr Haughton further at the time, feeling that we were unlikely to change his mind over email and that the general question of second drop-ins was better discussed in person.
31. On 4 May 2017 my colleague Ana Szopa sent an email to Dan Haughton asking to see, for a second time, a detainee D852 who claimed to be only 14 years old, partly so that he could sign a Refugee Council form so that she

could refer him to the Refugee Council for advice [26]. Mr Skitt had previously asked us to refer anyone we considered vulnerable to 'Safer Community' (the advertised point of contact for any safeguarding concerns at Brook House) and in her email Ms Szopa flagged that she had already referred him to Safer Community.

32. In a response by telephone Dan Haughton refused to allow a second meeting with the detainee. Ms Szopa emailed me on the day [27] (I was away from the office) and quoted Dan's comments thus: *'To put it bluntly: no. There has been scrutiny from outside and concerns raised about your drop-ins. It has developed into a welfare surgery. This is not its intended purpose. From the HO's point of view this not the purpose of your drop in. The detainee has been integrated into the general population and is doing well. We have built the support plan with him and he likes it.'*
33. It is important to note that [D852] is the detainee who was featured in the Panorama programme at about 14 minutes into the programme. I know this because after Panorama was aired [D852] social worker contacted GDWG. [D852] had been released from detention and placed by social services in the home of a foster carer whilst the local authority conducted an age assessment. The social worker was angry that [D852] had been featured on the programme without Social Services being informed. (GDWG were of course unaware of the undercover filming by the BBC and had no knowledge that the BBC were making a programme focused on Brook House until it was broadcast on 4 September 2017).
34. In the Panorama programme [D852] is said to have been placed in a room share with a violent detainee who had forced him to test the drug Spice. [D852] says on the recording that he is not doing well and says he is 14 and not an adult. A member of G4S staff is recorded as stating that although supposedly his passport says he is 18, she does not think he is 18 at all, and 'lucky if he is 15'. Another staff member says his face is babyish and tiny and that it is clear that he is not over 18. She says that she personally thinks he is younger but

will not flag it up. On the programme the narrator states that there is a policy that staff must inform the company director and the Home Office if a detainee claims they are under 18 but that this was not done in [D852] case and he remained in detention for two weeks before being released to social services' care.

35. This is an illustration of the important work GDWG staff do in helping to safeguard vulnerable detainees and how the unhelpful response of G4S managers in seeking to restrict the work we do put at risk the welfare of a young detainee claiming to be only 14 years old.
36. On 12 May 2017 Ms Blackwell asked to see detainee [DX] again. Mr Haughton agreed provided this was 'to source [DX] another social visitor'. [28]
37. I would add that there was one detention officer – Gayatri Mehraa - who regularly worked in the legal visits corridor who would challenge our staff if she thought a detainee was on a repeat visit. On one occasion Gayatri Mehraa even interrupted a meeting with a GDWG staff member (Ms Szopa) to stop the session as she considered it to be a repeat visit. The detainee was visibly upset.
38. I had another meeting with Brook House managers on 6 June 2017 to discuss the draft MOU. In advance of the meeting I prepared amendments to the draft MOU and sent those to Mr Skitt (Deputy Director) requesting permission for Ali McGinley of the Association of Visitors to Immigration Detainees (AVID) to accompany me to the meeting. I explained that she has an overview of how processes work at other IRCs through working with other visitor groups and that this might be helpful. Mr Skitt replied that it was not appropriate to have any other organisation present. I wrote again explaining that AVID is the national umbrella body representing visitor groups in all IRCs and thus a regular stakeholder with the Home Office, and that she would be able to provide a national perspective. Again my request was refused [18-21]. I therefore attended the meeting alone.

