

BROOK HOUSE INQUIRY

First Witness Statement of Marina Mansi

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 July 2021.

I, Marina Mansi (DOB DPA) will say as follows:

Introduction

1. I am a former employee of G4S and worked at Brook House as a Detainee Custody Officer (DCO) from February 2016 to April 2018. I was based on C Wing. I also assisted other wings or departments on occasion due to staffing levels.

Background

2. I graduated in 2010 with a Bachelor of Science (BSc) Honours degree in social work. I have worked in a range of social care settings, including for a care agency looking after elderly, disabled or mentally ill patients, both in residential care settings and in the community. I have also worked with children in care homes as an agency worker. Immediately prior to working at Brook House, I was employed as a waitress and supervisor for a restaurant chain whilst also volunteering at the British Red Cross. I left Brook House in April 2018 to join the Home Office as a Border Force Officer based at Gatwick Airport. I continue to work for the Home Office.
3. I have been referred to my exit interview form [CJS004272, pages 11-12] which records that my reasons for leaving were i) because I stopped enjoying the job; ii) it put too much pressure on other aspects of my life; and iii) the shifts became exhausting. This accurately records my reasons for leaving. There was no specific

incident that made me decide to leave Brook House; I stopped enjoying the job due to the pressurised environment and staffing shortages discussed further at paragraph 29. These issues with staffing also meant the already long shifts were often extended if it became necessary to stay and deal with an issue, which became exhausting. I did not raise these issues with my line manager because I did not want to stay at Brook House and was actively seeking an alternative job. I have also recorded that organisational issues with day-to-day tasks required improvement. By this I meant allocating sufficiently experienced staff to each area or department rather than merely putting individuals in an area to fulfil a business need. Staff were often moved around the centre to fill gaps and this meant there was not the adequate knowledge and experience to run the centre smoothly.

Application Process

4. I applied to work at Brook House as I thought I would be assisting and supporting detained individuals with their immigration issues, which I believed would be relevant to my degree in social work. Due to the passage of time I do not recall any details relating to the interview or recruitment process and the extent to which it prepared me for the role.

Culture

5. There was a very high turnover of staff at Brook House. This meant staff would be moved around to different positions very frequently and, as a result, you would not be working with the same people very often. Staff morale was not very high largely because of the chronically low levels of staffing, which meant officers were stretched and often exhausted. You would be working very long hours without the numbers of staff required to do all the tasks that needed to be done on the wings. This led to frustration and generally low morale. There were times when additional staff were brought over from Tinsley House to cover staff shortages, but I cannot recall whether this was before, during or after the Relevant Period.

6. I am asked to comment on the attitudes of staff towards detainees at Brook House. This would completely depend on the life experience of the staff member. There were some very experienced officers who knew how to deal with detainees and communicate with them on the basis of mutual respect. However, there were many very young and inexperienced members of staff, for whom this may have been their first job out of school, who just did not have the necessary life experience to be able to deal with the complex needs of the people detained at Brook House. I do not mean to say that they had any negative attitudes towards detainees, but rather that they were inexperienced in communicating with people of different nationalities and backgrounds in general, let alone in the environment of a detention centre.
7. I do not have any knowledge of the values and priorities of G4S, or of the senior leadership team (SLT). Individuals from the SLT would be on the floor from time to time, for example, to check on any detainees who were on ACDT (assessment and care in detention and teamwork) plans, which were used to monitor detainees at risk of self-harm. I recall that they would also make morning and evening rounds to each wing to make sure there were no specific issues that required their input. I did not have any direct contact with senior management but I do recall seeing members of the SLT around Brook House.
8. Other than the events giving rise to this Inquiry, I am not aware of anyone raising concerns about the treatment of detained persons, whether informally or as a whistle-blower.

