

## BROOK HOUSE INQUIRY

### WITNESS STATEMENT OF STEVEN DIX

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

I, Mr Steven Dix, D.O.B: DPA Acting Assistant Director at Brook House Immigration Removal Centre, Perimeter Road South, Gatwick, RH6 0PQ will say as follows:

#### Introduction

1. I am currently employed by Serco and was previously employed by G4S at Brook House Immigration Removal Centre, Perimeter Road South, Gatwick, RH6 0PQ and have worked there since the centre opened in 2009. After completing my Initial Training Course (ITC) I went live as a Detainee Custody Officer (DCO). I was promoted to a manager's position in 2010 and qualified as a Use of Force Instructor in 2019. I believe that during the relevant period I worked in the Oscar 1 team. In August 2021 I was promoted to the position of Acting Assistant Director and am currently working in residence and regimes.

#### Application Process

2. Prior to applying to work at Brook House I worked in childcare and was looking for some career progression and an increase in salary. The recruitment process for the position did not really prepare me for what the job entailed, although this was provided during the training.

#### Culture

3. Once my training course was completed, I went 'live' in Brook House. It was a particularly stressful work environment and the job was highly pressured. Although staff were very busy and there were often staff shortages the staff worked well as a team and just got on with the job. There was no identifiable 'culture' as such just good team work amongst staff.

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4. Before the Panorama programme staff moral seemed normal, but afterward there was a feeling of shock and disbelief amongst staff, about what had been seen on the programme as the staff I worked with had no idea that certain staff were acting as had been shown in the programme. I remember a general feeling of disbelief when everyone attended work the next day, and a feeling that staff needed to support each other, but it did make me question who I could trust.
5. Throughout my time working at Brook House I have never witnessed any member of staff treating residents inappropriately or being abusive. I treat all residents fairly and have never seen any other staff treating them in any other way. I had no concerns about G4S's values and did not witness any negative impact towards residents, staff, or vulnerable residents. I believe that treatment of residents has always been good, and everyone did their best to keep residents safe.
6. Personally, I have never had any issues with Senior Management Team (SMT), although they were not particularly visible on the wings, but we did see the Duty Directors and Oscar 1 when they were doing their rounds. I was not party to any regular meetings with the SMT during the relevant period.
7. I do not recall ever being made aware of anyone raising concerns about the treatment of individuals

**Oversight, monitoring and outside involvement**

8. I have not had sight of the HMIP inspection report VER000117 or the Action Plan VER000116 and cannot therefore comment on the recommendations, although follow up in relation to such reports would be dealt with by the SMT rather than staff at my level.
9. Residents often submitted complaints about numerous things, and they are responded to formally as there was a complaints procedure in place. However, staff would try to resolve any issues informally if it could be done. Given the time that has elapsed I have

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no recollection of any specific complaints and have no access to any documents as these were removed by G4S when Serco took over the Contract.

10. My understanding of the bodies listed is as follows:

- IMB are volunteers who look out for the welfare of residents and assist with any issues they may have relating to the Home Office, G4S or Serco.
- GDWG is an organisation who aid residents with clothes money or visits.
- Medical Justice are external medical practitioners who help residents with medical issues.
- BID help residents with their Home Office cases and bail.

### **Physical layout of Brook House**

11. I have been provided with a copy of document CJS004587 and have reviewed the same. The layout of Brook House remains the same, the only real changes that have taken place are that a couple of offices may have moved around. In relation to the facilities available in the building itself, I think Brook House would benefit from more Safe Custody Suites.

12. I believe that the additional residents brought in in early 2017 were accommodated by bunk beds being placed in some residents rooms.

13. E wing is a smaller unit than other wings in Brook House and is used for numerous reasons including:

- Particularly vulnerable residents, including those who required medical observations, those with mental health issues, drug and alcohol dependencies or individuals who were on constant supervision under ACDTs
- Residents situated on the wing for their own protection
- Residents that had been disruptive in the centre.
- Residents who were not happy to go on their removal directions so were situated on E wing so there would be no disruption to the residential wings. (Effectively a pre departure unit)

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- Residents that had recently been on Rule 40 (removal from association) or Rule 42 (where force had been used due to them being disruptive) and had spent some time on the Care and Separation Unit (CSU) and had been placed on E wing to test their compliance with the regime before moving back to a residential wing.

