

## **BROOK HOUSE INQUIRY**

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### **First Witness Statement of Ms Anna Marie Pincus**

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

I, Anna Marie Pincus, Director of Gatwick Detainee Welfare Group, The Orchard, 12 Gleneagles Court, Brighton Road, Crawley, RH10 6AD, will say as follows:

#### **Introduction**

1. I am the Director of Gatwick Detainees Welfare Group (“GDWG”). Between April 2017 to August 2017 (“the relevant period”) I was employed as the Senior Advocacy Co-ordinator and Outreach Manager of GDWG. From 1 January 2019 I was Acting Director of GDWG. I became Director of GDWG on 1 April 2019.

#### **My role and training**

2. During the relevant period, in my role as Senior Advocacy Co-ordinator, I met detained persons at Brook House Immigration Removal Centre (“Brook House”) on a weekly basis at drop-in sessions and did follow-up casework for those I had met. I also undertook recruitment of GDWG’s Volunteer Visitors to visit detained people at Brook House. In my role as Outreach Manager I managed the outreach work, which included running a project called ‘Refugee Tales’ that uses the arts to raise awareness of immigration detention in the UK. In July 2017, the project included a large-scale public walk over several days with evening arts events and I co-edited a publication of ‘Refugee Tales’ during this time. My work on the Refugee Tales project necessitated that I step back from attending the drop-in

sessions and working with individual detained persons in June and July 2017, but I recommenced those aspects of my work in August 2017. I will explain more about the role of Advocacy Co-ordinator below.

3. Prior to working at GDWG I worked for the British Council. I became a Volunteer Visitor with GDWG in October 2005 and from 12 October 2006 I became an employed member of staff, initially part-time and later full-time.
4. Whilst at GDWG I have received extensive training in many areas, including on safeguarding, developing supportive relationships, understanding suicidal language, working with those suffering post-traumatic stress disorder, first aid, how to demonstrate value to funders, how to facilitate focus groups, recruitment, fundraising, risk management and I attended a Level 1 course in immigration advice from the Office of the Immigration Services Commissioner ("OISC"). I would stress that this course was undertaken to better understand the background to detained persons' immigration circumstances, and to recognise when a person needs to be referred for legal advice, not with a view to providing immigration advice myself to detained people. It is not the role of GDWG staff or volunteers to provide immigration advice.
5. In addition to the above training, I have over the years gained much experience of working with other charities, NGOs and organisations who also provide support for detained people, which has involved working with the Home Office and their contractors who run the Gatwick Immigration Removal Centres ("IRCs").

### **About GDWG**

6. Except where indicated I will describe the work of GDWG as it was during the relevant period.
7. GDWG is a registered charity (no. 1124328) that provides a wide range of emotional and practical support to detained people held at the Gatwick IRCs (so called because they are located next to Gatwick Airport), Brook House and Tinsley

House Immigration Removal Centre ('Tinsley House'). GDWG was set up in 1995. GDWG has been working with detained people held at Tinsley House since the facility was opened in 1996 and with detained people at Brook House since it was opened in 2009. GDWG therefore has 25 years of relevant experience in this field.

8. GDWG 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, while calling for positive change and a future without detention. We are non-party political and do not represent any vested interests. We use our own insight into the experiences of people held in detention to try to improve conditions, inform policy and challenge negative images of people affected by the immigration process, both through our own work and by networking with other organisations who also provide support. This was our purpose in the relevant period and remains our purpose.
9. We have a network of trained Volunteer Visitors who are available to regularly visit detained people. The visits by Volunteer Visitors form the core of our work and their role is to meet detained people, offer empathy, support, practical help and friendship to ameliorate the experience of detention. People may be taken into detention soon after arrival in the UK, or after living here for years. In either case detention can be a frightening experience and it can threaten to destroy a person's well-being and sense of self. A Volunteer Visitor is matched and linked up with a detained person and thereafter visits that person every week for as long as they are held in Brook House or Tinsley House. They listen, answer questions, offer support (but not legal advice or professional counselling) and befriend the detained person, helping to reduce their isolation, showing solidarity and acting as a contact with the outside world.
10. In addition, GDWG employs a small team of Advocacy Co-ordinators or "staff" who co-ordinate and support the work of Volunteer Visitors and provide support and advocacy for detainees. The work of staff members includes: assessing whether a detained person wishes to have a Volunteer Visitor, which involves

understanding the needs of the individual detained person, matching them with a Volunteer Visitor and a careful explanation of the limits of the role of Volunteer Visitors; helping detained people maintain contact with the community outside detention; providing extra clothing for detainees, international phone credit and small amounts of money for onward travel if people in detention are deported or removed from the UK; liaising with legal representatives and sign-posting detained people who lack representation to publicly funded legal advice; sign-posting and referring detained people to external organisations for additional support or assistance, including registered charities such as Medical Justice and Bail for Immigration Detainees. Referring detained people to other organisations may require us to request copies of the detained person's Home Office files or medical records.

11. Our Advocacy Co-ordinators also seek to help detained people navigate systems within detention, for example: where appropriate they talk to healthcare when detained people are having difficulty accessing medical services; raise concerns with Brook House management where there are concerns about a detained person; help detained people to use the complaints processes, including helping detained people contact other organisations such as the Independent Monitoring Board ("IMB"); and help detained people 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, formerly RAPT), Samaritans and the Red Cross.
12. Neither Volunteer Visitors nor Advocacy Co-ordinators offer legal advice or professional counselling.
13. On release, detained people who have been supported by Volunteer Visitors are offered the opportunity to join walks in the countryside with a supportive walking community. GDWG's 'Walk with Us' project often maintains connections with people long after their first contact with the charity, indicating the close and trusting supportive relationships that GDWG Volunteer Visitors and staff form with detained people.



14. In order to improve detention conditions, inform detention policy, challenge negative images of people affected by the immigration process and to call for a future without immigration detention, GDWG undertakes research and has authored several reports, including: *'Don't Dump Me In A Foreign Land'* (November 2017)<sup>1</sup> which concerns those who arrive in the UK as children and go on to be detained; *'Rethinking 'Vulnerability' in Detention: a Crisis of Harm'* (July 2015)<sup>2</sup>, a report by the Detention Forum's Vulnerable People Working Group co-written by GDWG and the Association of Visitors to Immigration Detainees ("AVID"); and *'Cutting Justice: The Impacts of the legal aid cuts for people detained in Brook House and Tinsley House IRCs'* (May 2015)<sup>3</sup>.
15. We also give talks in local schools about our work and detention issues. Refugee Tales has been running since 2015 and we also run a self-advocacy group to enable people who have been detained to call for change.
16. Importantly, GDWG has contributed to various inquiries into immigration detention carried out in recent years:
- i. GDWG provided detailed written submissions in November 2017<sup>4</sup> for the Stephen Shaw Inquiry, based on research that GDWG carried out with detainees at Brook House and Tinsley House between 15 March 2017 and 31 October 2017 focussed on detained people with mental illness.
  - ii. GDWG gave written and oral evidence to the Home Affairs Select Committee's ("HASC") Inquiry into Immigration Detention in

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<sup>1</sup> "Don't Dump Me In A Foreign Land", November 2017:

<https://www.gdwg.org.uk/app/uploads/2018/04/youngarrivers-online-1.pdf>

<sup>2</sup> "Rethinking 'Vulnerability' in Detention: a Crisis of Harm, July 2015:

<https://www.gdwg.org.uk/app/uploads/2018/04/Rethinking-Vulnerability-December-2015.pdf>

<sup>3</sup> "Cutting Justice: The Impacts of the legal aid cuts for people detained in Brook House and Tinsley House IRCs, May 2015: <https://www.gdwg.org.uk/app/uploads/2018/04/cuttingjustice.pdf>

<sup>4</sup> "Evidence for the Stephen Shaw Inquiry 2017", November 2017:

<https://www.gdwg.org.uk/app/uploads/2018/04/17.11.29-GDWG-Evidence-for-Stephen-Shaw.pdf>

September 2017<sup>5</sup>, in the immediate aftermath of the BBC's Panorama programme which exposed the abuse of detainees that had taken place at Brook House.

- iii. GDWG contributed written evidence to the Joint Committee on Human Rights ("JCHR") Inquiry into Immigration Detention in 2018<sup>6</sup>.
- iv. GDWG provided evidence to the Independent Chief Inspector of Borders and Immigration ('ICIBI') for his annual inspection of the Adults at Risk policy (February 2019).
- v. GDWG also contributed to the investigation undertaken for G4S by Kate Lampard and Ed Marsden, following the revelations of abuse and mistreatment of detainees at Brook House. The report – '*Independent investigation into concerns about Brook House immigration removal centre*' – published by Verita in November 2018, refers to the evidence given by GDWG and based in part on GDWG's evidence reaches conclusions critical of both the G4S Senior Management Team and the IMB<sup>7</sup>.
- vi. GDWG provided evidence to the ICIBI<sup>8</sup> for his annual inspection of the Adults at Risk policy (September 2020). In this evidence we

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<sup>5</sup> Home Affairs Select Committee, Brook House Immigration Detention Centre Inquiry; for Oral Evidence given by GDWG on 14 September 2017, see: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/brook-house-immigration-removal-centre/oral/70108.pdf>; and for Written Evidence given by GDWG on 1 October 2017, see: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/brook-house-immigration-removal-centre/written/70709.pdf>

<sup>6</sup> Joint Committee on Human Rights, Immigration Detention Inquiry; for Written Evidence given by GDWG on 14 September 2018, see: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/human-rights-committee/immigration-detention/written/89835.pdf>

<sup>7</sup> Kate Lampard and Ed Marsden (Verita), Independent investigation into concerns about Brook House immigration removal centre, November 2018, pp. 236-240, paras 14.22-14.35: <https://www.verita.net/wp-content/uploads/2018/12/G4S-version-report.pdf>

<sup>8</sup> <https://www.gdwg.org.uk/wp-content/uploads/2021/06/Adults-at-Risk-submission-final.doc>

highlighted the lack of ongoing effective assessments during detention, which leads to extended periods of detention and flawed decision making by Detention Gatekeepers around the decision to detain.

- vii. GDWG also submitted evidence to the HASC Inquiry into Channel crossings<sup>9</sup>, migration and asylum-seeking routes through the EU. This inquiry seeks to examine the reasons behind the rise in migrants crossing the English Channel in small boats. This HASC Inquiry is yet to publish its findings.
- viii. GDWG provided evidence to the ICIBI for his inspection of Asylum Casework (August 2020).<sup>10</sup> This evidence included issues with access to legal advice in immigration detention and lack of communication with Case Owners and Home Office responsiveness.
- ix. GDWG provided evidence to the ICIBI for his inspection of bail accommodation (February 2021).<sup>11</sup> In this submission we raised issues faced by people seeking asylum who are being accommodated in hotels. We also highlighted our concerns about the use of Tinsley House as bail accommodation.

17. The nature of GDWG's direct involvement with detained people is such that we see the struggles they encounter, and we see when those struggles appear to reflect systems problems. When we see that, we do try to inform others and call for change. However, we avoid traditional campaigning methods such as petitions and demonstrations, though on one occasion we did take a group of Volunteer Visitors on a 'Refugees Welcome' march. We try not to hector and we avoid binary confrontations. We do not campaign locally for the closure of Brook House and Tinsley House (we call for a future without *any* immigration detention). We aim

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<sup>9</sup> <https://www.gdwg.org.uk/wp-content/uploads/2021/06/GDWG-submission-channel-crossings-HASC.docx>

<sup>10</sup> <https://www.gdwg.org.uk/wp-content/uploads/2021/06/Asylum-Casework-submission-final.pdf>

<sup>11</sup> <https://www.gdwg.org.uk/wp-content/uploads/2021/06/GDWG-ICIBI-Bail-accommodation-submission.pdf>

to have conversations about the necessity for change with politicians, policy makers and those who influence policy as well as writers, philosophers and cultural thinkers.

18. I have been asked whether I see a conflict between the campaigning work carried out by GDWG which seeks systemic change and the work done supporting detained persons at Brook House. I see no conflict. The latter assists those currently in detention and the former, if successful, will help those at risk of detention and those detained in the future.
19. For my part I also see no conflict between GDWG's campaigning work and working constructively with the Home Office and their contractors, such as G4S and Serco, for the benefit of detained people. As I will explain later in this statement, my experience of working with G4S and Home Office managers has been varied and often I and my colleagues have sometimes been met with defensiveness and suspicion about our motives. However, I have also worked with a few managers who have understood the work of GDWG and, whilst they might disagree with aspects of our views on detention, they have nevertheless worked positively with me. This is, of course, something which all of us should be able to do.

#### **Numbers of GDWG staff and volunteers**

20. During the relevant period GDWG employed 5 members of staff, including me. The number of trained Volunteer Visitors on our books, and the number who are available to visit, are recorded monthly and vary month to month. In the relevant period we had 56 to 60 Volunteer Visitors on our books, of whom 34 to 38 were available to make visits to those held at Brook House and Tinsley House. The number of Volunteer Visitors available to make visits is lower than the number on our books because there are always some people needing to take a break from visiting, for example if they found their recent visiting experience particularly intense, have work, study, or family commitments, or are travelling. We would leave these volunteers on our books but mark them as temporarily unavailable to

make visits. The total number of Volunteer Visitors varied because of people leaving GDWG and new Volunteer Visitors starting.