39. By contrast, Brook House again had three managers present: Mr Skitt, Mr Gasson and Mr Haughton. Mr Skitt complained that the fact that GDWG staff were requesting repeat meetings for those said to suffer mental health problems implied that that we were offering counselling. He referred to the above emails of Ms Blackwell of 6 April 2017 and Ms Szopa of 4 May 2017 as evidence of this. I was told that if we were worried that someone was vulnerable we should refer the person back to management for specialised support. Mr Haughton and Mr Gasson again expressed displeasure that we were using drop-in surgeries to do 'casework'. They wanted the MOU to include an exhaustive list of the purpose of visits by detainees at the drop-in surgeries whereas I argued that the purpose should be retained as being to assess the individual needs of detainees as well as to identify an appropriate visitor to attend for on-going social visits.
40. I cited the example of the 14 year old [D852] who we had requested to see for a second time in order to refer to the Refugee Council. They replied that any age dispute case should be referred to them for the appropriate assessment to be made by the Home Office and the local authority. I pointed out that Brook House management already knew that [D852] was claiming to be 14 so there was no need for us to refer the matter to them. In any event it is the case that many detainees do not trust authorities and detainees have the right to independent advice and support in relation to disputes over their age. Our work was simply seeking to ensure that this young detainee had access to the advice he was entitled to receive. It was difficult to see what could be the objection to this young person, who clearly needed as much help as he could get, having advice from the Refugee Council.
41. I felt, as I had felt before, that I was being put under pressure to restrict the charity's work to social visits only. Managers did not consider it appropriate for GDWG advocacy staff to be providing any of the other important emotional and practical support for detainees, raising concerns about

detainees' welfare or referring them to other organisations for specialist advice.

42. The tone of Brook House managers at these meetings was also becoming increasingly hostile. The time at the meetings was almost entirely taken up by their complaints about GDWG. I tried to encourage them to set up quarterly meetings and to provide me with a list of issues for discussion in advance so that I could prepare for meetings (including by consulting with colleagues involved) but I got no response. I continued to feel obliged to placate managers because otherwise they might withdraw our surgery sessions in the private rooms. Those sessions were critical to the work we do.
43. On 7 August 2017 Mr Skitt sent an email [34-35] stating, '*We now have another concern regarding interventions of your staff*' and requested a meeting soon. When I queried what the concerns were he replied that it was about our staff contacting the Independent Monitoring Board ('IMB') and he also took objection to an email my colleague, Anna Pincus, had sent Mr Haughton on 7 August 2017 [32-34]. Ms Pincus manages one of our key projects and our outreach work and is a senior caseworker. In her email (which the Court can read for itself and judge the appropriateness of the tone and approach) she had expressed concern about a detainee who was exhibiting symptoms of stress and asked if Mr Haughton would consider moving him to Tinsley House where the environment might provide fewer triggers for post-traumatic stress he had developed whilst imprisoned in Turkey. She mentioned that the detainee's stress was likely to escalate as his partner was about to have a baby. [33].
44. On 18 August 2017 I met Mr Skitt and Mr Gasson. They said they were seriously considering ending the drop-in surgeries altogether. I found them hostile, with an overbearing tone, and they gave me little opportunity to respond to their complaints. Mr Skitt was angry that we had contacted IMB and said he considered that the conduct of GDWG had been inappropriate on a number of levels. He told me that it was inappropriate for GDWG to refer

detainees to other agencies such as IMB and RAPT (the IMB, of course, has a specific statutory role with regard to requests and complaints and reporting concerns; RAPT is the Rehabilitation for Addicted Prisoners Trust, a charity which helps people with drug and alcohol dependence, and is now known as the Forward Trust). He said that the email Ms Pincus sent to Mr Haughton about the Turkish detainee referred to above was an example of a concern raised to the right person but in the wrong way; he considered that it was not for us to 'diagnose' a risk of Post-Traumatic Stress Disorder or request a move to Tinsley House.