Physical Layout of Brook House

9. I have considered the map [document reference CJS004587] and I also recall the physical layout of Brook House. The main issue with the physical layout of the building was that all the doors leading on and off the wings as well as the courtyard, art room, gym, and other areas, needed to be manned by an officer at all times. This was very problematic due to chronic staff shortages. On frequent occasions doors could not be opened due to a lack of staff. This led to situations

where the courtyard would be closed and all the detainees would be stuck inside when the weather was nice outside. This inevitably led to frustration and made detainees feel that they were in a prison.

10. My understanding of E wing is that it was used to house detainees who were either considered high risk or who had medical or mental health needs. Detainees on E wing would be monitored much more closely by healthcare and could be administered medication more frequently. Detainees on E wing could not move freely around the centre which meant that they could be more easily observed. I am not sure of the criteria necessary for a detainee to be moved off E wing as I was not involved in this process.

Policies and Procedures

11. I cannot recall details of the policies and procedures that were in place at Brook House. I know that there were policies relating to various aspects of the management of detainees and I am sure they would have been provided to us during our training and drawn to our attention as officers. However, as such a long time has passed since I was employed at Brook House, I cannot recall the precise details of these policies.

Training

12. I underwent the 8 week training programme in February to March 2016. This was classroom based training which took us through various scenarios that we would potentially face in our role, using discussion and role play. The training included PPT (personal protection training), which covered self-defence, and C&R (control and restraint - a use of force technique), which focused on the techniques deployed if it was necessary as a last resort to use force on detainees. We also received subsequent refresher courses on PPT and C&R on an annual basis. The training programme also included first aid and fire safety training, and refreshers were provided. I have been referred to document CJS005588 which records that I completed one week of C&R training in February 2016 and completed a yearly refresher on 1 March 2017. Although each scenario in which it was necessary to

use force was different, the training gave us the tools to deploy in real-life situations. It would have been helpful to spend some time on the wing during the training to enable us to see what type of situations would arise requiring C&R techniques to be used. I did not undertake MMPR (Minimising and Managing Physical Restraint) training. I was not made aware that this training course was available.

13. Unfortunately there was no opportunity to go onto the wings and get an experience of the centre before we started working in our allocated roles. I believe this would have been very beneficial as it would have given us more of an insight into what we would be facing as DCOs. Whilst the trainer made us aware of the types of issues we may have to deal with, such as self-harm, grooming and drug use, it is very difficult to fully prepare for these things in a classroom environment. Once the training was successfully completed we were designated to a particular area in which we would be working, for example, as a wing officer, or with responsibility for activities or visits. This was decided by management and I believe the decision was based on the officer's personality and any skills they might have in relation to a specific area. I do not believe there was additional training for activities officers but I was not an activities officer so I cannot be sure.
14. I have been referred to a copy of my interview with PSU Investigating Officer Helen Wilkinson (Ms Wilkinson) [HOM002637] in which I recommended that training should be provided to DCOs regarding detainees changing mood, for example, basic counselling skills. Although I am unable to recall specific incidents, it was relatively common for detainees' moods to vary drastically depending on whether they had received contact with their families, news from the Home Office, bail hearings, and so on. It would have been very helpful to receive training on recognising triggers for self-harm or violence, to enable officers to assist more proactively rather than responding to incidents once they had already occurred. I cannot recall whether I made this suggestion to a member of management, but I do not believe so. I do not think the absence of this training

necessarily affected detainees' safety and welfare, but it would be beneficial for officers to have this additional expertise.