21. At the current time we employ 7 staff members, including me, representing 6.2 full time staff as two members are part-time. In 2020 the number of Volunteer Visitors on our books varied between 65 and 85. Of those between 31 and 46 were available to visit (albeit visits were by telephone only after March 2020). Currently we have 40 Volunteer Visitors on our books, of whom all 40 are available to visit. The number of Volunteer Visitors available to visit reduced while Covid-19 restrictions meant that support was by telephone rather than in-person. The numbers have now gone back up to pre-covid levels.
22. In addition, since 2018 we have Advocacy Support Volunteers who work in the office assisting with new enquiries from detained people and helping with casework support. Currently we have 2 such volunteers.

#### **How detained people are referred to us**

23. Many detained people self-refer to GDWG's services. We have a freephone number that people in Brook House and Tinsley House can use to call us. We provide posters and leaflets about GDWG, including copies translated to different languages, to Brook House management to display in the IRC. Some people hear of us by word of mouth from other detained people we assist. Staff employed at the Brook House Welfare Office refer people to us, as do the Chaplaincy at Brook House and the Samaritans. Other visitor groups and charities who were supporting people before they are moved to Brook House also refer. Sometimes friends or relatives of detained people contact us as a result of conducting an internet search for organisations assisting detained people. The position in relation to referrals is the same today as it was during the relevant period though the Samaritans have been less present in the Centre during Covid and the Chaplaincy referrals are now rare.

## **Volunteer Visitors**

24. We invite potential volunteers to attend an information evening at which we introduce our work to them. We then interview all potential volunteers, obtain two character references and carry out enhanced checks on all new volunteers with the Disclosure and Barring Service (“DBS”). We provide an induction to new volunteers, undertaken by staff members, and it includes an accompanied first visit to a detained person at Tinsley House or Brook House (currently only Brook House as Tinsley is being used as a Short Term Holding Facility). We require new volunteers to take part in mandatory training which covers listening skills, cultural awareness, psychological issues, self-care, and touches on some of the legal issues of detention in order that they have a basic knowledge of the context in which people detained find themselves. In addition, we provide training on safeguarding and require our Volunteer Visitors to complete an online West Sussex County Council (“WSCC”) adult safeguarding training. We provide regular ongoing training for all our volunteers throughout the year on various aspects of visiting detained people, often bringing in external trainers. We have a Volunteers’ Handbook which contains essential information for volunteers and all of our policies relevant to volunteers, including our policies on safeguarding, visiting suicidal detained persons and our Code of Conduct for volunteers, are saved on our website. We have a buddy system for new Volunteer Visitors to be linked with more experienced Volunteer Visitors. Local support groups are held for Volunteer Visitors about every six weeks, to enable them to share their experiences with each other in a safe, confidential space and a member of staff also attends these meetings. In addition, our staff are on hand during office hours to help with any worries Volunteer Visitors may have concerning the person they are visiting and Volunteer Visitors are given the telephone number of the Director to call if there are concerns out of office hours . All of this was in place in the relevant period, save that training on adult safeguarding is now via the online service with WSCC in addition to being in person. During the relevant period it was delivered in person only.

25. During the relevant period, Volunteer Visitors visited detained people in the visits hall at Brook House. The visits hall was a large, sometimes noisy, open plan room where detention staff were present. There was very little privacy. Visits could be made in either the afternoon session or the evening session, but our Volunteer Visitors were not permitted by G4S (and now Serco) to see more than one detained person per session. Thus, if a Volunteer Visitor had been connected with more than one detained person they would have to attend more than one session in order to visit them all. There were also restrictions on bringing paperwork into the visits hall. No telephones were available or permitted and therefore there was no access to interpreter services. Ordinarily detained persons were not allowed to bring another detained person to the visit to act as interpreter. These and other problematic issues for Volunteer Visitors are described in the witness statement of a GDWG Volunteer Visitor, Jamie Macpherson, that I have read.

#### **GDWG staff**

26. When detained people at Brook House first contacted GDWG during the relevant period, a member of staff (in recent times this might be an Advocacy Support volunteer) would take preliminary information about the detained person over the telephone and arrange for a staff member to visit them at a drop-in session. This first call was also an opportunity to establish a personal connection with the detained person, so whilst preliminary details were taken and some information about GDWG was provided, we found that often detained people also wanted to talk about other matters that concerned or interested them. Starting to create this human connection was important in our work.
27. The initial visit to a detained person by a member of staff took place in the rooms which were used for legal visits and visits by immigration officers from the Home Office. In 2017 there were three drop-in sessions per week on Wednesday mornings and afternoons and Friday mornings. GDWG allowed 30 minutes per person and one staff member would usually see 4 detained people per session unless there was a waiting list in which case up to 6 people might have been seen in shorter visits. At these visits the staff member would explain the services that



GDWG could offer, and the limitations of what we could do to help. We would ask whether the person would like to receive visits from one of our Volunteer Visitors and whether the person needed other assistance such as phone credit, clothes or a referral for legal advice, to Bail for Immigration Detainees (“BID”) for advice on making a bail application or to Medical Justice if they appeared to have a serious medical or mental health issue. We would also try to connect with the person on a human level, seeking to find out about what was important to the person generally and before they were detained.

28. 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*’.<sup>12</sup>
29. Seeing a person in a private room was far preferable to seeing an individual in the visits hall because a detained person would be seen on their own in a confidential place. Unsurprisingly, detained people are more willing and able to disclose vulnerabilities and to express emotion in this sort of setting and we are better able to take details and assess the person’s needs so that we can undertake the work I have described above. Detained people were able to bring their paperwork to the visit to show to a member of GDWG staff and our staff were able to take in paperwork to the detained person, for example consent forms for referrals to other organisations. The majority of private rooms also had telephones so if a detained person had limited English we could arrange for an interpreter to assist over the phone.
30. Whilst our visits by Advocacy Co-ordinators were referred to as ‘drop-in’ sessions they were not truly ‘drop-in’ as detained people could only see our staff when they had made an appointment to see us . I know that other charities have established genuinely drop-in surgeries at other IRCs in association with IRC-run welfare

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<sup>12</sup> [https://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/Brook\\_House\\_2010\\_rps\\_.pdf](https://www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/03/Brook_House_2010_rps_.pdf)



services. For example, we have been told that the charities Detention Action and Jesuit Refugee Service run drop-in surgeries at the welfare office in Harmondsworth IRC giving advice and support to detained persons. It should be noted that welfare offices are within the main communal area of the IRC whereas the legal visits corridor where we would see detained people in 2017 was separate from the detention blocks and detained people had to go through a security search to reach us. They had to wait at a barred gate to be given access to the corridor, empty the contents of their pockets into storage lockers and wait in a waiting room to see us and we were not always aware when they had arrived. So true drop-in sessions would have had the advantage that they would be visible to detained people and more accessible. This is particularly important in terms of vulnerable detained people and those with little knowledge of English being able to access agencies – it will be easier in many cases for them to go to Welfare to see someone than to call GDWG on the phone.

31. After the initial appointment staff would maintain contact and undertake follow-up casework including connecting a Volunteer Visitor to the detained person if this had been requested, and making any appropriate referrals or any of the other work I have described above. Staff would often speak regularly on the telephone with the detained person to obtain and provide updates and to give the detained person an opportunity to be listened to and helped to feel human.
32. GDWG staff assisted 1,376 detained people held at Brook House and Tinsley House combined in 2016; 1,071 in 2017; 1,927 in 2018; 2,198 in 2019 and 2,039 in 2020.<sup>13</sup> The figure for 2017 was therefore around half that for 2018 and 2019. I have been asked by the Inquiry why that was. One reason is that, as I will explain later in this statement, Brook House managers were restricting the number of times we could see detained people. Another reason is that in 2018 we began to use a

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<sup>13</sup> There was a mistake in GDWG's application for Core Participant status which gave these figures as being for Brook House alone whereas they include Tinsley House too. In the Core Participant application it was correctly stated that the figures for the numbers of detained people seen by Volunteer Visitors was for Brook House and Tinsley House but due to an oversight it was not explained that the figures for GDWG staff included both IRCs.

team of Advocacy and Support Volunteers which increased our capacity to provide support. Another factor is that a member of the Chaplaincy who had been referring people to us in 2016 was no longer working there in 2017. A further factor is that in 2018 we started to hold drop-in sessions at Tinsley House whereas prior to 2018 drop-ins were at Brook House only. Once we were able to hold drop-ins at Tinsley House we were able to assist more people. In February 2017 we were told by Anton Bole who worked for the Rehabilitation for Addicted Prisoners Trust ("RAPT") (now known as the Forward Trust) that he had not seen our posters or leaflets in the Centre, save for some of our leaflets in French and Spanish. RAPT helped people with drug and alcohol dependence and, unlike GDWG, RAPT saw detained people in the heart of the Centre. It is therefore possible that detained people around this time simply did not know about GDWG because our posters and leaflets were not displayed in the manner we hoped, and G4S had assured us, that they would be.

33. During the relevant period GDWG staff gave assistance to 165 people detained at Brook House and in addition helped 215 people with less assistance (provided clothing, a phone card or money upon removal or deportation for travel within the country the detained person was removed or deported to). This amounts to assistance provided by our staff to a total of 380 people. The visits carried out by Volunteer Visitors were in addition to this support provided by GDWG staff.

## **Safeguarding**

34. We have policies for safeguarding adults and children which have been scrutinised and approved by WSCC's Adults' and Children's Social Services Departments. These policies are reviewed by GDWG's Trustee Board every year. We had people on our Board with professional safeguarding experience who helped us devise our safeguarding framework. The framework is annually audited. Our current policies are on our website.<sup>14</sup> We also have guidelines for dealing with detained people who are suicidal.<sup>15</sup> All staff and all volunteers are provided with training on safeguarding of detained persons and on dealing with those who are suicidal.

## **The restriction of drop-in visits**

35. The previous Director of GDWG was James Wilson. He was Director during the relevant period. He signed a witness statement on 13 September 2018 [GDW000001] which I have read. I was working as Senior Advocacy Co-ordinator and Outreach Manager alongside James Wilson during the relevant period and when he signed his statement.
36. In his statement James Wilson explains that from February 2016, and in the relevant period in 2017, Brook House management were restricting the number of GDWG drop-in sessions to one session per detained person. I have been asked by the Inquiry what reasons we were given for not being allowed to see detained persons on more than one occasion and for my view of the reasons given and the consequences of this.
37. On 5 February 2016 a G4S manager emailed the then Director of GDWG, Nic Eadie, a draft Memorandum of Understanding (MOU) to seek to regulate our drop-in sessions (or 'surgery sessions' as they are described in the draft MOU). I was

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<sup>14</sup> <https://www.gdwg.org.uk/wp-content/uploads/2021/02/2021.02.22-Adult-Safeguarding-reviewed-2021.pdf> and <https://www.gdwg.org.uk/wp-content/uploads/2021/02/2021.01.23-Child-Safeguarding-Policy-reviewed-2020.pdf>

<sup>15</sup> <https://www.gdwg.org.uk/wp-content/uploads/2019/08/Visiting-suicidal-detainees-guidelines-2019.pdf>

aware of this from Mr Eadie at the time and from Mr Wilson when he took over as Director and I have checked this by looking at GDWG files. From my discussions with Mr Wilson, and from an email he sent GDWG staff on 18 August 2017, I understand that the reason given by Brook House management for seeking to limit drop-in sessions to one per detained person was that they thought the role of GDWG was, or should be, limited to a befriender service only and they considered that one meeting was sufficient for that service to be offered and explained. That is not, of course, the way human relationships work, especially when someone is vulnerable, but it also frustrated GDWG's wider work, in particular the work we were doing (and still do) referring detained people for legal advice and to other organisations that work with detained people in Brook House. It felt at the time that that was deliberate, because the centre managers considered that their role was to help the Home Office to remove detained people from the UK and feared that GDWG might frustrate this purpose by providing services to detained people that might lead to referrals to organisations that would give advice and assistance for detained people with their immigration case and/or to obtain release from detention.

- 38.** I understood from Mr Wilson that Brook House management also wrongly suspected GDWG staff of providing legal advice. As I have described above, GDWG staff and volunteers do not provide legal advice. They are not permitted to do so legally, and our GDWG internal rules are clear about it. All staff and volunteers were told upon recruitment, induction and in training that they were not allowed to give legal advice. It is a criminal offence for those who are not accredited by the OISC to provide immigration advice but even if someone was OISC accredited, or otherwise qualified to give legal advice, it would have contravened our internal rules to do so on behalf of GDWG. I believe Mr Wilson made this clear to Brook House management and it is likely that the previous Director did too, as it was a core rule for GDWG and one that we clearly set out in our information session for all prospective volunteers at the start of their work with GDWG. When people with legal qualification applied to volunteer with us we explained that they could not use their legal expertise to give any legal advice, formally or informally, to any person they visited.