14. Although I did not work on E wing myself, I was aware of incidents that arose there as part of my role in the Oscar 1 group. I am aware that there is a procedure for residents to be housed there and a procedure to be followed if they are to be located back on the other wings after being on E wing

### **Policies and Procedures**

15. I am aware of some of the policies and procedures listed but not all, although I believe that most are available on the computers or in folders in managers' offices so that they can be accessed, as and when required. The ones I have looked at have been useful for reference purposes. I do not have any involvement in the policies and procedures being updated or maintained, although I am aware that they are reviewed by members of the SMT. I believe that some of the policies would have been operational, relevant, and implemented over the years.

### **Training**

#### **General Training**

16. I attended the ITC course in January 2009 in readiness for Brook House opening to residents in April 2009. The training provided was a good theoretical basis of the information required for the role of DCO, although dealing with residents when they arrived was difficult in practice. I did not receive any formal training for my role as DCM, save for training on the ACDT process and how to case manage residents who were on an ACDT. However, I shadowed another DCM for a period before fully taking up the role of DCM.

17. I believe that longer shadowing periods in all areas of the facility would have been useful when I was promoted to the position of DCM, which would have assisted in knowing what paperwork needed to be completed for different scenarios and to assist

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in being able to fulfil all aspects of the role. I believe longer shadowing periods would also have been useful for the role of DCO.

18. Since becoming one of the Use of Force instructors I have been partly responsible for delivering the week long Use of Force training for incoming officers undertaking their ITC. I then get to meet the new officers when they come onto the wings during their shadowing period.

19. I have attended refresher courses on First Aid every 3 years and an annual staff refresher which covers all aspects of working in an IRC, although these have not always been delivered strictly within a year of each other, due to operational requirements.

20. I have not had any involvement in activities training and am unable to comment on what training is available, as I have never worked in that role.

### **Management Training**

21. I did not attend any formal training when I was promoted to the position of DCM, except the ACDT training mentioned. However, I shadowed another manager for a period (cannot recall how long). I believe that some training would be useful to give managers a wider knowledge of all areas and all paperwork etc, specific to the managers role.

### **Personal Protection Training**

22. I attended personal protection training as part of my ITC course in 2009 but have not attended any refreshers. I do not have any observations about the training and thought it was adequate, although it has now been replaced by training offered by HMPPS.

### **Use of Force**

23. I attended Use of Force training as part of my ITC course in 2009 and have attended annual refreshers and became a Use of Force instructor in 2019, so I was responsible for delivering the Use of Force training, prior to becoming an Acting Assistant Director in August 2021. I consider the Use of Force training to be very good.

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## **The Role of a DCM**

24. I have been provided with document CJS004296. I cannot recall if I have seen this before but it appears to broadly describe the role at the time.
25. On a day to day basis, in my role as Oscar 1 I would carry out rounds throughout the IRC and speak to staff and residents. It is fair to say I know some residents better than others but did not perceive any barriers to communicating with them. Although some do not speak English well, staff have access to a translation service called the Big Word by telephone, so that does not cause any particular issues. I treat all residents fairly and the same and use my inter personal skills and body language to good effect. This has generally been successful, and I have not encountered any major issues with any residents.
26. It is difficult to use incentives to encourage good behaviour in an IRC as all residents have a TV in their rooms and a mobile telephone, so there isn't much else that staff can give them. We are also limited in what we can take off them unless they are placed on Rule 42. At one stage an 'enhanced wing' was trialled, although that was not continued as it was not particularly successful. I cannot really recall the ins and outs of this specifically, but I do remember it is something that was trialled for a short time, but it is not present now. I am therefore not able to provide much more information on this.
27. DCMs case manage residents who are on an ACDT. If there is a concern related to suicide or self harm an ACDT will be opened, the relevant people are informed, and regular reviews take place to assist the resident with the thoughts they are having. I believe that the ACDT training was sufficient and it works well within the facility. There is also good teamwork with Healthcare staff.
28. The process for a SLP is similar to the ACDT process, of open, inform and review, but this is one step down from an ACDT, and is used where there is a concern for a resident, but it does not relate to suicide or self-harm.