The Role of DCO and relationships with detained persons

15. I am asked to comment on whether the job description for a DCO [document reference CJSOO4294] is an accurate reflection of the roles and responsibilities I held as a DCO at Brook House. I have considered the description and I would agree that it is an accurate description of the job of a DCO. I would caveat that by adding that it was not always possible to carry out the duties in the manner set out in the description due to staff shortages on the wings. I deal with this issue in more detail in paragraph 28.
16. My approach to individuals detained at Brook House stemmed from my background in social work. I treated everyone with respect and dignity, respecting all detainees' diverse and individual needs. I carried out the roles and responsibilities which were expected of me. I also took the time to speak to individuals on the wing for whom I was responsible as I believed that engaging with them assisted in the smooth running of the wing. I received commendations for assisting two different individuals on separate occasions who had self-harmed and attempted suicide.
17. Language was the main barrier to engaging with detainees, although I speak Arabic which was helpful when communicating with some detainees. I would overcome any language barrier by adapting the way I spoke to someone, for example simplifying my speech, or I would use either interpreters or other detainees to translate where appropriate. I found the interpreters easy to access by phone.
18. I am asked to comment on the incentives available to encourage positive behaviour amongst detainees. The only incentive I can recall to reward good behaviour was allowing detainees to get jobs in the laundry or serving food, which provided them with a bit of money on their shop account (i.e. that they could

spend in the detainee shop on food or other essentials). I think there should have been more rewards available for good behaviour, for example, the use of a PlayStation. I think this would have been very effective in encouraging good behaviour; when you have deprived people of their liberty they often feel that they have nothing to lose, so the best way to encourage good behaviour is to positively reward it.

19. I am asked to explain the DCO role during the ACDT process. As a wing officer, it would be my responsibility to carry out the welfare checks on anyone on my wing who was on an ACDT. This might be hourly, or twice daily, depending on the circumstances. That process was not adequate due to staffing levels. For example, if we had six ACDTs on a wing, the officers would be responsible for carrying out the checks on all six individuals – if there were just two officers on the wing it was not always possible to conduct those checks as the detainees could be anywhere in the centre at the time the checks were scheduled, meaning an officer would have to go and look for them. This could lead to checks not being conducted on time or officers forced to leave the wings understaffed.

20. I worked as a member of the welfare team on occasion when there was insufficient staffing in that team. I was not provided with any additional training to carry out this role, which involved assisting detainees with issues such as: booking time for them to speak to their solicitor; assisting them with contacting family to inform them where they were detained; printing out documents that they had been unable to print due to websites being blocked; giving them access to the phone to make calls for administrative issues; assisting them with filling out any forms they needed to complete, and so on. The welfare team did not have sufficient staff to deal with the constant stream of people who required assistance. It was a ticket system whereby people were seen on a first-come-first-served basis but there would be times when people waited all day and did not get seen due to the high demand and low staff numbers. I worked as part of the welfare team only when they had insufficient staff and required cover.

21. I did not work as part of the security team.

Access to drugs

22. I am asked to comment on the process in place to prevent drugs from entering Brook House. My recollection is that visitors would be searched on entering the centre and no contact was allowed with detainees to prevent anyone passing drugs over. This meant that detainees who had not had any contact with their families due to their detention were not allowed to hug their children during visits. Other measures included: random staff searches; x-raying parcels and other post; CCTV in and around the centre and the use of serious incident reports (SIRs) to report suspected drug dealing. I am not sure what happened to detainees caught bringing drugs into Brook House as I do not recall this happening. The processes in place were not effective as I was aware (due to their erratic behaviour) of detainees taking drugs, in particular the synthetic drug, spice.

23. I am referred to document CJS004762 (at page 2), which is an SIR submitted by me in relation to a detainee. I confirm that my report discusses the taking of and distributing of drugs. I am unable to recall why I chose the particular heading '*Vulnerability of a detainee*' other than to say that I was clearly concerned that this particular detainee was vulnerable. I do not recall exactly what repercussions were faced by D1300 as a result of my report. I believe he would have been removed from association with other detainees and placed on E wing. The police may have been informed but I am not sure. The report states that D1300 "*admitted that D1486 approached him on the day he had the spice attack and several times he refused to give him [any?] till he finally gave up when D1486 insisted.*" I believe this was a reference to spice but am unable to recall specifically.

24. I am unable to recall the names of detainees suspected of being drug dealers at Brook House.

Relationships with staff

25. I was not aware of any racist, homophobic and/or misogynistic attitudes or behaviours amongst staff and my experience was that officers tried their best to help detainees despite challenging situations (for example, not being able to impact the underlying immigration issue). I was not aware of any staff members bringing drugs into Brook House. I did not experience bullying nor did I have any concerns about any staff member being bullied.