39. I understand from reading the interview for Verita of Stephen Skitt, Deputy Director of G4S at Brook House during the relevant period [VER000218, pages 1, 2 and 3], and the interview for Verita of Dan Haughton, Support Services Manager for the Home Office, [VER000277\_0002-2] that they suggest GDWG staff were not reporting safeguarding concerns to Brook House managers. On the other hand, I heard from James Wilson's account of his meetings with Brook House managers that they were inappropriately defensive and offended when GDWG staff did report to them concerns about the well-being and safety of detained persons. I was not the Director of GDWG in the relevant period, but my sense was that GDWG reported safeguarding concerns to Brook House managers whenever appropriate. As I have mentioned above, GDWG had then, and has now, robust safeguarding policies on which staff and volunteers are trained. My sense was also that the restriction in drop-in sessions to one per detained person was to try to limit GDWG's work for detained people – to reduce, not encourage, safeguarding concerns from being raised - and that this was because they considered that our work interfered with the Home Office's purpose of removing detained people. Dan Haughton said, in his interview with Verita [VER000277\_00002-2], *'They [GDWG] started seeing the same detainee several times in a month, they'd see the same person three times, and you think, hold on, surely you've seen that person once, you've said, you're the perfect person for this volunteer, we'll get you to see them in a social capacity. That's where the casework was coming into it, and I think they [GDWG] were starting to interfere with the Home Office in terms of the Home Office's objective of removing people from the UK, Gatwick Welfare Group were then starting, I think, to cause issues in that.'* G4S saw us as doing too much, and they wanted to restrict what we were doing for detained people.
40. Mr Wilson's statement [GDW000001] further illustrates this. For example, at paragraph 31 of his statement [GDW000001\_0010] Mr Wilson explains that a member of GDWG staff had emailed Dan Haughton, G4S Support Services Manager, on 4 May 2017 to ask to see again a vulnerable detained person, [D852] who claimed to be only 14 and had indicated that he had something to disclose to

GDWG. In her email, at page 26 of the exhibit to Mr Wilson's statement [GDW000003\_0026], the staff member asked for a repeat visit explaining *"I believe him to be very vulnerable and underage – I have already made safer community team aware of my concerns. He wants to disclose something to me that we ran out of time for during my welfare surgery yesterday. Therefore it would be best for us to meet in a private room as opposed to the main visits hall."* The email states that in response Mr Haughton telephoned the staff member and informed her, *"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."* (page 27 of the exhibit to Mr Wilson's statement [GDW000003\_0027]).

41. In this example GDWG had alerted Brook House management to safeguarding concern in that the detained person was believed to be very vulnerable and a child. The young person wished to see the staff member again and wished to disclose something (which disclosure might also lead to further safeguarding concerns). The response of Mr Haughton speaks for itself. I would just add that the consequences of this action were potentially very serious. There may have been just one opportunity for that disclosure. It might have been about risk to that individual, or to someone else. The detained person might have been removed without his information being shared.
42. On occasions G4S staff interrupted drop-in sessions if they thought it was a repeat visit. I vividly recall an occasion when I was meeting someone for a first GDWG drop-in session when a member of G4S staff, Gayatri Mehraa, burst into the room saying, 'this is a *second visit and must end now.*' I remained calm and explained this was a first visit and stood my ground as I knew I was correct. The officer backed down, but I remember the look of victorious delight on her face as she entered the room thinking that she had caught me out seeing someone for a second visit without permission from Brook House management. I remember how disrespectful and discourteous it felt. In his witness statement signed in

September 2018 James Wilson [GDW000001\_12] describes how Ms Mehraa in the same way interrupted a session being held by my colleague Ana Szopa and I remember Ms Szopa telling me about this at the time.

43. The human point is also worth emphasising. Detained people need time to build up trust and rapport. In my experience detained people convey information in stages as trust develops and as the detained person's own understanding of their situation changes over time. Furthermore, circumstances can change for people after their initial drop-in assessment. Someone might feel quite confident of early release the first time we met them but find that their spirit and mood spirals downwards as time goes on and when, for example, they might receive bad news from family or on their immigration case. An initial reticence to share because people expected to be released might be followed weeks later by an expressed need to see us again. This would in my experience occur because someone wished to explain their circumstances in more detail and ask for help.
44. In addition, some detained people lack the confidence to have visits from a Volunteer Visitor, or could not imagine much benefit from having a Volunteer Visitor because they do not speak English (there being no access to interpreters in the Visits Hall). Such detained people instead relied on visits (which, as explained above, took place away from the visits hall) and telephone calls from GDWG staff for support, both of which could be carried out using an interpreter. It is natural for someone in this situation to request a second drop-in session. Repeat visits would often help a detained person to cope in a difficult time and to settle them and it was and remains of benefit to the Centre if we are able to calm someone who is in crisis.
45. The consequence of the restriction on drop-in visits was undoubtedly that detained people who needed a second or subsequent visit did not receive these visits. Instead, staff did their best to meet detained persons' needs by telephone calls. Where a second or subsequent visit was particularly important staff would ask Brook House management to authorise the extra visit. As our requests were often queried, denied or granted only on an exceptional basis, and on occasion we were

challenged at drop-in sessions by detention staff who believed we were holding an unauthorised meeting, we only rarely made these requests. Naturally, we sought to avoid friction. As a result, however, vulnerable detained people did not receive the advice and support they needed.

46. In Mr Wilson's witness statement he explained that after the Panorama programme, managers seemed not to be enforcing the rule on repeat visits and that requests for repeat visits by staff were either granted or there was no response to them. He said that managers were quicker to respond to concerns raised and GDWG had not been criticised for work we do. Nevertheless, the rule on repeat visits had not been formally lifted and Mr Wilson remained cautious about raising concerns [GDW000001\_19].
47. In my time as Director the rule has still not been formally lifted though I have not had a conversation with Serco on this matter. Soon after Serco took over their contract, the pandemic began, we could not enter the Centre at all, and repeat visits were therefore not an issue. We have, over time, become used to trying to avoid repeat visits wherever possible. This was initially under G4S when we did not want to put our permission to use legal visits rooms at risk. More recently there have been occasional repeat visits for a specific reason and when they have gone ahead there has not been an issue raised by staff or management in the Centre.

#### **Changes during Covid-19 pandemic**

48. For many months after the start of the pandemic during the several periods of 'lockdown', GDWG staff and Volunteer Visitors were not permitted to visit Brook House at all. Staff and Volunteer Visitors maintained contact with detained people by telephone and staff held the drop-in sessions by Skype video calls several times a week. We felt that Brook House managers could have done more to encourage detention officers to facilitate the Skype drop-ins. We relied on detention officers to turn on the Skype facility, to ask on the wings if anyone would like to speak with us and assist people to access the call. Some officers were helpful, but others



were less so. It appeared that sometimes we were being told no-one required our assistance when detained people may not have been asked.

49. Outside of lockdowns GDWG staff were allowed to make in-person 'drop-in' visits to see detained people in the public visits hall. We were not permitted to hold these sessions in the legal visits rooms where they were held prior to the pandemic. I have explained the drawbacks of this above. However, at the end of June 2021 Serco granted us permission to use the legal visit interview rooms again.
50. Other than in lockdowns GDWG Volunteer Visitors have been allowed to visit detained people in person in the visits hall. We have given Volunteer Visitors the choice of seeing people in person, or supporting over the telephone.
51. Many people were released from Brook House during the first national lockdown and the number of people held there was much reduced and so the number needing to attend drop-in sessions was lower than usual. Of those who were released, some had no means to support themselves and became destitute. We therefore broadened our work to include assisting people, post-detention, to obtain accommodation from the local authority and other local support. In some instances, we were providing money for people to stay in hotels until they could access local authority support. Others were struggling to manage to support themselves on the very low amounts of financial support provided to them by the state because places to buy cheap food, such as markets, were closed as were day centres which provide free meals. We were providing some financial support to enable those people to survive.
52. I understand that from the end of July 2020 the Home Office designated Brook House as the base for its plans to remove detained people who had arrived in the UK after crossing the Channel in small boats to European Union (EU) countries party to the Dublin Convention before 31 December 2020 when the UK left the EU. Therefore, the numbers of people we were supporting increased from August as detained people began to hear about our services, mainly by word of mouth. Between October and December 2020 we had an unprecedented level of demand

from people detained at Brook House. As I will explain later, this group of detained people were highly vulnerable and GDWG staff worked very intensively to provide support for them.

**Tracing former clients to assist the Inquiry**

53. The Home Secretary announced this Inquiry in November 2019. In January 2020 GDWG instructed solicitors and our application for Core Participant status was submitted in March 2020. Thereafter, in April 2020, we started to do work to trace detained people we had assisted during the relevant period in relation to the Inquiry.
54. On 14 August 2020 we were granted Core Participant status in the Inquiry. Thereafter we requested funding from the Inquiry to undertake further attempts to trace people who were detained at Brook House with whom we were in contact in the relevant period. Funding for this work was provided on 9 October 2020. Between the end of December 2020 and mid-January 2021 we made further attempts to contact our former clients.
55. In all we endeavoured to contact by telephone around 300 of the people we had assisted during the relevant period and for whom we had on file a contact telephone number. Due to the passage of time we were unable to get hold of most people. For many the telephone number we had for them had been disconnected. Detained people are given a telephone number on entering detention and often revert to their former telephone number after release. Others we were able to speak to were very hesitant about being involved. They described to us their experiences of being detained at Brook House which had often been traumatic for them, expressed support for the Inquiry and GDWG's role in it, but they did not have the confidence or resilience to become involved. Some said they did not want to re-visit the memories of their time in detention. Others said they felt the Home Office might not look favourably on their involvement and were worried about the impact on their immigration situation or feared reprisals from those in authority if redetained. Where we could not get hold of a former client, but had on file contact

details for their legal representatives, we contacted the representatives. In most cases the representatives reported either they were no longer representing the individual or that they were unable to make contact with the individual.

56. We were successful in contacting 14 individuals whom it appeared might have relevant information to provide to the Inquiry and who indicated they might be willing to consider providing evidence to the Inquiry. We referred those people to solicitors for legal advice with a view to being put forward as witnesses to the Inquiry.

**Physical mistreatment by detention and escort staff**

57. I have been asked whether I personally or GDWG as an organisation was aware of incidents of physical mistreatment happening at Brook House during the relevant period.
58. GDWG did receive reports from detained people that they had experienced incidents of physical mistreatment by Brook House detention staff and escort staff during the relevant period. From a review of our records conducted by our Senior Advocacy Coordinator, Karris Hamilton, I am aware of 5 detained people who told GDWG that they had been physically mistreated by Brook House detention staff during the relevant period and a further 3 people who told us they experienced physical mistreatment by escort staff where mistreatment began within Brook House (for 1 of those it is unclear whether the mistreatment was by escort or detention staff). In addition, a further 3 people who were detained during the relevant period told us of incidents of physical mistreatment that occurred outside the relevant period and 1 person told us of physical mistreatment but could not recall whether it occurred within the relevant period. I have provided the Inquiry with anonymised summaries of these reports [GDW000010].
59. Some of these people told us of the mistreatment at the time. Others told us when we contacted them about the Inquiry.

60. None of these people have given GDWG permission to provide the Inquiry with details of these incidents. We have been unable to contact most of those who told us about the mistreatment at the time. Those we made contact with, and those who told us about mistreatment when we contacted them about the Inquiry, declined to provide permission for us to disclose details of the incidents to the Inquiry due to their vulnerability or fear of adverse impact on their immigration claim.
61. Particularly given the vulnerability of the people concerned, and their very real fears, I do not feel able to do anything which might breach their privacy and confidence. I also would not want GDWG to be seen as putting anyone at risk of harm. The purposes of GDWG would be undermined and it would likely damage our independence and trust in us if vulnerable former detained people were identified by us without their consent, which may impact on the support we are able to provide to people who are currently detained or may be detained in the future. Furthermore, I am concerned that even if I provide anonymised details of incidents, it may still be possible to establish the identity of some of the people concerned.

**Verbal abuse, including racist abuse, from detention staff**

62. I have been asked about verbal abuse from staff to detained persons, including but not limited to racist abuse. I did not witness verbal abuse of detained people. However I (like all GDWG staff and visitors) did not go to the wings. I also imagine any abuse is less likely to occur in front of visitors to the Centre, including GDWG.
63. GDWG staff did not specifically ask clients at drop-in sessions or over the phone whether they experienced verbal abuse from detention staff. However, during the relevant period our clients reported to us some instances when detention and healthcare staff verbally abused them. For example, they reported that detention officers would, with obvious disdain, tell them to ‘go back to your own country.’

64. When we contacted former clients by telephone in April 2020, it was reported to us that some had witnessed verbal abuse from detention staff either directed at themselves, or at other detained people. They told us that detention staff called detained people names such as 'monkey' and 'blacky'. Several former clients told us that people who did not speak English were more frequently the target of verbal, often racist, abuse and our former clients thought officers targeted non-English speakers because they were less likely to understand the racist content and therefore less likely to make a complaint.
65. Our Volunteer Visitors frequently reported to us, during the relevant period (and before and since the relevant period), that whilst detention staff might be friendly and polite to GDWG Volunteer Visitors, they were frequently abrupt, impatient and rude towards detained people and their friends and relatives visiting, raising their voices at people to listen to them when it was clear the detained people or their visiting family and friends did not understand what was being said.
66. This is consistent with my own impression of what was happening. It is hard to be specific because sometimes it is a matter of tone and bearing. Nevertheless, my overriding impression was that many detention officers during the relevant period viewed detained people in a negative way and behaved towards them in a manner which ultimately dehumanised them or contributed to a dehumanisation. Detained people reported to GDWG that detention officers often spoke to them in an abrupt, rude and disrespectful manner. They spoke of being treated with disdain, and they sometimes expressly put this in terms of being made to feel less than human. I think that choice of language is significant. It might be something small such as when officers pretended not to hear them speak or pretended not to see them when they stood waiting for a door to be unlocked or told them they were too busy to respond to a request. Sometimes, it seemed, the behaviour was just about exercising power, perhaps because an officer had no better way of maintaining authority (or felt that they did not). People also reported that room searches were carried out in a manner that left them feeling bullied by detention staff. Personal items would be strewn around the cell.