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29. When a resident arrives at Brook House they and their property are searched, and incoming post is searched. Visitors are also searched and can be banned from visits or placed on closed visits if found to be in possession of any banned substances. A certain percentage of staff are also searched on a random basis.

#### **Management oversight**

30. I have not experienced or been made aware of any racist, homophobic and/or misogynistic attitudes or behaviours amongst staff at Brook House whilst I have worked there.
31. I am aware that some staff have been found to have brought drugs into Brook House, although this was only through other staff telling me, as my role does not require me to know the details. However, there is a zero tolerance attitude to staff bring drugs into the facility.
32. I have not experienced or been made aware of any bullying issues amongst staff or residents during my time at Brook House.

#### **Relationship with the Home office**

33. I have regular dealings with Home Office staff and have never had any issues and have a good working relationship with them. I know that residents do get frustrated with the Home Office staff, mostly in relation to delays in their cases being processed, but I am not aware whether this relates to any specific people, they just have a lot of cases to deal with.

#### **Relationship with senior managers**

34. I have not experienced any issues with the SMT. Until my recent promotion to Assistant Director I did not have very many dealings with them, save for seeing the Duty Directors on the wings when I was working as Oscar 1.
35. My experience of being managed at Brook House has generally been good. I have had regular annual appraisals with my relevant line Manager. I cannot recall specifics in relation to dates, although until recently my line manager was Steve Lawton, with

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whom I had regular chats and reviews. Since my promotion to Assistant Director my line manager has been the Deputy Director. Since Serco took over the contract, we have what is known as My Catch up sessions.

36. My experience of the management is generally good, although I would say that the SMT could make themselves a little more visible on the wings and communications could be improved.

**Relationship with junior staff**

37. When I was a DCM, I carried out yearly appraisals with my staff and then over the years quarterly 1:1 meetings were introduced, although I cannot recall when. I have always tried to be fair and have treated staff in a friendly way. When I was working as Oscar 1, I managed 8 or 9 staff and when I worked on residential it was around 12. I believe I will be responsible for 12-14 staff now that I am an Assistant Director, but it is a little early to say, as I have only recently been promoted.

38. I regularly talk to staff and if they identify that they had a training need I will try to arrange it for them. However, if the need for training related to some form of advancement it was often difficult to arrange due to lack of resources or lack of courses available.

**Relationship with other DCMs**

39. I have always had a good and professional working relationship with other DCMs. We work well as a team and always 'have each other's backs'.
40. I am not aware of the existence of any Management committee system unless it is known by some other name at Brook House. I did not attend any regular meetings as a DCM.

**Relationship with Healthcare staff**

41. In general, my experience with Healthcare staff has been positive. Some staff are better than others, but they are generally responsive when called to assist a resident. They attend planned incidents of use of force when requested to and are responsive to the

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residents needs after a use of force incident. Communications with Healthcare staff can sometimes be an issue, although that is generally because the information they hold is confidential, as it is medical. The staff are generally busy, and their work is stressful, but they do the best they can and there have been improvements over the years.

### **Disciplinary and grievance processes**

42. I cannot recall being involved in any disciplinary or grievance investigations during my time at Brook House.

### **Staffing levels**

43. I was aware that, during the relevant period, there was a requirement to have at least 2 staff on a wing during the day, and there was always 2, but often 3 staff on each wing. However, with around 120 residents on each wing this is a lot of residents for 2 or 3 staff to deal with and can lead to stressful working conditions for staff. However, although I may have made the odd comment about this over the years, I was aware that there was a retention issue, as some staff did not stay in the job long. I believe other staff did raise concerns about staffing levels, but everyone was aware that there was a retention issue. I did not have any input into the staffing plan or the review of staffing arrangements in September 2017.
44. The staff and managers tried their best to aid queries and provide all the care they needed to provide to residents, even with staffing issues. However low staffing levels meant that some issues that residents had were not resolved quickly, due to the ratio of staff to residents. Some days everyone got on well and morale was good, but stress levels were hard due to staff shortages and the challenges residents had including violence issues, drugs, and self-harm. It was a stressful environment to work in.
45. There were also sometimes shortages of healthcare staff. The residents were given healthcare appointments but there would be delays if they were short staffed.
46. I can't recall whether there were issues with staffing the activities team, as I didn't have much involvement with them.