Relationship with the Home Office

26. I did not have any direct contact with Home Office (HO) staff as they did not visit the wings, where I was based. My understanding is that HO staff would come and have meetings with detainees, which would take place in the visits departments.

Relationship with senior managers

27. I would see senior managers on a regular basis when they walked around the centre. Any issues I had would go through the detainee custody managers (DCMs) so I did not have any direct contact with senior management and am therefore unable to comment on the quality of leadership. My only comment would be that at times it did feel as though the SLT were keen for the centre to run as smoothly as possible at all times without appreciating that we required more staff in order to make this possible.

Relationship with DCMs

28. The line manager I can recall was James Begg. He was a very good manager and I had a good working relationship with him. I found him to be supportive when dealing with day to day issues. I cannot recall whether we had scheduled appraisals but I do recall that I felt able to raise any concerns or questions with him on an ad hoc basis. I also had other line managers but I am afraid I cannot recall their names so many years later. The quality of management varied between different DCMs but my overall experience of being managed at Brook House was positive.

Relationships with other DCOs

29. It is difficult to comment on my relationship with other DCOs as the high turnover of staff meant it was not easy to develop an ongoing rapport with other officers. My approach to communicating with detainees, which was very much rooted in my social work background, was to take the time to engage with them on a friendly basis and get to know them as individuals. This was at odds with the approach of some officers; I believe that some officers had concerns that I would be vulnerable to being emotionally groomed by detainees, due to my open and friendly nature with them – for example, they considered that I might be asked to do favours for detainees. I was spoken to by a member of the security team about these concerns (I am unable to recall who this was or when this conversation took place). However, these concerns were entirely unfounded; I felt that by taking the time to engage with detainees in a friendly way I could more easily respond to and minimise issues on the wing. My experience was that this was an effective way of maintaining a calmer environment.

Relationships with Healthcare staff

30. My day to day experience of working with healthcare would involve liaising with them over any detainees' medical concerns. My impression was that their involvement typically consisted of providing paracetamol and monitoring for issues, unless there were serious concerns, in which case a detainee might be taken to hospital. Generally detainees would be in direct communication with healthcare about any ongoing medication and so, as officers, we would not be involved in that. Detainees with serious medical needs would usually be transferred to E wing where they could be monitored more closely.

31. Healthcare would also attend as first responders at any incident and if there were medical concerns they would be involved in the aftercare of the detainee, or they would be involved in the decision to take them to hospital if their condition was more serious. If there was a planned use of force, healthcare staff were present in order to observe the detainee and ensure they were physically fit and well enough

to be restrained. They would have to complete a use of force report following any incident to confirm their involvement and comment on the condition of the detainee during the incident.

32. I have been asked to comment on the treatment of D1732 by healthcare staff, with reference to his case review [CJS002252]. Unfortunately I am unable to recall this particular matter so I cannot comment on the treatment this detainee received. I am unsure whether it was usual for healthcare to refuse prescriptions if a detainee missed an appointment. I recall that detainees often complained about receiving inadequate treatment (for example, receiving paracetamol regardless of the complaint); however, I cannot provide any specific examples.
33. I am asked to comment on statements I made to Ms Wilkinson [page 2 of HOM002637] regarding the mental health care received by detainees at Brook House who self-harmed (including the inconsistent access to a mental health nurse and medication). I believe these comments are self-explanatory. To the best of my recollection only medical support was given to detainees who had self-harmed; I do not believe they received any counselling or ongoing mental health support (although I cannot be sure).