67. On the legal visits corridor there is a room where detained people attend for video linked bail hearings. While I was running drop-in sessions during the relevant period I sometimes heard detained people leaving that room very angry, disappointed and distressed after being refused bail. My impression was that detention officers lacked skills to deal with these situations and rather than allow a person to verbally express their frustration and disappointment, the unsympathetic response of detention officers, often with officers shouting at detained people, telling them to behave, and sometimes other officers joining in, tended to lead to an escalation of feeling and to confrontation. On one occasion, during the relevant period, I heard, from inside the interview room, a very distressed detained person shouting out after refusal of bail and detention officers shouting back, totally mishandling the situation. I moved to the open doorway of the interview room where I was holding the drop-in sessions and observed that the interaction descended into a use of force by officers. I considered going out to try to de-escalate the conflict but held back as I sensed my intervention would not have been welcomed by officers and at that time we were trying not to do anything that could have put our drop-in sessions at risk.

**Violence and verbal abuse between detained people**

68. I have been asked about violence or verbal abuse (including but not limited to racist abuse) between detained persons. Our clients reported to GDWG instances of violence and verbal abuse between detained people. People in detention would describe 'flash points' in Brook House where friction often arose, including in the queues for meals and for the pool table. Some people reported to us that they were very scared of other detained persons. Occasionally a client would ask to be moved to segregation for their safety.
69. In my view, indefinite detention (and certainly detention of an unforeseeable length), the detention of those with mental illness, the lack of therapeutic interventions for the many mentally ill and traumatised people, the mix of nationalities and communication difficulties, lack of understanding from detention and healthcare staff, are among the factors which allowed a dangerous

environment to exist in which there was violence and abuse from Brook House staff towards detained people and between detained people. We were also told by clients that staff failed to intervene when people were bullied or abused by other detained people.

### **GDWG's awareness of what Panorama reported**

70. Most of the above incidents of physical abuse experienced by detained people from Brook House staff occurred when detained people were being moved against their will to another IRC or to the airport. While GDWG knew that some detained people had complaints about their treatment and that they were not treated well, it was only on watching Panorama that we realised the gravity of the situation and the extreme nature of some of what was taking place at Brook House. The snapshots that we got from individual detained people, together with the limits of our access in and around the centre, particularly in 2017, meant we did not see the full picture of what was happening at Brook House, which the Panorama programme did. As I have explained, GDWG was in effect shut out of the wings and the heart of Brook House, which is where most of these incidents shown on Panorama appeared to be taking place.
71. I was therefore not contemporaneously aware of the specific incidents shown on Panorama. GDWG was in touch with a few of the detained people shown on the programme, for example [D852] mentioned in the witness statement of James Wilson signed September 2018 [GDW000001\_10]. In [D852] case, GDWG was not aware that he had, as Panorama suggests, been placed in a room share with a detained person who was violent and who forced [D852] to test the drug Spice.
72. I am also now aware from GDWG's records GDWG notes [extract from [D687] disclosure bundle].pdf [GDW000006] that a detained person and now another Core Participant, [D687] told us about an incident of the use of force. However, [D687] did not report that use of force to us until he had been moved to another IRC (the Verne) and we therefore referred him to the visitors group for that IRC. I now know that same incident was shown on the Panorama programme. I did not

recognise D687 on Panorama as I had never met him in my capacity as Senior Advocacy Co-ordinator and the name he was given on Panorama differed from that which was in our records.

73. I also understand from the records that we were in contact with three other detained persons who appeared in Panorama. One of those reported to us something of the incident he was involved in that was shown on Panorama. We do not have his authority to provide the details.
74. As regards the others, our records indicate that GDWG was not made aware of any of the specific incidents experienced by those detained persons as shown on Panorama.
75. We were therefore not aware that the most extreme type of mistreatment shown on Panorama was taking place. However, whilst we were shocked and appalled by the programme, we were not entirely surprised. Most people we met at drop-in sessions told us in general terms that people in Brook House were treated badly: 'like animals' was a common expression. People almost inevitably described their experiences of detention in very negative terms. Many said that being in detention was like a form of torture and that they wished they were dead. Given the ill-effects of detention on mental health, the detention of people indefinitely, sometimes for very long periods, the numbers of highly vulnerable detained people at Brook House, the overcrowding and serious long-running staff shortages, with the overall dehumanising impact of detention on detained people and the detention staff, Brook House was an environment where abuse, particularly of the most vulnerable, could take place, behind locked doors, to which GDWG had no access.
76. There are various reasons why we were not aware of the specific incidents shown on Panorama and were not aware that the most extreme type of mistreatment was taking place. I have touched on some above. I would add, however, that we are a small charity and see only a limited proportion of people held at Brook House. There are practical impediments to people accessing our service. Detained people



who speak no English, and those who are the most mentally ill, traumatised or otherwise very vulnerable are the least able to access our service. Those without English, and those who are the most vulnerable, are less likely to find out about us by reading our leaflets in Brook House or to be able to make a telephone call or to send a fax to our office to make an appointment to see us. The most vulnerable detained people, who were on the receiving end of repeated abuse and harassment, are probably also likely to experience the most acute fear about reprisals if the matters are reported to external organisations. The Home Office's Detention Services Operating Standards on 'Communications'<sup>16</sup> requires those operating IRCs to '*maintain up-to-date lists of local befriending groups and contact details of the Association of Visitors to Immigration Detainees (AVID) and ensure that detainees are aware of their services*'. DSO 07/2013<sup>17</sup> on Welfare Provision in IRCs requires IRCs to provide welfare services which include '*Signposting detainees to welfare groups / advice surgeries operating in the centre*'. However, there are no formal procedures for facilitating detained people to contact us and without access to the wings or Welfare Office in Brook House we do not know whether information about our services is properly provided.

77. Secondly, and as already said, we were not working on the wings of Brook House. As mentioned above, our staff saw clients in interview rooms off the legal visits corridor which is in a block separate from the blocks where detained people are held. We therefore did not see what was going on. Our information came only from what our clients told us and what was in the reports of the HMIP and the IMB.
78. Thirdly, it is also the case that even when detained people do access our service there are barriers to detained people confiding in us. Those meeting us for the first time might not immediately be able to distinguish us from G4S staff and the Home

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/257352/operatingstandards\\_manual.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/257352/operatingstandards_manual.pdf)

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/257352/operatingstandards\\_manual.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/257352/operatingstandards_manual.pdf)

Office. They will often see us as in a position of authority and power over them, due to their experiences in detention. This view may be reinforced by the fact that in the legal visits rooms where we see people the chairs we are told by detention staff to sit on are more comfortable padded chairs, whereas detained people are made to sit on are hard plastic chairs. Most detained people take time to understand and trust our independence. The one drop-in session policy limits the face-to-face contact GDWG staff have with detained people and this restricts the time for trust to develop. Many have long experiences of being disbelieved by G4S, Healthcare staff and the Home Office. They may not believe that a complaint about their treatment would be treated fairly or make any difference. Some people seem so worn down by the crushing experience of immigration detention, in which they feel they had no voice to raise issues, that they can see no point complaining about their treatment. Some worry that making a complaint might prejudice their immigration case, or that it might put them at risk of reprisals by detention officers. Those who do trust us might have recognised that we are a small NGO with limited power when pitted against the Home Office which has the power to detain them potentially indefinitely. All of these factors mean that detained people will not always tell us, or tell us immediately, of abuse they experience. As discussed above, some people only feel able to talk about their experiences once they have left detention.

79. It also seems to me that detained people are often ashamed of what has happened to them. Sometimes they are even disposed to protect me or another GDWG member of staff or Volunteer Visitor from the full details. They will say simply that they had been hurt but when asked what had happened, might reply in generalities such as 'this is a bad place', 'you are treated like animals', 'it is worse than prison' and 'no one should be treated the way we are treated'. Sometimes, those reporting harm will do so with resignation as if abuse was something they expected, either due to their experiences in their country of origin, in another country of transit or on arrival in the UK or as a result of their perception that they have low status in UK society generally.

80. In his statement in the Judicial Review [GDW000001\_21] James Wilson explained that GDWG was not aware of the incidents Panorama reported and did not know the individual members of staff implicated by the programme. He explained that GDWG does not see clients on the wings of Brook House and GDWG's exposure was more limited than he would like it to be. He thought it could be improved if GDWG could hold drop-in surgeries at the Welfare Office which is deeper into Brook House than the where we would see detained people.
81. I have been asked if this was my experience. It is correct that GDWG did not see clients or access the wings of Brook House and did not see what went on there during the relevant period. I did not know the individual members of staff implicated by Panorama. We do not see the staff who worked on the wings unless they happen to be on the corridor where the legal visits rooms are located. Even then we were encouraged to remain in the interview room and not to come out to talk to officers. If we needed to speak to a detention officer we were asked to wait until one walked past the interview room and attract their attention from the doorway.
82. If we were able to hold our drop-in sessions in Brook House in or near the Welfare Office or in the library that would be hugely beneficial as more detained people would be aware of and be able to access our service. We would be able to hold truly drop-in sessions without the need for an appointment system. We would be more visible and those with less confidence might be more likely to approach us if they could see us. People could come to talk with us in a more natural way or even choose the person from GDWG they felt most able to talk and open up to. I would prefer the library to the Welfare Office as it would make it easier for people to understand that we are independent from the Home Office and Serco including the welfare service.

### **Complaints**

83. When detained people did mention that there had been mistreatment they would usually say that they did not want a complaint to be made because they did not

have confidence that it would help them or if they referred to something that was happening to their roommate they would say that they did not feel able to raise it as a complaint. If the disclosure raised a safeguarding concern, we would request the detained person's consent to inform Brook House's Safer Community Team. If consent was refused, but we continued to believe that there was a safeguarding risk about which we were required to breach confidentiality, we would raise this with the Safer Community Team.

- 84.** Where a detained person did wish to raise a complaint about their treatment we would explain their options: they could make a complaint to G4S, IMB (by putting a written complaint into the IMB's box in Brook House), Brook House's Safer Community Team or their MP or any combination of these. They could also request an appointment to speak to an officer of the Home Office. We would offer to help write the complaint. We would also explain that the Welfare Office could provide advice and assistance with making complaints. Where someone was particularly vulnerable and unable to make their own complaint, we would ourselves write to the Safer Community Team and/or IMB and/or Home Office, depending on the circumstances. If we felt that the IRC could do more to safeguard the person we would consider reporting our safeguarding concern to West Sussex County Council. We would continue to liaise with these agencies until a solution was found. We provided emotional support to our client and would inform relevant parties as necessary, such as solicitors, other charities and probation officers. We would refer clients to Public Law Solicitors if appropriate.
- 85.** I would say that the favoured approach of our staff team in the relevant period was to encourage or assist the detained person to share concerns about their treatment with their legal representative (if they had one). During the relevant period our relationship with G4S and the Home Office was strained and our drop-in sessions were under threat. We usually considered that the person's legal representative would be able to take matters further. However, we did on occasion make formal complaints to the Home Office and IMB where our client wished us to do so.

- 86.** During the relevant period, GDWG supported clients who said they were being targeted by other detained people and some who referred to drug dealing taking place at Brook House. Clients were unwilling to make formal complaints about these matters for fear of repercussions from other detained people and from detention staff. I understand this; they did not know who was involved and so who on the staff could be trusted with a complaint. We were told by detained people that they also worried that if they did complain they might be moved to another wing, or another IRC, rather than the alleged perpetrator. As this could result in the loss of supportive relationships for the person complaining it was a disincentive to complaints.
- 87.** As I have mentioned above, my experience was of detained people being generally reluctant to make complaints about their treatment. Some were too vulnerable and unwell to make a complaint, or to raise their concerns with ourselves or others who could complain on their behalf. Many detained people had lost a sense of agency as being detained, especially for longer periods, robs people of their confidence and creates torpor and inertia. Most detained people GDWG spoke with in the relevant period about the possibility of making a complaint about their treatment viewed complaining as pointless. They had no confidence that a complaint would be dealt with fairly. Some saw that complaints made by others had resulted in no disciplinary or other action being taken against staff. Moreover, detained people had strong concerns that making a complaint could jeopardise their immigration case. The Home Office were rightly perceived as holding huge power over them: the power to allow them to remain in the UK or to remove them from the country and the power to release them from detention or to continue to detain them indefinitely. Against this backdrop it is no surprise that detained people almost always chose not to complain. At GDWG clients also told us they had been dissuaded by detention staff from complaining, as in the example I gave above.
- 88.** Finally, unavailability of legal advice is also likely to have affected how many people complained about their treatment. It is safer and often more effective for a detained person to make a complaint about their treatment via their legal

representative. However, many detained people have no legal representative. There was a legal advice surgery at Brook House but people reported experiencing long waits for appointments, the appointments were for only 30 minutes after which, if legal aid was not available, the person would have to pay privately for further legal advice, which was usually not possible. There were widespread problems around lack of access to legal aid and inadequate legal representation. In our report “Cutting Justice”<sup>18</sup> on the detention of those who had arrived in the UK at a young age, we found that this client group had complex cases, experienced prolonged detention and had limited access to legal advice. Relevant also are the legal advice data surveys produced by BID.<sup>19</sup>

### **Healthcare**

- 89.** In November 2017 GDWG provided evidence to Sir Stephen Shaw as part of his review of the detention of vulnerable persons. Our 64-page report<sup>20</sup> [VER000106] was based on evidence collected by GDWG over a 7.5 month period from 15 March 2017 to 31 October 2017. The report contains evidence which is in large part contemporaneous to the relevant period for the Inquiry about the detention of vulnerable people, particularly those with mental illness.
- 90.** Due to the passage of time since the relevant period, and limitations on the resources of GDWG, it has not been possible to review all the medical and Home Office records on which the research was based, to include only those detained people seen in the relevant period. However, given that the period during which the evidence was collected is closely associated with, and includes the five month relevant period of this Inquiry, the evidence and findings of the report seem directly relevant.