45. Mr Skitt also complained about two emails our advocacy co-ordinator Ms Szopa had sent about a detainee [DX] who had burn injuries. In her first email dated 10 August 2017 to Michael Wells (Healthcare Practice Manager G4S) Ms Szopa had explained that she had met [DX] at the drop-in surgery the day before, that his legs and feet had been burnt in a house fire 10 years previously and he could not walk for more than a few minutes, was falling frequently on the stairs, could not access the shower or meals unless assisted and other detainees had to bring food to him. She asked if he could be provided with crutches or a wheelchair as soon as possible and suggested that GDWG could provide crutches if cost was an issue. She also requested that he be referred to an occupational therapist. As she had received no response she sent a reminder email on 15 August 2017 stressing that [DX] was in a lot of pain and could not do basic things such as shower or carry food on a tray without help from others. She commented that he was in a wheelchair before he was detained, but had been told he was not allowed to bring it into the centre with him. [36-37]
46. At the meeting Mr Skitt conceded that our concern for [DX] had been raised through the appropriate channel. Nevertheless, he was strongly critical of what he, and Mr Gasson, claimed was an 'aggressive' tone and wording of the emails. Mr Gasson also complained that the offer for GDWG to provide crutches was 'patronising' given that 'G4S was a wealthy organisation' and cost was not an issue. They considered that we were inappropriately taking

the detainee's story at face value and that we had exaggerated the extent of [DX]'s injuries in stating that his feet 'were burnt to stumps', and commented that we could not have known about this unless he took his socks off and showed us. They maintained that G4S and healthcare had taken appropriate steps.

47. Again, the Court can see Ms Szopa's e-mail and can decide for itself whether G4S were fair in their assessment of it. For myself, I saw this as another example of G4S perceiving criticism where there was actually a genuine attempt to draw the detainee's needs to their attention. I replied that I didn't hear anything 'aggressive' in the tone of Ms Szopa's emails and I thought the offer for us to provide crutches ourselves was a straightforward one, in line with clothes and other types of material support we provide.
48. Brook House management also took great exception to an email Ms Blackwell had sent on 4 August 2017 to Jackie Colbran of IMB regarding a young detainee [DX] who claimed to be a child. In her email Ms Blackwell explained that [DX] was a disputed minor who had been held at Tinsley for a month and transferred to Brook House in preparation for his removal, but that had been stayed and he had made a request two days previously for a transfer back to Tinsley. She asked whether IMB could check that his request for a transfer would be dealt with (because [DX] had received no response to his request). Ms Colbran replied that *'This is beginning to step outside our remit and I don't think it appropriate that we should follow your request up. As independent monitors we are looking to see that the system is working well and picking up problems which we can bring to management's attention. In this case there is no indication that the correct procedures are not being followed.'* [38].
49. I confess I do not understand this response, given the broad nature of the IMB's remit. But in any event Mr Gasson's criticism was that Ms Blackwell had described the detainee as 'a boy', and that she appeared to accept his account of being underage. Mr Gasson maintained that the Home Office had

his passport and he was 'unquestionably' an adult. Both Mr Gasson and Mr Skitt were adamant that it was inappropriate for GDWG to ask IMB to intervene on behalf of detainees and Mr Skitt said that disapproval of our referrals to IMB had '*got as high as board level*' at Brook House. I said that I did not see why it was an issue for Brook House Management; that surely it was for IMB to tell us if they thought a referral to them was inappropriate (and in the particular instance IMB had done that). Nevertheless Mr Gasson and Mr Skitt were both very anxious about GDWG having sought to involve IMB. They insisted that we should not be doing this.