Staffing levels

34. I had concerns during my time at Brook House over the shortage of fully trained staff on a wing at any one time when the wing was at full capacity. There should have been a minimum of two officers on a wing but there were times when it was just me and a trainee officer (who did not have keys) on a wing with 130 detainees. It was not possible to leave the entrance door to the wing unmanned, as it was necessary to provide access to detainees to move freely around the centre (as is their right). This meant that if there was just one officer with keys on the wing it was not possible to open up the office (which is where detainees would be able to get access to toiletries such as soap and toothbrushes) or to patrol the wing. Even where there were two officers on the wing, one officer might be required to leave the wing to cover a hospital escort or to carry out ACDT checks, leaving a

single officer. The staff shortages on the wings were very damaging to morale as officers were often exhausted. The shifts were very long and it was not uncommon for staff to be delayed if a detainee refused to lock up, but they would still be expected to be there on time the next day. More staff on the wings would have eased the pressures on officers and boosted morale.

35. I have been referred to a security report dated 16 May 2017 regarding a missing pair of scissors [CJS004968]. Although I have a vague recollection of this incident, due to the passage of time I am unable to recall any detail over and above what is provided in my contemporaneous report. I am unable to confirm the staffing levels on 16 May 2017. My recollection (as stated in the report) is that I was busy carrying out multiple tasks and therefore did not notice that the scissors had gone missing from the office. I cannot recall the specific protocol regarding locked doors, but we were not allowed to leave the office unattended when it was open. The report mentions that I had trouble with the set of keys I had been given that day and was therefore unable to lock the door. I am not aware of any incidents involving other members of staff involving dangerous objects going missing.
36. I am not able to comment on whether there were staff shortages on healthcare other than to say that my experience was that there would be a member of healthcare staff available when required. There were staff shortages on the activities team, which were typically caused by activities staff being pulled off to cover staff sickness, hospital escorts and so on. This would mean that the courtyard could not open or other activities such as football would not be provided. This was damaging to detainee welfare as it increased the boredom and frustration they were experiencing. It also compounded the pressures on the wings as all the detainees were forced to stay inside.
37. I am asked to comment on my opinion of Tinsley House staff whilst they were working at Brook House and the training they received. I do not believe they were given specific training on the differences of working between the two locations. Some more experienced members of staff were able to handle the different

environments, but it was clear that some members of staff were more intimidated and not comfortable working at Brook House.

Treatment of Detained Persons

Detained Persons generally

38. I did not work on reception for detained persons.

39. I am asked to comment on the Induction Policy [document reference CJS006042] and, specifically, whether this is an accurate reflection of the process followed. As far as I am aware, this was the process that was used to induct new detainees when they arrived and were placed on the induction wing. However, as I did not work on the induction wing, I do not have a detailed knowledge of the process followed on this wing.

Activities for Individuals

40. I am asked to comment on the activities programme and, in particular, whether the activities provided were sufficient to keep detained persons occupied. I do not think the activities programme was adequate. The activities available to detainees included going into the courtyard for fresh air, or to play football; using the IT room (although many websites were blocked); the art room or the library. Sometimes these activities would not be available if there were insufficient staff on duty to provide them. Occasionally, there would be special activities such as a football tournament or a movie night – it was clear how much the detainees enjoyed these type of activities when they were organised. In my opinion, more programmes, competitions and challenges should have been provided in order to bring people together in a positive manner and relieve the boredom and frustration associated with detention.

Immigration Rule 35 Process

41. I was not involved in the Rule 35 process as a DCO and do not recall what this relates to.

Use of Force

42. As for my use of force during the Relevant Period, I used force on a handful of occasions whilst employed at Brook House, although due to the passage of time I cannot be sure whether any of these were during the Relevant Period. I was not often involved in planned uses of force (when a detainee was being deported and refusing to submit to deportation) because I am very small and management tended to prefer to use people who were of a similar size to the detainee being deported. I was involved in spontaneous uses of force but not frequently as I would always strive to use dialogue to resolve a situation where possible. In situations where it was necessary to use force, I would have completed a use of force report and submitted it to my superiors. This would set out what had happened, what actions I took and why they were required. Force would only be used as a last resort. I did not have any concerns about any incidents involving force that I was not directly involved with and I do not believe force was used excessively at Brook House. In my experience, officers and managers would always try everything possible to get the detainee to walk willingly from their room; nobody liked using force and it was always a last resort.