### **Scale of mental health problems and other vulnerabilities among detained people**

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<sup>18</sup> <https://www.gdwg.org.uk/app/uploads/2018/04/cuttingjustice.pdf>

<sup>19</sup> [https://hubble-live-assets.s3.amazonaws.com/biduk/redactor2\\_assets/files/213/Legal\\_Advice\\_Survey\\_-\\_Spring\\_2017.pdf](https://hubble-live-assets.s3.amazonaws.com/biduk/redactor2_assets/files/213/Legal_Advice_Survey_-_Spring_2017.pdf)

<sup>20</sup> <https://www.gdwg.org.uk/app/uploads/2018/04/17.11.29-GDWG-Evidence-for-Stephen-Shaw.pdf>

91. As the report sets out, during the period of research for the report GDWG staff saw 220 people in drop-in sessions at Brook House (at that time there were no drop-in sessions at Tinsley House).<sup>21</sup> Of those 220 people 105 were identified as vulnerable in that they volunteered to GDWG staff that they had a diagnosed mental illness, serious physical health difficulties or admitted to thoughts of self-harm. As we noted in our report this is likely to be an under-reporting of vulnerability as GDWG staff are not medically trained and did not seek to elicit clinical information on direct questioning, only recording vulnerability when this information was volunteered by detained persons.
92. GDWG went onto collate and analyse medical and Home Office records of 50 of those 105 people who appeared most vulnerable in order to provide thematic evidence for the Shaw Inquiry. In addition, 36 sets of medical records were closely analysed to assess the extent to which medical information concerning vulnerability was shared by healthcare staff with the Home Office.
93. The report is significant for the Inquiry because it strongly suggests that in the relevant period there was a high prevalence of mental illness amongst those detained at Brook House, including people with complex, multiple mental health diagnoses and people who had previously required in-patient admission for mental health treatment. Two of the people seen by GDWG deteriorated whilst held at Brook House to the point that they required admission to hospital under section 48 of the Mental Health Act 1983 and GDWG were aware of a further 4 individuals detained at Brook House who were transferred to hospital from Brook House for psychiatric treatment in 2017.
94. The report also highlights the prevalence of self-harm and suicide attempts in Brook House. GDWG's research found that 17% of the people seen in drop-in sessions by GDWG staff during the period of research (15 March to 31 October

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<sup>21</sup> During the same period, some detained people would have had contact with GDWG only via telephone, and not at a drop-in session, so the total number of people supported by GDWG during the same period is higher.

2017) disclosed having feelings of self-harm. Again, as GDWG staff are not clinicians and so do not raise questions about these issues, and the information was only recorded if raised by the detained person, this is likely to represent a significant underestimate. The report found a high correlation between those with a mental illness or history of trauma and those also experiencing feelings of self-harm.

95. The report also provides an overview of other aspects of vulnerability disclosed by people seen during the drop-in sessions. Of the 220 people seen 32 reported a history of torture, sexual abuse within their family, had witnessed death or serious injury abroad or had suffered assault or serious injury in the UK.
96. GDWG's research found that the most vulnerable people they saw had several different indicators of vulnerability. This was also the day-to-day experience of GDWG members of staff and Volunteer Visitors who were working with and supporting detained people during the relevant period.

Failings by the healthcare department to identify vulnerable people and to report clinical concerns to the Home Office

97. As the Inquiry will be aware, Rule 34(1) of the Detention Centre Rules 2001 requires that every detained person shall be given a physical and mental examination by the medical practitioner within 24 hours of admission to the detention centre. Rule 35 requires the medical practitioner to report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention (Rule 35(1)); any detained person he suspects of having suicidal intentions (Rule 35(2)) and any detained person who he is concerned may have been the victim of torture (Rule 35(3)). The manager must send a copy of the report to the Secretary of State without delay (Rule 35(4)).
98. The Rule 34(1) examination provides an early opportunity for healthcare to notify the Home Office, in accordance with Rule 35, of any issues of vulnerability



relevant to the decision to detain. Thereafter Rule 35 provides an ongoing duty on IRC medical practitioners to report in any of the above circumstances.

- 99.** As indicated, for the purposes of our evidence for the Shaw review, GDWG analysed medical records of 36 vulnerable people we saw in drop-in sessions who were detained for a period between 15 March 2017 to 31 October 2017. We do not have the exact number, due to the passage of time, but given that the relevant period represents a substantial proportion of the research period, it is likely that the majority of these people were detained at Brook House for at least some of the relevant period of the Inquiry and some for potentially all of that period (1 April 2017 to 31 August 2017). We looked at the information obtained at the reception screening undertaken on arrival in detention and the information concerning vulnerability recorded at a later date.
- 100.** The results of our review of the medical records indicated significant flaws in the role of healthcare departments within IRCs (mainly Brook House IRC, but, as we looked at detained persons' full set of medical records, also other IRCs) in both identifying vulnerable people and reporting clinical concerns to the Home Office. This was a particular focus of our evidence to the Shaw Inquiry because a system of information exchange concerning vulnerability underpins the Home Office's ability to take careful account of an individual's welfare when making decisions concerning detention. Our research found systemic problems associated with healthcare failing to carry out effective screening of newly arrived people, failing to correct omissions/mistakes in the original screening and failing to share relevant information with the Home Office.

#### Initial screening of people arriving at an IRC

- 101.** As noted in our evidence to the Shaw Inquiry, most screening appears to be completed by nursing staff with a separate appointment afterwards with a GP. Screening is often completed late at night and after the detained person has undergone a long journey making it less likely that they will disclose issues of vulnerability.

- 102.** For those transferred from prison or another IRC significant clinical information is contained in the prison and IRC medical records, such as a history of mental illness or self-harm. This information should be immediately available to IRC healthcare departments via shared computer databases. However, our analysis of the medical records found that key clinical information which was contained in the available prison and IRC medical records, did not appear to be considered during the screening process with the result that previously documented serious mental illness, risk of suicide and self-harm and other vulnerabilities were often not identified at screening.
- 103.** In addition, the Rule 34(1) requirement for a detained person to be assessed by a medical practitioner within 24 hours was often not adhered to, with delays in the GP assessment compounding errors in the initial screening.
- 104.** Notes of the initial GP appointment tended to be brief, containing very little information aside from prescribing decisions. There was no indication that available medical records from the period before the consultation were considered by the GP or addressed with the detained person, or that there was any specific consideration given to issues of vulnerability. As illustrated in the case studies in the report, these failings resulted in some cases in a delay in detained people receiving medication and/or a worsening of symptoms as well as a missed opportunity to identify and record the individual's vulnerability. Our research found only one occasion when a Rule 34 assessment resulted in a Rule 35 report to the Home Office.
- 105.** I would add that the brevity of the medical notes suggests that detained people were either seen by the GP for short appointments, with insufficient time and attention given to the individual's account of their medical and mental health difficulties and other vulnerabilities, or that the record-keeping is poor. The nature of the screening and initial GP appointments were key in whether trust developed between detained persons and healthcare staff and we did not hear reports of trust being established.

Failure to correct omissions/mistakes in initial screening

**106.** Our report to the Shaw review went onto note that when community medical records were later obtained by healthcare, containing clinical information about a detained person's history outside of prison and IRCs, such as a diagnosis of mental illness or a history of self-harm, this did not result in a further assessment of the person's vulnerability.

Information sharing between healthcare and the Home Office

**107.** Our research for Shaw also analysed the exchange of information between healthcare and the Home Office concerning both the identification of people who were vulnerable and the reporting of any increases in vulnerability as detention continued. Our report identified 4 key areas of concern:

- 1) When evidence of vulnerability was identified by healthcare the records we saw showed that it was not always shared with the Home Office using the Rule 35 reporting system.
- 2) From the evidence available to us, there seemed to be confusion amongst medical staff about the role of Rule 35 reports.
- 3) We were concerned that evidence of increasing vulnerability was rarely communicated by healthcare to the Home Office and detailed information about vulnerability was not provided
- 4) There were practical difficulties which restricted detained people from accessing medical practitioners for Rule 35 purposes.

**108.** Information about vulnerability available to Brook House's healthcare department was not shared with the Home Office using the Rule 35 system of reporting unless the individual disclosed a history of torture (Rule 35(3)). The medical records we had access to and reviewed provided no examples of reports being provided in connection with Rule 35(1) or 35(2).

- 109.** Despite the requirement in Detention Services Order 09/2016 for doctors to use templates for reports concerning each of the three aspects of Rule 35, none of the Rule 35 reports (which were all Rule 35(3) reports) used the template included in DSO 09/2016. Instead, another version was used which differed from the template in that it did not require information concerning the impact of detention, or an assessment of managing risk if the person was released. Thus, there was no recorded clinical assessment of these issues and the Home Office was not advised of the clinician's opinion. There was nothing in the medical records to indicate that the Home Office caseworkers sought the additional information. Lack of reporting on the impact of detention was particularly alarming where the clinical notes themselves contained reference to the IRC environment being unsuitable for the detained person to manage a medical condition, or mental illness being exacerbated by detention.
- 110.** Where a detained person fell into more than one of the three reporting categories, DSO 09/2016 required doctors to make a separate report in respect of each of the three individual categories concerned. However, from our research it was plain this was not happening. Several of the individuals for whom doctors had made reports that the individuals may be victims of torture (Rule 35(3)) were also being managed under Assessment Care in Detention and Teamwork ("ACDT"), the system for monitoring detained people considered at risk of self-harm, yet no template reports regarding suicidal intentions (Rule 35(2)) were completed and there was nothing to suggest that the Home Office caseworkers requested this additional information.
- 111.** Our report lists numerous examples from the medical records where doctors seemed to misunderstand the requirements and purpose of Rule 35, including instances where doctors incorrectly refused to complete a report.
- 112.** Our report highlights that evidence of increasing vulnerability was not properly shared by healthcare with the Home Office. The Rule 35 system was rarely used by doctors to update the Home Office of the adverse impact of detention. The medical records showed healthcare staff sharing information using IS91 RA Part

C (risk assessment) procedures, but 'Part C' forms do not require the information set out in the Rule 35 templates, there is no requirement that they are completed by a doctor, and they do not of themselves generate a detention review. The report includes many case studies where medical records showed individuals with diagnosed serious mental illness, exhibiting significant symptoms or disclosing suicidal thoughts, who were being managed under ACDT, but no Rule 35(2) report was completed and the information provided on the Part C form was very brief, did not include the individual's diagnosis, a medical explanation of any behavioural difficulties or an opinion on the impact of detention. The files did not suggest that on any occasion the Home Office caseworker sought further information.

113. A further issue was that delays in arranging an appointment for a doctor to assess the need for a Rule 35 were considerable. Delays of between 5 and 19 days for these appointments were noted from the medical records. Additionally, medical records referred to nursing triage appointments being arranged before a detained person could see a doctor, meaning additional delay before the doctor's Rule 35 assessment could take place.
114. A further theme identified from the records was the number of medical appointments missed by detained people. This chimed with the Report of the Centre for Mental Health commissioned in response to the first Shaw Review and published January 2017 which noted a very high number of missed appointments at the Gatwick IRCs compared with other IRCs<sup>22</sup> and suggests that less outreach work (seeing detained people on the wings) was undertaken by healthcare at the Gatwick IRCs.
115. Another identified shortcoming in the rule 35 reporting system was that it relies on the IRC's medical practitioner to report whereas in practice mental health is managed mainly by Registered Mental Health Nurses who conduct mental health

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<sup>22</sup> 'Immigration Removal Centres in England. A mental health needs analysis.'  
[https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/immigration\\_removal.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/immigration_removal.pdf)

assessments and mental health appointments. Even psychiatrists cannot complete a rule 35 report. Detained persons might also be referred internally to group emotional support sessions. They had limited contact with GPs who were generally concerned with issues of drug prescription and decisions concerning referrals with little information noted on the records relating to the individual's presentation or the impact of detention. Our report provided case studies to illustrate the difficulties of Rule 35 reports being solely the responsibility of the IRC's GP.