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## **Recruitment**

47. I was not involved in staff recruitment. New staff arrived on the wings regularly, having completed the ITC, but there was an issue with retaining staff. I believe a longer shadowing period after the ITC would be helpful. In addition, letting new recruits come onto the wing before they started the ITC could give a more realistic impression of what the job entailed and that could 'weed out' those who were unlikely to continue at an earlier stage.

## **Retention**

48. There was definitely an issue with staff retention in the relevant period as the nature of the job does not suit everyone, as the residents can be challenging and when staffing levels are low it is a very stressful environment to work in. Retention was poor in all areas of the IRC, although it was worse on the residential wings. I'm not sure how this could be improved but believe that an increased salary would go some way to assist retention.

## **Tinsley House Staff**

49. As far as I know Tinsley House staff had the same training as Brook House staff, and jobs were allocated when the ITC was completed. I am not aware of any additional training when they came over to work at Brook House.

## **Treatment of individuals**

### **Individuals generally**

50. I worked as reception manager, in or around 2010. Reception staff worked as hard as they could to process residents, and to give them food and drinks on arrival, but the high numbers of residents arriving caused some issues, as did what appeared to be poor planning by the company transporting them, as often as many as 15 residents would arrive at the same time.

51. I have recently been able to review document CJS006042. I have heard of this document and it looks to have been the policy in place at the time, however, I do not recall it

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specifically. As far as I am aware the induction process worked well and was adhered to.

### **Activities for individuals**

52. Boredom amongst residents is an issue and at times there were probably not enough activities to keep everyone engaged. This impacted on residents' behaviour, particularly if the courtyard was not manned. The numbers of activities staff have increased since Serco took over the contract and this has led to improvements for residents. Activities staff organise competitions amongst residents which are popular, such as, bingo, pool, and table tennis competitions. Further increases in activities on the wings and in the courtyard may improve matters further.

### **Immigration rule 35 process**

53. I am not involved in the rule 35 process, although I was sometimes told by residents that there were delays in the process and that some waited a week or two for appointments

### **Use of Force**

54. I do not recall having any particular concerns about any incidents of force that I have been involved in, although as a Use of Force instructor I was involved in many before being promoted to Acting Assistant Director. Unfortunately, there is a need to use force on residents when they behave in a way that is disruptive or dangerous to themselves, staff, or other residents. In my experience staff follow their training when using force. If staff do not follow the correct procedure, they would receive further training. All use of force incidents are now reviewed within 24 hours, by one of the use of force instructors, including the CCTV footage. The only alternative to use of force that I am aware of is de-escalation, which generally works well, and use of force should only be used as a last resort.

### **Individual welfare**

55. I have had no specific training in dealing with mental health issues other than a general mental health awareness course I attended when G4S still ran Brook House, although I cannot recall when this was. My experience of dealing with residents with mental health

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issues is limited to dealings with residents who are placed on an ACDT (who often have mental health issues), when a concern is raised or when a referral is made to Healthcare.

56. A referral to the Mental health team is generally made over the telephone and they will be asked to see the resident. In my opinion there are too many residents with apparent mental health issues for them to deal with on a daily basis as they are also required to attend to see residents subject to Rule 40 and are required to attend ACDT reviews or make a contribution, and there are often between 10 and 25 ACDTs open at any one time, with only one mental health staff member to deal with them all.
57. I have no specific recollection of individual use of drugs. Although there were processes in place to try to stop drugs entering the facility, often they would still get in. Certain drugs such as 'Spice' had the worst effect on people's well-being and behaviour. I am unaware what rehabilitation services were in place at the relevant time, although I am aware that an organisation called Forward Trust are now in place.
58. The Chaplaincy team are in place to provide support and offer prayers etc to residents. I am not aware of any specific instances when they have raised concerns but am sure they would do, so if they had such concerns.
59. If a resident self harms an ACDT would be opened and the correct process would be followed. In my experience the process worked well and resulted in the residents being provided with support.
60. If a resident refused to eat this would be marked down on the meal list and then in the wing diary and the managers would be informed, so that he/she could make other staff aware at the handover. Healthcare would then take the lead in managing the issue. There was a process in place and as far as I am aware it worked well and was followed appropriately.