43. I have been asked to comment on the unplanned use of force against D56 on 25 June 2017 by reference to document CJS005588. My involvement in this incident is summarised on pages 22-23. I have nothing to add to my contemporaneous statement as my recollection of the incident has faded over time. I do not recall having any concerns about any other staff members involved in this incident.

Individual Welfare

44. As far as I recall, I did not receive any specific training relating to detainee mental health. If there was someone on the wing who had exhibited concerning

behaviour, for example, self-harm, I would immediately raise this with healthcare and a manager; the detainee would typically be put on an ACDT and moved to E wing where they could be monitored more closely. My experience was that healthcare would always be available if there were mental health concerns relating to a detainee, although I cannot comment on the appropriateness of the treatment provided. My role as a wing officer was to engage with and monitor the detainees on my wing to make sure that I did not have any concerns regarding their wellbeing. Any concerns would be reported immediately and an action plan put in place.

45. As to the effectiveness of policies in place to prevent drugs entering Brook House, please refer to paragraph 18. The use of the synthetic drug spice by some detainees caused very erratic and sometimes violent behaviour which, in my opinion, had a very damaging effect on the wellbeing of all detainees at Brook House. For example, detainees who were sharing rooms with drug users would be constantly on edge due to the unpredictable behaviour caused by the use of the drug. The use of drugs by detainees also put additional pressure on staff (in particular healthcare) who would have to respond to incidents and monitor the safety and welfare of the detainees who were under the influence. My recollection is that the use of spice accounted for the majority of the incidents requiring the first response team.
46. I am asked to comment on drug rehabilitation/support at Brook House. As far as I recall, ongoing drug addiction was managed by healthcare with the use of drug replacement therapies. I do not recall any specific drug rehabilitation being available to detainees.
47. The Chaplaincy was available to speak with any detainee who requested support, and there were chaplains available from different religions if requested by a detainee. The Chaplaincy would also do rounds of Brook House, check on ACDTs and report any concerns about any individual detainee's welfare to the wing officers so that they could be monitored. I would have had conversations with the

Chaplaincy about individual detainees, for example, those on ACDTs, but I cannot recollect the specifics of any concerns reported to me regarding individual welfare.

48. I have reviewed an SIR I submitted regarding the treatment of D1300 [CJS004762]. I do not recall having any further involvement in the welfare of D1300 and am not aware what further action was taken following the submission of my report. I cannot recall whether I also reported this incident to the Safer Community Team.
49. I have been referred to an SIR I submitted on 22 June 2017 regarding the treatment of D1275 [CJS005347]. I cannot recall what involvement I had in the welfare of this detainee after submitting the report, although if I was asked to open an ABS then I am confident that I would have done so. I am unable to recall what the acronym 'ABS' stands for, but it was connected to anti-bullying. I cannot recall any additional detail to add to the information provided in the SIR.
50. I have reviewed the Brook House Violence Reduction Report dated June 2017 [CJS000615]. I am unable to explain why the number of anti-bullying investigations peaked at this time. I am unable to explain what the Support Plan and Monitor Challenge Support refer to, or when they would be opened, as I had no involvement with them. I cannot recall what anti-bullying policies were in place at Brook House or provide any further details of those policies.

Self-Harm

51. If an individual self-harmed, the first officer to attend would call the first response team to attend. The first response team each day would always include a member of healthcare and a manager. Healthcare would take over the medical management of the person, which would vary depending on the severity of any injuries. If the injuries were serious, the detainee would be taken to hospital. In most cases the detainee would be put on an ACDT and be transferred to E wing so that they

could be monitored more closely by healthcare. I cannot think of an alternative process which would have been more effective in monitoring welfare at Brook House.