#### Mental capacity

- 116.** During the relevant period GDWG staff regularly saw people who appeared to have difficulties of understanding. We are not medically qualified but often saw detained people whose presentation was such that it was not possible to have a reciprocal conversation, where the individual was using highly pressurised speech or their conversation was unusual or difficult to follow because of the pattern of speech or the chaotic order in which they talked about events.
- 117.** In the period of our research for Shaw, 15 March to 31 October 2017, our staff saw 9 individuals during drop-in sessions where concerns about mental capacity were noted.
- 118.** In our report we listed the various matters about which detained people are likely to need to make decisions but where there was no provision for assessment of mental capacity. We provided case studies to illustrate the difficulties profoundly mentally unwell people have in accessing legal advice and other help whilst in immigration detention.

#### Access to healthcare in general

- 119.** Difficulties accessing adequate primary healthcare was a very common concern of those GDWG saw during the relevant period. Detained people complained of long waits to see a GP, often resulting in difficulties in getting new or repeat medication, and delays in referral for secondary healthcare. People also

experienced long waits for secondary healthcare with hospital appointments often missed due to errors by healthcare staff or cancelled for 'security reasons' or lack of transport. Detained people complained that often they were not kept informed of the cancellations and the reasons for cancellations. The witness statement of Jamie Macpherson gave the example of detained person [D191] who waited in pain for approximately 6 months from the date of his initial complaint to Healthcare before he received treatment for an abscess on his tooth.

**120.** Lack of provision of interpreters added to the difficulties of accessing healthcare.<sup>23</sup>

I cannot be sure that this was an issue during the relevant period but certainly it has often been a problem detained people have reported to GDWG. In 10 minute consultation slots GPs may not have time to dial up interpreters, especially for less common languages or dialects. Without a proficient interpreter, individuals become frustrated, anxious and more vulnerable. Staff and other detained persons were often used as interpreters, rather than professionals. This was inappropriate because detained persons needed the interpretation services of trained professionals. It also breached confidentiality, lacked objectivity, and led to misunderstandings.

**121.** Access to primary and secondary healthcare was commonly impeded when detained people were moved around the detention estate.

Quality of treatment

**122.** A culture of disbelief in those working at Brook House was prevalent in the accounts of detained people in 2017, including healthcare staff, with a particularly worrying impact on the provision of healthcare. Many detained people reported that healthcare staff were rude and dismissive of health concerns, particularly mental health issues. Our Volunteer Visitors, in a focus group held after the

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<sup>23</sup> In the report of an unannounced inspection of Brook House by HMCIP for the period 31 October to 11 November 2016 when asked if a qualified interpreter was available if they needed one during a healthcare assessment 31% replied 'no', 20% 'yes' and 49% did not need one/did not know: <https://www.justiceinspectorates.gov.uk/hmiprison/uploads/sites/4/2017/03/Brook-House-Web-2016.pdf>

relevant period (for visitors to reflect on the experiences of visiting during the relevant period), reported that detained people said they were routinely prescribed paracetamol rather than medication appropriate to their medical needs as healthcare staff did not listen sufficiently to their concerns and did not appreciate the severity of their symptoms. [3416791 Email Anna Pincus to GDWG Trustees 22.01.20 with results of Visitor Focus Group meeting held 17.01.20 redacted GDW000009]. The Verita report observed that ‘many detainees in our forums had a poor opinion of healthcare’. [CJS005923\_0176]. The report includes comments by detained people on the over-use of paracetamol,<sup>24</sup> [CJS005923\_0176] and notes that the IMB reported in 2016 that detained people had complained in a petition that paracetamol was ‘being used as a panacea for everything’.<sup>25</sup> [CJS005923\_0231].

- 123.** In the main we found that our clients were distrustful of healthcare staff. They saw healthcare staff as part of the same G4S staff team as the detention officers and the Home Office system. They did not feel that healthcare staff were there to care for their wellbeing or health, largely because healthcare staff did not appear to listen, take seriously or address their health concerns. It was our impression, borne out by our research for the Shaw Inquiry, that healthcare staff rarely passed on any medical concerns to the Home Office. In my view they did not play an objective role because they aligned themselves with the Home Office and Brook House management. The presence of healthcare staff and the lack of support and advocacy for the rights for detained people during planned restraints and use of force may have reinforced the view of detained people that healthcare staff were a part of the system that was mistreating them. Panorama, of course, showed at least one member of healthcare staff deliberately deciding, at the request of a detention officer, not to record the use of force by that detention officer on a very vulnerable detained person.

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<sup>24</sup> <https://www.verita.net/wp-content/uploads/2018/12/G4S-version-report.pdf> at paragraph 11.31

<sup>25</sup> <https://www.verita.net/wp-content/uploads/2018/12/G4S-version-report.pdf> at paragraph 14.5



- 124.** There were systemic failings in the way suicidal people were treated. In our experience, the main response to those who were suicidal or threatening self-harm was to place them on an ACDT and in isolation. This had the aim of physically preventing a detained person from killing themselves but appeared to us, from what we were told by detained people, that it offered no therapeutic treatment and in many cases the isolation seemed to have a detrimental to the individual's mental health. People told us that being on suicide watch made them feel more distressed as they were isolated and unable to access activities which might provide distraction and support networks such as friendships with roommates or people from the same country.
- 125.** The culture of disbelief particularly affected the perception of healthcare staff towards the mental health problems of detained people. For example, in GDWG's experience when detained people refuse food and fluids this is usually because they are experiencing severe mental distress, due to factors such as continued and lengthy detention, segregation, their perceived poor handling of their immigration case or the threat of removal or deportation. Many believe that their death is inevitable if they are removed or deported. Detained persons told us during the relevant period that staff see food and fluid refusal as 'acting up', rather than as a symptom of severe distress and mental ill health.
- 126.** There was also an apparent lack of care for detained people who witnessed others who self-harmed or attempted suicide. People who witnessed these events were often traumatised by what they had seen but were not offered any support or treatment. Their distress was frequently intensified by witnessing the manner in which detention officers moved a suicidal or self-harming person from, say, the cell to a different wing. We were supporting an individual during the relevant period who was very disturbed by the killing of a detained person by another detained person at another IRC where our client had been detained. Our client was suffering from mental health problems which he attributed in part to this killing. He told us he had informed Brook House healthcare staff about this but found them unsympathetic and felt they failed to understand the impact of this upon him and offered no support.

127. People with disabilities did not always receive adequate care at Brook House during the relevant period. We supported clients with physical disabilities who were not given appropriate equipment to support them, and no adjustments were made to enable them to access the facilities and activities of the centre. At times this led to clients having accidents and sustaining injuries. When GDWG staff raised these issues with Safer Community and Healthcare our concerns were often dismissed. We also met clients with learning disabilities and severe mental health disabilities who did not appear to be given adequate care and support. We supported clients who were held in segregation for the majority of their time in Brook House due to their learning disability and/or severe mental health issue. This resulted in their isolation and reduced ability to access support and activities and in some cases adversely affected their mental health. It seemed to GDWG staff that force was often inappropriately used on these clients to subdue them when they became agitated, aggressive or self-harmed. Our impression was that when detained persons with learning disabilities did not understand staff, this was often perceived as a lack of English language ability rather than a learning disability.
128. The overuse of restraints when detained people attended hospital appointments was another cause for concern. Restraints should only be applied if a prior risk assessment indicates a specific risk of escape or risk to the safety of the public or staff but they seemed to be being used as a matter of course. HMCIP Report on the unannounced inspection of Brook House 31 October to 11 November 2016, January 2017, [CJS000761] noted that "in some cases restraints had been applied for external appointments without adequate justification in the risk assessment" (para's 1.3 and 1.43).
129. It was, and remains, of great concern to GDWG that Brook House detention and healthcare staff appeared to us to do little or nothing to help those who were very obviously seriously unwell. Vulnerability which was immediately and vividly apparent to GDWG staff and visitors seemed to be unacknowledged by Brook House staff. It seemed the detention of extremely vulnerable people was

normalised at the Centre and that Brook House staff became inured to the immense suffering they witnessed every day at work.

#### Raising concerns about healthcare issues

**130.** The healthcare department at Brook House did not encourage us to raise concerns about healthcare issues with them during the relevant period. I appreciate that they were not permitted to discuss an individual's healthcare without a signed authority from that person but confidentiality did not prevent them from noting and taking account of information GDWG had shared. However, they seemed unwilling even to note the concerns we were raising and they would usually not discuss a detained person's healthcare with us even after we had provided the person's signed form of authority for them to do so. For example, detained people often asked us to contact healthcare with their concerns about the medication they were prescribed, but healthcare would not engage with us over such issues. If they responded at all it would be to say that the detained person should attend healthcare to discuss the matter. When we reported safeguarding concerns, for example that a detained person had told us they were planning to self-harm or to attempt suicide, we would do so to the Safer Custody Team, the Welfare Team and healthcare. We would always receive a response from the Welfare Team, usually we had a response from the Safer Custody Team and almost never did healthcare reply to us.

**131.** We could, and did, report concerns about healthcare, and safeguarding concerns, by email to the Safer Custody Inbox. An example was an email from the then Director of GDWG, James Wilson, to Safer Custody sent on 25 April 2017 in which he said: *"My colleague Ana Szopa spoke with detainee XXXX a few minutes ago and were highly concerned about his well-being. I believe you are already aware of his imminent thoughts of self-harm and suicidal feelings. He is on E wing. When speaking to us this afternoon he was standing in the yard and appeared to be in close proximity to an officer. He said he would swallow a razor blade rather than go back to E wing. Ana spoke to him to try to calm him down and we are arranging one of our experienced visitors to arrange a visit to him to offer some additional emotional support. XXXX is very young and highlighted to*

*us that is finding the isolation of E wing extremely difficult, and that he would not feel such extreme urges to self-harm if he were to be accommodated with other detainees. I would be very grateful if you could review his present arrangements in light of this. Please do not hesitate to contact me. With all best wishes, James". [GDW000003\_24]. On that occasion the response sent on 26 April 2017 was satisfactory: "Hello James, Thank you for raising your concerns about XXXX. XXXX is currently on a constant supervision so we are reviewing him daily. I will forward this information on to the management team for consideration at his next case review. Once again thank you for raising your concerns. Kind Regards. James Begg, Detainee Custody Manager, Safer Community, Brook House IRC." [GDW000003\_24].*

132. On other occasions reports by email to the Safer Custody inbox went unacknowledged.
133. The Safer Custody Team also have a direct telephone line but it was not always possible to get through. Another NGO contacted us on 21 August 2017 asking us to visit a detained person they had been supporting before his move to Brook House and who was suicidal and under ACDT. They said that they had been trying to get through by telephone to the Brook House main switchboard and the Safer Custody Team phonenumber for several days without success.
134. In general, we found healthcare and detention staff to be dismissive of concerns we raised about healthcare and about the welfare of detained people in general during the relevant period. Whilst we were often told that our concerns would be passed on, it seemed to us that if they were passed on then action in response was rarely taken, save for when we reported that a detained person was expressing thoughts of immediately committing suicide, in which case healthcare staff or wing officers did seem to immediately attend the person's room, from what we were told both by staff and detained people.

#### Requests for medical records

**135.** I have been asked why GDWG frequently requests access to medical records of detained persons and what is done with these records. As I have described, one of our roles is to assist detained people to access advice and assistance from other organisations. We request medical records once we know that a referral to another organisation will be made and when provision of medical records to the referee is likely to assist that organisation. Referrals to Medical Justice, for example, have (at the general request of MJ) to include a copy of the medical records. Solicitors may request copies of the medical records to enable them to assess whether they can take on a case. Where the main issue in an immigration claim, or an unlawful detention claim, is the health of the detained person, viewing the medical records at the point of referral can enable the organisation to gain an accurate view of the case at an early stage. It may also assist us to write the referral information. In addition, our research in 2017 to respond to the Shaw Inquiry into the detention of vulnerable detainees necessitated that we obtain the medical records of clients and they gave specific consent for those purposes.

#### Effects of expansion of cell capacity

**136.** Brook House is built to the specification of a Category B prison and the rooms are, I understand, identical to prison cells. Even with a two-person occupancy our clients often described the rooms as being small, claustrophobic and uncomfortable. People described how intimidating they found the way voices were amplified on the wings by the architecture, how the heavy doors made a crashing sound when they closed and how the sound of the jangling keys was distressing. Cell windows did not open and the rooms lack fresh air. People described the beds as uncomfortable, as if 'made of concrete'. We also had reports of people being denied sufficient blankets during the relevant period. Many people spoke of the indignity of having no door between the rooms and the toilet. They spoke of unbearable smells coming from the toilet to the space where they ate, tried to sleep and, for many detainees, prayed. Detained persons during the relevant period were normally confined to their cells overnight and for two roll calls per day. Many people experienced this confinement as a criminal punishment.

**137.** It was my impression that adding a third occupant to cells that were already unpleasant cramped environments added to the suffering of most detained people. I understand that third occupants were added to cells from in or around May 2017 (but that this stopped in July 2018). Reduced personal space exacerbated stress and increased tensions between roommates. It had an undoubtedly negative impact on the mental health and the well-being of detained people, many of whom were already vulnerable.

Availability of internet and social media

**138.** On entering Brook House any smart phone is removed from the possession of detained people and they are each issued with a mobile phone that has no camera facility. Some people reported to us that they were not give a phone for several days and/or that the phone they were given did not work.