#### **Individuals as time served foreign national offenders (TSFNO)**

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61. I have worked on reception, but not during the relevant period. However, in my experience the reception process was the same for all residents arriving at Brook House. All residents' risks were looked at on an individual basis. Some TSFNOs arrived without a prison file, but if they indicated that they had been treated as high risk in the prison estate they would be rated as high risk until the prison file arrived and could be checked.
62. My experience of working with TSFNOs at Brook House was no different to other residents, and I treat all residents the same. In my experience the co-location of TSFNOs with other residents did not cause any particular problems, although some residents may have felt a little intimidated by TSFNOs. Generally, TSFNOs were used to being detained and used to a regime, so they often fitted straight in to the regime at Brook House, whereas residents who had not previously been detained sometimes struggled with that.

**Abuse of individuals**

63. I do not recall having any concerns about abuse (verbal or physical) of residents by staff, nor any concerns about abuse (verbal or physical) of residents by other residents. However, if I did have concerns, I would have raised this with my DCM so that action could be taken to safeguard the resident. Some residents would intimidate other residents and there were sometimes acts of violence between residents, which staff had to try to manage. Some residents may be removed from association, or anti-bullying booklets would be provided and both residents would be spoken to and perpetrators would be challenged about their behaviours and the situation would be monitored.

**Complaints**

64. Residents can make an official complaint using a DCF 9 form in relation to complaints about staff or other residents. If residents identified an issue, they would be told to make an official complaint if the issue could not be resolved amicably. I do recall complaints being made against me, although I cannot recall the specifics, or the timings and they were not upheld when they were investigated by professional standards. I do not believe that the complaints procedure could be improved. The same procedure is in place for all types of complaints including those against healthcare.

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### **The Panaroma Programme**

65. I did work with Callum Tulley whilst he was at Brook House, although I cannot recall specific dates or times. I believe he worked in activities at the time. When I initially worked with him, he always seemed to be in the background, i.e. he would not involve himself in incidents if it could be avoided. I believe he then had a lengthy period off sick, and when he came back, he seemed to want to get involved in every incident.
66. I did not appear in the programme although I led the incident in relation to the resident with chest pains and was the first manager on scene after the choking incident. However, I only became aware of this when G4S interviewed me after the programme.
67. I, and staff I spoke to after the programme aired were shocked and appalled by what they saw, but we supported each other and got on with job of looking after the residents. The residents of Brook House appeared to be equally shocked and appalled by what they saw on the programme.
68. I did not have any involvement with the resident shown on the programme who was thought to be underage. However, this does occur sometimes and when it does it is referred to the Home Office. The relevant resident is placed on a supported living plan until further enquiries can be made and their age can be verified, and a set process is followed.
69. Since the programme Brook House has changed considerably, in that staff have been recruited, and there are more activities for residents. I do not recall when these changes took place.

### **Specific individuals**

70. During the time that I have worked at Brook House I have worked with all of the staff members listed in the questionnaire, although I cannot recall when and in what capacity. I do not recall any of them using derogatory, offensive and/or insensitive remarks about residents and have no recollection of any of them being verbally or physically abusive,

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and I would have reported it if I had witnessed such behaviour. I was shocked at their actions in the programme.

#### **Suggestions for improvement**

71. The only suggestion I can make in relation to improvements is to continue with the increased staffing levels to ensure that staff have enough time to deal with the issues arising on the wings.

#### **Any other concerns**

72. I have nothing else to add.

#### **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 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.

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| Name      | STEVEN DIX  |
| Signature | <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Signature</div> |
| Date      | 3/2/22  |

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