52. Sadly it was not uncommon for detainees to go on hunger strike and refuse to eat the food at Brook House in protest against their deportation or the management of their immigration case. The detainee would be put on an ACDT so that officers could monitor whether they were eating at subsequent mealtimes. We would try to encourage them to eat by offering different types of food, or by speaking to the detainee to find out exactly what the issue was that they were protesting against. If it was possible to assist in any way, for example, by getting them access to their solicitor, we would liaise with the welfare team to do that. The Home Office would often intervene as the issue was usually something to do with the individual's immigration status. Healthcare would monitor and determine whether or not a transfer to hospital was required for medical reasons. [Please note I am unable to refer to the Policy referred to as this has not been identified/disclosed].
53. I have reviewed documents CJS001049 and CJS003969 relating to case reviews of detained individuals. I am unable to recall the reason for my attendance at these case reviews; I believe it may have been because I was an officer on the wing where these particular detainees were housed. As far as I can recall, my role was observational and I made no contribution – attending case reviews was not one of my regular duties as a DCO. I received no training in advance of attending these case reviews and do not recall being asked to attend many during my time working at Brook House.
54. I am asked to comment on a self-harm incident involving D2077, in relation to which I was the reporting officer [CJS000894]. As stated in the document, I was informed by a detainee to go to check on D2077. I ran to the room and on finding him with his lips sewn together I pressed for first response on my radio. Within minutes healthcare and the officers on the first response team that day attended

and the detainee was escorted to E wing to be monitored by healthcare. I had no further involvement.

55. I believe ACDTs were somewhat effective in that they enabled officers to check on detainees on a regular basis and monitor their welfare. This was their purpose. However, due to the number of ACDTs (see paragraph 19), it was not possible to engage with those on ACDTs in order to offer support or discuss any issues bothering them. I am not aware of what external support was available to detainees following incidents of self-harm, other than that I recall that a charity used to meet with detainees who wanted support. I cannot now recall, however, whether the charity focused on meeting with detainees suffering from alcohol and/or drug addiction, or whether it had a wider remit including those who had carried out self-harm.

Detained Persons as time served foreign national offenders (TSFNO)

56. I did not work on reception for time served foreign national offenders (TSFNOs). My experience of caring for TSFNOs was the same as for any other detainee at Brook House. All detainees were mixed on the wings and, as a wing officer, I would not know the status of each detainee unless they voluntarily told me the reason for their detention, or I was told by another officer. In my opinion, it was not a good practice to mix TSFNOs with other detainees. There was a very wide array of reasons for people being detained at Brook House, from those TSFNOs who had completed prison sentences for very violent offences, to someone who has tried to access the country but has misunderstood the visa requirements and was being held overnight until they could be flown back to their home country. There were also very vulnerable asylum seekers who were fleeing extremely distressing situations and separated from their families. Mixing all detainees together caused unnecessary stress and intimidation to those detainees who were law abiding people and who might be sharing a cell with someone who was used to a prison environment and who might be using drugs or asserting their authority through aggressive behaviour, for example.

Abuse of Individuals Detained at Brook House

57. I do not recall having any concerns about the abuse or mistreatment of detained persons by staff, either individually or collectively. If I had any concerns about issues arising between detainees I would have reported these immediately to management and an action plan would have been put in place to deal with it, for example, by moving one of the detainees to a different wing or monitoring behaviour.

Complaints

58. If any detained person wished to make a complaint about any staff member or any other aspect of their detention they could request a complaint form and submit any complaints in writing by putting them in a complaints box. The complaints would go to security and be reviewed by management. There was a similar system in place for staff complaints, or alternatively, staff could raise concerns through their line manager.

59. I do not recall the process in place for (a) internal investigations conducted by G4S or (b) investigations carried out by the Professional Standards Unit (PSU). I have been referred to documents relating to a PSU investigation that was carried out into an incident on 5 June 2016 involving D687 [HOM002453, HOM002725, HOM002637 and HOM032583] in which he made allegations of verbal and racist abuse. My involvement in this incident is as described in HOM032583 and I confirm that the account given in the summary of the telephone interview and SIR is accurate. I have no further comments. The telephone interview with Ms Wilkinson was the extent of my involvement in the PSU investigation to the best of my recollection.