**139.** Key websites, including that of the BBC, the Refugee Council and ours, amongst many others, were blocked on the Brook House network computers accessible to detained people for periods during the relevant period. The lack of access to these websites and to social networking sites made it difficult for people to access information and advice relating to their situation and to maintain contact with family and friends in the UK and abroad.

**140.** In addition, there was no WiFi and only poor internet and mobile phone service throughout the relevant period. Lack of access to WiFi and poor mobile signal were particularly difficult for detained people, reducing their sense of agency and increasing their sense of isolation and loss of identity. People have told us that their phones are like '*an extra limb*', something they relied on heavily to function and to access a network of support that helps to sustains them. Lack of mobile phone contact can be very detrimental: support organisations like ourselves and legal representatives are unable to assist people, contact with family and friends may be limited as well as contact with the Home Office caseworker. It may have a serious irreversible impact if removal directions are set and the solicitor cannot

reach the detained person as a matter of urgency. Detained people feel more vulnerable without a working phone.

141. Detained people also had no access to a scanner and complained that often the fax machines were not working. A GDWG staff member rang Brook House in June 2017 to complain that detained people had no access to a working fax machine. She was told someone would look into this but heard no more. She wrote to the IMB to ask for advice on who to contact at Brook House for help and the IMB replied that they knew there were problems with IT generally in Brook House and had themselves raised this with G4S and the Home Office at a Board meeting the day before.

#### Drugs or other substance misuse

142. It was clear from our interactions with people in Brook House during the relevant period that illicit drugs, particularly the synthetic cannabinoid Spice, were in abundance and easy to obtain in Brook House. We were told by our clients that it was an often daily occurrence for someone to keel over and appear to pass out from taking Spice. Detained people reported high levels of the use of Spice to us, amongst large sections of the population at Brook House.
143. During the relevant period we were informed by clients that there were Brook House staff supplying drugs to detained persons and that detained people acted as drug dealers. I am of course in no position to judge whether staff were supplying. However, the frequency of incidents of drug use as reported to us suggested to us that Brook House staff were at least permitting, or at least ignoring, the dealing of Spice. The HMIP inspection report, January 2017 [CJS000761] noted at paragraph 1.46, *"The supply and misuse of drugs was the most significant threat to security, and there was evidence of the organised criminal supply of drugs. However, the centre did not have a drugs strategy."*
144. I have already said that the perception that detention staff might be supplying drugs or were at least doing little to prevent drug dealing and drug taking, acted as

a disincentive to detained people from reporting drug-use, as they were afraid that staff were involved and there might be reprisals. This was most clearly expressed by a client in May 2020 who informed GDWG that he wanted to report to officers his concerns about the misuse of drugs by other detained people and the effect on them but could not do so because he believed Brook House staff were complicit in the drug use. The Inquiry has asked me about the support GDWG provided to clients who reported to us that staff might be involved in drug use. We would have talked through the options available to clients, including that a report could be made anonymously, and we would have provided emotional support and ensured our safeguarding procedures were followed. There was a culture of fear at that time such that we could not be sure of the repercussions for our clients if they made complaints that were not anonymous and this affected the advice we gave clients. In addition, we were afraid that if we were associated with client complaints our use of private rooms for drop-in sessions would be withdrawn which, as I have said, would have had a serious impact on the support we could provide to detained people generally. Significantly, my recollection is that not a single detained person indicated that they wanted to report that detention staff might be implicated in the drug use at the Centre. I think this was because detention staff had created a climate in which most of our clients feared how detention staff would react to complaints.

**145.** In 2017 we did not systematically record drug misuse by clients inside of Brook House. However, I remember that use of Spice was such a big issue during the relevant period that I usually asked people I saw at the drop-in sessions whether they were taking Spice as part of my general assessment. I would highlight to detained people the benefits of steering clear of drugs and the importance of staying well to cope with what was coming. We also told people about the support services available from RAPT and later the Forward Trust even if they disclosed no substance abuse.

**146.** I would add that people generally told us that Brook House was a dreadful environment to live in and people were often very desperate. Some people told us that they took Spice because they felt very low in mood and Spice offered an



escape from the awful reality of their situation. The availability of Spice at Brook House, the highly stressful environment, the length of some detentions, exacerbation of mental ill-health over time in detention, and the many other factors I have referred to above, all added to the pressures on detained people and the risk that people would use drugs.

- 147.** People whose behaviour made it obvious they were under the influence of drugs would not usually be allowed into the visits room or the legal visits rooms.
- 148.** Our Volunteer Visitors did occasionally report erratic behaviour and question whether mood swings or unusual presentation were a result of drug taking. It could be difficult for GDWG staff and Volunteer Visitors to ascertain whether a detained person's presentation was due to substance misuse or other factors or a combination of things. People presented to us in erratic ways for many different reasons, including severe mental health issues.

#### GDWG referrals to RAPT

- 149.** We started to make referrals to the in-centre substance misuse team, RAPT, after Anton Bole, the Team Leader of RAPT, visited our office in February 2017. I remember Mr Bole saying he was surprised that GDWG did not have an office or better presence in Brook House because it would help us to be more effective. He said that when he started working at Brook House he had 50 to 60 referrals of people detained at Brook House on the waiting list to see RAPT and he was receiving referrals at the rate of around 12 a week when he visited us. The referrals of detained people up until then were all from G4S officers, but he wanted other agencies to start referring.
- 150.** He explained that Brook House officers did not ask for the permission of detained persons before referring them. They referred anyone they felt had a drugs problem. He told us that some detained people were initially hostile when they first met him, but "98%" agreed to engage once he explained the work of RAPT. He described the approach RAPT used which started with "shock tactics" on the

damage drugs can do and moved on to use Cognitive Behavioural Therapy (CBT). Given it was usually G4S staff making the referral to RAPT, the referral was noted on the detained person's detention file but detained persons were reassured by Mr Bole that conversations with RAPT were private. Mr Bole told us that the RAPT database was not shared with G4S save that any child protection concerns, self-harm or suicide risks, and incidents where "the security of IRC was compromised" (which included where the name of a drugs dealer was mentioned) had to be reported. Mr Bole explained that if it was a detained person who was named as a dealer this information was passed to G4S. If it was a member of staff, Mr Bole used a Standard Incident Report (SIR) form to raise this anonymously with G4S security staff.

151. Mr Bole was keen to stay in touch with GDWG and left RAPT referral forms for us to use and his email address to send them to.
152. We did then make referrals to RAPT for a period. During the relevant period we made 3 referrals to RAPT and they referred one person to us.
153. However, from August 2017 we were told by Brook House management that we should not be making referrals to RAPT and we were threatened with withdrawal of use of the legal visits rooms for our drop-in sessions if we continued to do so. In his witness statement [GDW000001\_0014 and GDW000001\_0017] (paragraphs 44 and 50), signed 13 September 2018, our then Director, James Wilson, explained that he attended a meeting on 18 August 2017 with Steve Skitt of G4S and Paul Gasson of the Home Office, during which Mr Skitt told Mr Wilson that it was inappropriate for GDWG to refer detained people to other agencies, including RAPT. Mr Skitt said this was because every detained person is screened for drug use on arrival and those who required a referral to RAPT will have been referred. This incorrectly assumed that the reception assessment captures all those misusing drugs which is highly unlikely as reception screening mostly relies on detained persons volunteering a drug problem and, as indicated above, screening often takes place late at night, when newly arriving people are tired and the screening process is protracting as it has so much to cover, and the

process can be swift. Moreover, in our experience some people who entered detention without a drug problem started to take Spice whilst at Brook House. These and other reasons meant that post-reception referrals to RAPT were necessary. From Mr Bole's comments to us it seems that detention officers were making referrals to RAPT not only at reception stage. We however were being told not to.

- 154.** In any event, it was appropriate for GDWG to refer clients with a drug problem, who wished to be referred, to the organisation within Brook House which had been set up to help those with drug and alcohol dependence. Mr Bole saw that this was a helpful role for GDWG to take. As explained above, in February 2017 he had encouraged us to make referrals and he had accepted the referrals we had made.
- 155.** In light of Mr Skitt's comments and threats at the August 2017 meeting we were unclear whether RAPT would accept our referrals. My colleague, Advocacy Coordinator Naomi Blackwell, sent an email to Mr Bole on 27 September 2017 to ask whether GDWG and RAPT (by then known as the Forward Trust) could continue to refer cases directly between the organisations [GDW000003\_46]. Mr Bole replied that he had been told that the referral process had to go through the Welfare Office (which was run by G4S). Ms Blackwell asked when and by whom he had been informed of this Mr Bole replied by email on 30 September 2017: *'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'*. [GDW000003\_45].

#### GDWG's relationship with G4S and the Home Office Welfare Officers

- 156.** GDWG had a very good collaborative working relationship with the officers who worked for Welfare in Brook House (and Tinsley House). When we raised concerns about detained people with the Welfare Officers they would actively seek out those individuals to check how they were. When individuals presented to the Welfare Officers with issues they could not help with (such as reuniting people with their property, sourcing clothes, obtaining phone chargers, providing some

money for transport upon removal or deportation) they would refer them to us and we would do our best to help. We have, in the past, as a gesture of goodwill, purchased phone chargers for detained people to use in one of the Gatwick IRCs (I cannot recall whether it was for Tinsley or Brook House) at the request of Welfare Officers as they were eager for us to help in this way. We had very positive impressions of the Welfare Officers, particularly of Octavian Strat and Terisha Crepin, but they were understaffed and overstretched, and detained people reported there were frequently very long queues and long waits to be seen in the Welfare Office.

#### Frontline detention staff at Brook House

- 157.** GDWG staff also reported some positive relationships with front-line detention officers. There was one officer known by his colleagues as 'T' who was helpful when we were on the visits corridor for drop-in sessions and he would make sure we were kept informed if there was a long wait for a detained person to arrive. However, the treatment of detained people by frontline staff, some of which is described above, impacted on GDWG's working relationship with them.
- 158.** I did hear of instances of detention staff doing their best to provide support and dignified treatment to people in detention, and some detained persons enjoyed positive working relationships with some staff, but in my experience that was not the norm. I have been asked by the Inquiry to provide the names of these officers but I am unable to recollect the names and our records do not record them.

#### G4S management

- 159.** I have been asked whether G4S developed a long-term collaborative partnership with GDWG. Again, there have been a few individual Home Office and G4S officers with whom we were able to develop positive relationships over the years. However that tended to be outside of the relevant period. In general the relationship with G4S and the Home Office was poor.

- 160.** In the relevant period, my experience was that G4S and Home Office managers at Brook House tried to circumscribe the work GDWG did for detained people, rather than seeking to work collaboratively. As I have described, they limited the number of times staff could see detained people in private legal visit rooms to once per person. They told us we should not do any 'casework' for detained people, only conduct social visits. They criticised us for referring individuals to the IMB and RAPt and for raising concerns about individuals with the IMB. When we raised concerns about detained people usually they dismissed or ignored our concerns or perceived criticism when we were only aiming to draw to managers' attention the needs of vulnerable people. In response to GDWG raising concerns about individual detained people G4S threatened to remove our access to the private legal visits rooms where we hold our drop-in sessions.
- 161.** I refer to James Wilson's account of his meetings with Brook House management set out in his statement signed 13 September 2018 [GDW000001\_014-018]. I was not present at the meetings so I cannot add to his account of what took place during the meetings. I can say that when James came out of the meeting with managers held on 9 March 2017, he was very visibly shocked and shaken. It seemed to me that his response was consistent with someone who had been bullied. I had observed a similar response in our previous Director, Nic Eadie, after he attended a meeting with G4S management some years previously.
- 162.** After his meeting with G4S and the Home Office on 18 August 2017 which I have mentioned above, James sent an email that day to the GDWG staff team saying: *'I just [had] a pretty gruelling meeting with Brook management. The continuation of the drop-ins is on something of a knife-edge. For the time being, if you are considering raising any concerns with G4S (inc healthcare) or with any of the agencies that work within Brook or Tinsley House (IMB, RAPt, etc), please let me know and we can discuss – I've offered to make any necessary contacts for the next few weeks. In other words, please make sure any concerns raised are going through me. I realise this sounds quite draconian but it's a serious situation.'* 3415633 Copy of James Wilson mail to GDWG staff 18 8 2017.pdf [GDW000008].