50. I was also told that GDWG should not be referring detainees to RAPT (again, now known as the Forward Trust), the charity which helps people with drug and alcohol dependence). They said this was because every detainee is screened for drug use on arrival and those who required a referral to RAPT will have been referred. This of course assumes that reception assessments catch everything, which they may not. Mr Skitt again became very agitated and went so far as to suggest that GDWG should not be referring detainees to '*any organisation*'. He alleged again that we were providing counselling to detainees. He took issue with some of our emails which he considered were '*giving recommendations and telling G4S what they should do*'. I am afraid that I could only see this as another occasion when Brook House managers were putting pressure on me to pull back on the valid work that GDWG does, work that benefits detainees and helps to safeguard vulnerable detainees, but which Brook House managers seemed to consider was unacceptable.
51. I was asked again for a description of what GDWG does at the drop-in surgeries which I provided, reassuring them that we do not give legal advice or provide counselling. They repeated that the above emails our staff had sent were inappropriate and Mr Gasson said that we should have a standardised form for drop-in sessions so that I could monitor what staff said in the interview room. Mr Gasson said that he was '*minded to say that you don't need a private interview room just to assign a visitor*' and Mr Skitt thought that we didn't seem to think that Brook House Management was

doing the best for the detainees and that they *'had reached a point where a line had to be drawn'*. We were accused of *'raising the expectations of detainees as to what they could expect from Brook House management'*.

52. I repeatedly pointed out that it was legitimate for GDWG to raise concerns about detainees. This drew a heated response that we were not doing this *'in the right way'*. I said that if I received a complaint about GDWG's work, for example from someone who had been turned down for a voluntary role, I would respond to the complaint, so what was the issue with Brook House Management acting in the same way? Mr Skitt's response was, *'But are you being audited?'* I thought this was telling. I took it as an important indication of what was motivating their attitude to us.
53. Repeatedly during the meeting they said that they might end GDWG's surgeries. They said they considered that my colleagues Ms Blackwell and Ms Szopa had crossed a line and even implied that Ms Blackwell should be subject to an internal GDWG disciplinary procedure or excluded from the drop-in surgeries. I felt I had almost to beg for the surgeries to be allowed to continue. They concluded the meeting saying that they would defer a decision on the drop-in surgeries, that for now they could continue, but that we should meet in a few weeks' time to review progress and possibly sign an amended MOU.
54. I was left in no doubt that Brook House management might end the drop-in surgeries or refuse us permission to hold them in private rooms if we raised any further concerns with G4S or any of the agencies that work in Brook House or Tinsley House. This had an obvious impact on me, and must have been intended to do so. I considered that the continuation of these very important sessions was now on a knife edge and immediately after the meeting I emailed all GDWG staff to ask them to raise any concerns about detainees via me and on 18 August 2017 I sent Mr Skitt and Mr Gasson what was intended as a placatory email to say that for now I would ask staff to

raise any concerns through me and that I would make the contact with the IRC. [40]

55. The BBC Panorama programme was broadcast on 4 September 2017.
56. On 25 September 2017 I sent an email to Mr Skitt and Mr Gasson giving a detailed account of the work of GDWG, the purpose of the drop-in sessions and the reasons why these need to take place in a private room and responding to the complaints they had raised at the last meeting. [41-44]
57. On 27 September 2017 my colleague, Ms Blackwell, sent an email [46] to the Forward Trust to check that GDWG could continue to refer detainees direct to the Forward Trust and they could refer detainees direct for help from GDWG.. In an email dated 30 September 2017 the team leader of the Forward Trust advised that he *'was informed that the referral process has to go through the Welfare Office' (which G4S run)*. e.g. When my colleague Ms Blackwell sent a reply asking when and by whom he had been informed of this, the team leader replied, *'I am not allowed to give any information regarding your questions. It would be best to contact Deputy Director Stephen Skitt who can give you more informed information'* [45].
58. I would say that the behaviour of managers towards GDWG, the criticisms and the attempt to restrict the number of our visits and the type of work we do has had an impact on how we have advocated for detainees. I would of course always report a serious safeguarding matter that affected a detainee to Brook House management but given the history we have been wary of taking up issues with management and we have been cautious about saying anything that might be construed as criticism of management. We have requested to see fewer detainees for repeat visits because of the restriction and some of our requests for repeat visits have been turned down.
59. I do want to say that since Panorama was broadcast things have broadly improved. Managers seem not to be enforcing the rule on repeat visits as our