60. I am asked to comment on the witness statement of DCO Maria Rodrigues [HOM002565], in which she confirms that she did not come into contact with

D687 . I assume this statement was taken as D687 made allegations against someone called 'Maria' (which has been identified as me). I do not have any comments in relation to this statement. My involvement with D687 is set out in paragraph 59.

61. I am asked to review document CJS000651 and a PSU Investigation Report [HOM002748] regarding allegations made by D668 against a number of officers. I am not aware of any allegations being made against me by D668 and I note that the PSU report does not mention me in connection with this complaint. To the best of my recollection I was not involved in this investigation and have no comments in relation to its findings.

Verbal abuse/violence between detained persons

62. Documents CJS004976, CJS005327 and CJS005397 are SIRs I submitted concerning abuse or potential violence towards a detained person by another or other detainee(s). I am afraid I do not recall the outcome of these SIRs. As a DCO, I would not have had any involvement once the SIR had been submitted.
63. I am not aware of a protocol being in place to protect the safety and welfare of detained persons from physical or verbal abuse from other detained persons.

Verbal abuse of staff by detained persons

64. I am referred to an SIR dated 8 August 2017 [CJS005245], which records that D1275 was verbally rude to me. As far as I can recall, I did not challenge D1275 and give him a warning because I could see that he was angry and I did not wish to agitate him further, as I do not believe any other officers were present. Warnings were given at the discretion of the officer and I used my discretion to walk away rather than make the situation more volatile. To the best of my recollection no one questioned me or discussed my SIR with me after I had submitted it.

65. I felt safe working at Brook House when there were sufficient levels of staff with the right level of experience to maintain the wing...Unfortunately there were many occasions when this was not the case (see paragraph 34). Staffing shortages, and generally low levels of staff, were the biggest barrier to my feeling safe whilst working at Brook House.

The Panorama Programme

66. I knew Callum Tulley on a friendly basis and, as he lived close to me, I would give him a lift home on occasion. Whilst I did see him around Brook House, I did not work directly with him as he was based in the activities department and not on the wings. I do not appear in the Panorama programme.

67. Shortly before the Panorama programme came out a number of staff members were walked out of the centre by management. There was some confusion about why this was happening, which caused some anxiety amongst staff in general. I am afraid I do not recall any specific details about the impact of the programme on detainees but I believe all the detainees were aware of the programme and the allegations which it considered. I am sure the detainees were also discussing the programme but I do not recall any specific reactions from detainees so long after the events.

Specific Individuals

68. I refer to the list of staff members at question 84 of the Rule 9 request. To the best of my recollection, I worked with Slim Bassoud and Babtatunde Fagbo on the wings. I have no adverse comments about either of them. Slim was easy-going and was friendly and approachable towards detainees. I received C&R training from Steve Webb and Chris Donnelly and found both to be very supportive whenever there was any situation requiring force. I had no concerns about the behaviour of any of these employees and did not witness any incidents of verbal or physical abuse.

Suggestions for Improvements

69. My main suggestion for improving individual health, safety and welfare would be to increase staffing levels (see my comments at paragraphs 29-30). I also believe the interview process should more thoroughly probe applicants for their motivations for working at Brook House, particularly when they are recent school leavers, to ensure they are suitable for the role. As a more general comment, my view is that many of the individuals detained at Brook House are not high risk and do not need to be detained, and that the practice of detaining people for prolonged periods of months or even years without an end date is extremely damaging and causes despair and hopelessness. I also experienced individuals at Brook House who I believe should have been in a completely different type of accommodation where their complex mental health needs could be better addressed by appropriately trained professionals.

<u>Statement of Truth</u>	
<p>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.</p> <p>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.</p>	
Name	Marina Mansi
Signature	<div>DocuSigned by:</div> <div>Signature</div>
Date	09/03/2022