requests have all been granted or there has been no response to them. Managers are also quicker to respond when we raise concerns about detainees and we have not been criticised for the work we do. However, the rule on repeat visits has not formally been lifted and I remain cautious about raising concerns. The very positive development post-Panorama is that G4S has allowed us to set up a drop-in surgery at Tinsley House. This was commented upon favourably by HM Chief Inspector of Prisons in his recent 2018 report on the IRC.

60. I have not met with Brook House management since Panorama was aired. I do have a meeting booked on 14 September. I have arranged for a trustee to attend with me as I consider that I need a witness to keep a note of meetings.

Independent Monitoring Board

61. I have also been asked about my dealings with the IMB. I have had two or three meetings with IMB members since I became director. I had a meeting in the Summer of 2016 soon after I became director. I did not keep notes and there were no agenda or minutes. The meeting was in the boardroom of G4S. I came away with an impression that the IMB was too close to Brook House management. I gained this impression for reasons including the fact that IMB were keen to advise me not to 'overstep the mark' with Brook House management. This seemed to be their focus rather than to explain how they monitored how detainees were being treated, or to discuss how our two organisations can work together to promote good treatment of detainees, for example about how we might raise issues with them (IMB) or what they were interested in.
62. In November 2017 four or five IMB members came to our office to meet myself and most of the GDWG staff to discuss Brook House in the aftermath of Panorama. We were surprised that the first message IMB members gave us at that meeting was again to repeat their advice that we should not overstep the mark with Brook House management. They had clearly been in

discussion with Brook House management about management's criticisms of our work as they repeated a list of G4S complaints: that G4S were suspicious that we give legal advice, and that we refer detainees to other agencies when concerns should be referred to Brook House management. They referred to the emails we had sent to Brook House management that managers had found 'insulting' and 'patronising'.

63. The IMB also seemed keen to downplay the implications of Panorama rather than view it as calling for better safeguarding systems and other measures at Brook House. They felt that the documentary gave a distorted picture. They said there were 'a couple' of serious incidents captured on film but the rest they said was just 'fluff'. I am clear that was the word they used.
64. We have met once more with IMB since then. I did not detect any change in approach at that meeting.
65. GDWG is the only charity that comes in regularly to Brook House and offers a wide range of support. We therefore play an important role in supporting detainees and picking up on difficulties that individual detainees are facing and trends in the problems experienced by detainees at Brook House. I should say, however, that we did not see anything of what Panorama reported. I did not know the individual staff members implicated. We are not on the wings, of course, and as I have described our exposure is more limited than I would like it to be. It is possible it might be improved if we could hold drop-in surgeries at the Welfare Office which is deeper into the centre.

Statement of truth:

I believe that the facts stated in this witness statement are true.

Signed:

Signature

(JAMES WILSON)

Dated: 13 September 2018

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical analysis performed.

3. The third part of the document presents the results of the study, including a comparison of the experimental data with the theoretical predictions. It also discusses the limitations of the study and the need for further research.

4. The fourth part of the document provides a conclusion and a summary of the findings. It highlights the key points of the study and the implications for future research.

5. The fifth part of the document contains a list of references and a list of figures. It also includes a list of tables and a list of appendices.

6. The sixth part of the document contains a list of references and a list of figures. It also includes a list of tables and a list of appendices.

7. The seventh part of the document contains a list of references and a list of figures. It also includes a list of tables and a list of appendices.

8. The eighth part of the document contains a list of references and a list of figures. It also includes a list of tables and a list of appendices.

9. The ninth part of the document contains a list of references and a list of figures. It also includes a list of tables and a list of appendices.

10. The tenth part of the document contains a list of references and a list of figures. It also includes a list of tables and a list of appendices.