- 163.** As James explained in his witness statement, 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 had an impact on how we have advocated for detained people. We would of course always report a serious safeguarding matter that affected a detained person to Brook House management but given the history we were wary of taking up issues with management and we were cautious about saying anything that might be construed as criticism of management. We requested to see fewer detainees for repeat visits because of the restriction and some of our requests for repeat visits were turned down.
- 164.** There was therefore a degree of self-censorship where issues or problems we encountered that would have benefited from discussion with Brook House were not routinely taken to Brook House managers. We felt forced to advise detained persons to share issues or complaints with their legal representatives to take the matter up on their behalf because we were fearful of antagonising those at Brook House in case they punished us for speaking up by restricting our access to our clients. I remember a previous Director of GDWG saying, in about 2013, that they had been told by Brook House management that our drop-in sessions were a privilege and we should remember that.
- 165.** I have been asked about a draft Memorandum of Understanding (MOU) between G4S and GDWG relating to our drop-in sessions and why this MOU was never agreed. James Wilson explained in his statement signed 13 September 2018 the background to a draft MOU being prepared. It arose out of G4S's suspicions about our work and it is unusual for IRC Visitor Groups to be subjected to such an agreement. Nevertheless, GDWG would have agreed to sign a MOU if its terms protected the work we do. As I understand it, the terms of the MOU were discussed at meetings James and his predecessor attended but the MOU was never finalised. It seemed that after Panorama was broadcast the MOU was no longer discussed. G4S did not seek to discuss it with me after I became Director in April 2019 and Serco have not raised the issue since they took over running the centre in May 2020. In relation to the necessity for an MOU, I would say that what is

essential is that Brook House managers have a good understanding of the work GDWG does for detained people at Brook House and a good collaborative relationship with us so that detained people receive the support and assistance they need and are treated with dignity and respect. Any issues that arise should be talked over between Serco and GDWG to reach agreement on individual cases. Any MOU should allow for flexibility on both sides. As I have indicated above, GDWG cannot properly perform our work to the best of our ability and the benefit of all if staff do not have private rooms in which to see clients or if we are restricted to one visit only. Furthermore, we would be better able to perform our work if we could see clients in spaces further into Brook House where detained people would have better access to us.

**166.** I have also been asked to comment on minutes of an IMB meeting of 16 August 2017 [IMB000003] which noted that Steve Skitt and Paul Gasson “*explained their reservations about some less appropriate actions, especially by one or two volunteers. Whilst it was acknowledged that they are providing support to the detainees some are getting involved beyond their remit*” and the letter from the Chair of the IMB to Board members of August 2017 [IMB000003-4] which stated that “*the problem for HO/G4S is one of trust and hinges around the question of whether the organisation sees itself as existing to befriend detainees or as a protest movement against detention, or at least some of their members might think of it as such.*”

**167.** In his witness statement signed on 13 September 2018 James Wilson explained that Brook House management repeatedly harked back to a few events to which they had taken great exception and regarded these as reasons not to trust the work of our organisation. I think that the “less appropriate actions” are a reference to Twitter posts made by a staff member as long ago as January 2013 for which the staff member and GDWG had at the time offered G4S an apology. G4S were also upset by a witness statement given by one of our staff members, Naomi Blackwell, in October 2015 in a claim for judicial review brought by the Official Solicitor acting as Litigation Friend for a mentally ill detainee, [DX] Mr Wilson explained in his witness statement that Ms Blackwell’s statement made observations about

the detainee's state of health during his detention and her attempts to secure him legal help in his immigration case. It 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. I would strongly contend that this work was wholly appropriate and enabled a very mentally ill man, who lacked mental capacity to instruct solicitors, to access legal advice and the appointment of a Litigation Friend. There are very obvious concerns about G4S taking action to try to stymie such evidence.

**168.** A third action to which this may be a reference was that one of our Volunteer Visitors stood as surety for a detained person on a bail application in July 2015. We advise our Volunteer Visitors not to stand surety for detained people mainly because we do not want detained people to misunderstand the purpose of visits or to raise expectations that this is support visitors will offer. On this occasion the Volunteer Visitor had been visiting the person for many months and a strong relationship of trust had developed. At the bail hearing the Volunteer Visitor was asked to increase the amount of surety offered to a substantial sum, probably to deter him from acting as surety, but he agreed to the large figure confident that the detained person would not abscond. The Volunteer Visitor was an intelligent, mature person of financial means who made the decision to support one detained person in this way. It is rare for GDWG volunteers to stand as sureties and, as I say, we advise against it and give detailed explanations why (although there is no absolute rule). It is disappointing that G4S and Home Office managers continued to see this as somehow reflecting badly on GDWG such that we were not to be trusted. In the case of the detained person for whom the volunteer acted as surety, the bail application was successful, the individual was released and complied with his reporting requirements. I understand that he went on to bring a successful claim for damages for unlawful detention. His immigration case remains on-going and he continues to comply with the reporting requirements.

**169.** It is, regrettably, correct that there was a lack of trust between GDWG and G4S and the Home Office. We did not trust that G4S and the Home Office were treating people fairly or humanely. I think they may have trusted us to provide good



support for detained people through our Volunteer Visitors and in private they may have acknowledged that, for example, the Tweets were unrepresentative of the measured work our Volunteer Visitors and staff did day in, day out. However it felt to me that G4S's continued reference to these incidents was a way of exerting control, and justifying the position they wished to take, which was to curtail our activities and therefore any criticism of them, or, worst of all, reduce the number of removals. This attitude and approach prevented a more positive working relationship and meant that Brook House managers could not learn from the information we could provide to them.

**170.** As to the comment that GDWG, or some of our members, see our organisation as a “protest movement against detention”, I refer back to my explanation of GDWG’s aims which are 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 while calling for positive change and an end to indefinite detention. As I have explained, we see no contradiction between our befriending work and our work that calls for change. Whatever view one might hold of some of those issues, it is obviously a legitimate argument that GDWG is entitled to advance. In any event, I cannot emphasise enough that befriending is our primary purpose. It is at the heart of what we do. We demonstrate hospitality, acceptance and welcome and we do our best to ensure those values permeate all our work. We do not protest in a confrontational way. We use stories to help people connect with the reality of the experience of detention and we call for change so that the suffering in detention does not continue.

**171.** I have been asked about my comment to the Lampard Inquiry that Brook House management was a “closed culture” and a “broken culture” [VER000249\_0015]. I called it “closed” because managers were not open to hearing what GDWG staff had to say, and defensive when we reported concerns. It seemed to me that they did not wish to learn about how detained people experienced their time in detention. It was my view that an organisation that did not listen was essentially broken because it prevented positive growth from the learning that comes from listening.

172. I have been asked about an email [VER000108] I sent on 7 August 2018 to Dan Houghton, G4S Support Services Manager, about someone who was in anguish and exhibiting signs of stress. I asked if he might be moved to Tinsley House where the environment might provide fewer triggers for the post-traumatic stress he had developed whilst imprisoned in Turkey. I mentioned that his stress was likely to escalate as his partner was about to have a baby.
173. I recall that at the time many of the detained people I was seeing had problems which I wanted to raise with Brook House management, but which James Wilson, then Director, thought it unwise to raise for fear of antagonising the Home Office or G4S. The request for this man to be moved to Tinsley House was expressed in polite terms, was reasonable and did not seem to me capable of provoking offence. It was for a transfer between two IRCs run by the same management team and situated close to one another geographically. However, when Mr Wilson met with Brook House managers on 18 August 2017, Mr Skitt complained that my email was an example of a concern raised to the right person but in the wrong way; he considered that it was not for me to “diagnose” a risk of PTSD or to request a move to Tinsley House.
174. I confess to having been surprised by this response. In my view it demonstrated a “broken” culture (and I used that term) in management because it showed the Home Office and G4S did not want to hear my concerns or learn about how detained people experienced detention. They did not respond to the plight of this detained man as one human being to another. I felt it showed the Home Office and G4S staff were in denial of the suffering playing out in front of their eyes. I felt there was something fundamentally broken about that.
175. I have been asked to comment on the conclusions of the Verita report which at paragraph 1.143 concluded *“What we learned about the SMT’s relationship with GDWG suggested to us that the SMT (Senior Management Team) had been unnecessarily defensive and had possibly been over-identifying with the Home Office and its interests in relation to immigration casework. G4S managers should*

*welcome the referral of matters that may need to be addressed. GDWG offers G4S a potential channel of information about the wider experiences of detainees and insights into the way the centre is run. We were pleased to learn from GDWG that their relationship with managers at Brook House appeared to have improved in recent months.” [CJS005923\_0031]. At paragraph 14.31 of the report it was noted “We have seen emails GDWG sent to managers at Brook House raising issues relating to individual detainees. Managers at Brook House had apparently found the email objectionable. They included the case of a disabled detainee. GDWG asked if the detainee might have an assessment for crutches, which GDWG offered to provide for him. Another email asked if managers would consider transferring a detainee with mental health problems to more appropriate accommodation at Tinsley House. The tone of the emails was polite and measured.” [CJS005923\_0239].*

- 176.** I agree with these conclusions. I would add that had Brook House managers adopted a relationship with us that involved openness and a willingness to listen, we would have been able to give information about detention from the perspective of our clients and GDWG, and providing valuable insights and enabling learning. This would have been of benefit to individual detained people and in the running of the Centre. The approach of Brook House managers seemed to demonstrate a fear of hearing what we might have said and a culture that was arrogant in its refusal to listen.

#### Staffing levels

- 177.** During the relevant period our Volunteer Visitors reported delays getting into Brook House for visits and GDWG staff encountered delays getting in for drop-in visits. If a member of G4S detention staff went on a break, there was sometimes no-one to cover for them and we would have to wait until the officer returned from break. G4S staff would themselves complain to us about understaffing.
- 178.** Detained persons reported to GDWG that they experienced delays in healthcare – see healthcare section above – including delays in obtaining GP appointments for

initial assessments under Rule 34 on arrival, for assessments and Rule 35 reports and for all other GP appointments. It was a source of frustration and distress to detained persons that shortages of escorts meant that medical appointments outside of Brook House were often cancelled. Detained people reported to us that they often had to wait a long time for appointments to see officers from the Home Office in Brook House which may have been due staff shortages or possibly because the Home Office wished to restrict access to their staff. There were also long waits for legal appointments through the library; detained people were often told there were no appointments available soon. This was perceived as due to understaffing in Brook House but it may have been due to a restriction placed on the number of legal advisers allowed to take part in the legal surgeries.

- 179.** We were aware that the G4S Welfare staff were overstretched. We would talk to them on the phone and hear the background noise of people waiting to be assisted. They would say things such as “I have lots of people here, please speak to X detained person direct” to save themselves time and the phone would be passed to the detained person to speak with us, for example to request a phonecard. We were told by detained people that there were always queues of people outside the G4S Welfare Office. Welfare staff told us they felt overstretched.
- 180.** Nearly every time GDWG staff were in Brook House, front-line detention officers would talk to us about how difficult their role was due to understaffing. They complained that the stressful nature of their jobs was not appreciated by their managers. They told us there was a culture in which they could not take leave when ill, new shifts were introduced without consultation, problems created by staff shortages were not understood, and night shifts were imposed on people who had personal caring responsibilities that made these difficult to accommodate.
- 181.** When I undertook drop-in sessions, detention staff would sometimes talk to me between appointments. They described being overstretched and challenged by the nature of their work. One officer told me that if he became friendly with detained people this made it emotionally difficult if he was later instructed to be part of a team going into the cell with shields and full riot gear to restrain people. They

said they did not feel valued. They would frequently complain that staffing levels were too low such that they were unable to take breaks. In my view, the building was not a pleasant working environment for staff or suitable living environment for detained persons.

**182.** I understand that the nature of the work at Brook House was inherently challenging and potentially traumatising for detention staff. Many detained people are very vulnerable and traumatised, some are very mentally unwell with symptoms of PTSD or psychosis. Many are often desperate not to be removed or deported. Some speak no English. Some exhibit challenging behaviour. As I have described above, during the relevant period there was a high level of mental illness in the detained population and a high number of incidents of self-harm and suicidal ideation. Staff had to manage people with very complex needs often without relevant training or the staff levels and resources needed to respond effectively and compassionately.

**183.** As someone working for an IRC visitor's group, I empathise with some of the challenges experienced by staff working in detention. Working with traumatised people with complex needs which cannot be adequately met in detention can feel overwhelming and frustrating. I am aware of the potential for vicarious trauma as a result of working in my field, so, it seems likely to me detention officers are particularly at risk of vicarious trauma in their work too. I think responses such as distancing, detachment and cynicism are evident in the manner in which some of the detention staff treated detained people.

**184.** GDWG suspected that there might be a financial incentive to G4S to keep staffing levels at a minimum to maximise profit. The effect of staff shortages on detained people and front-line detention staff was very negative.

#### Oversight - The IMB

- 185.** I have been asked to set out my view of the level of oversight and scrutiny provided by IMB during the relevant period in Brook House and GDWG's relationship with them.
- 186.** As explained above, we would usually inform detained people as to how to make complaints to IMB but where they were particularly vulnerable, and could not make a complaint themselves, we would make complaints on their behalf.
- 187.** It is my view that during the relevant period the IMB for Brook House did not provide an adequate level of oversight and scrutiny. They were not sufficiently independent from Brook House management; in their reports (and presumably in their communications with Brook House) they were not sufficiently critical of the evident and very serious problems at Brook House, such as the high number of very vulnerable detained people, the high number of incidents of self-harm and the inadequate level of staffing; they wrongly declined to deal with referrals from GDWG, which raised concerns about individual detained people and thereby discouraged referrals from us; and they failed to foster good relations with us which would have enabled them to gather more information from our organisation which would have helped IMB to fulfil their role. Furthermore, IMB accepted and implicitly adopted Brook House managers' unfair criticisms of GDWG's work and by implication sought to circumscribe our work, to the detriment of the welfare of detained people.
- 188.** In all the time I have worked at GDWG there has been concern that the IMBs for Brook House and Tinsley House are too uncritical of the treatment of detained people in the IRCs and too close to management. In September 2015, one of our trustees, Felicity Dick, carried out a stakeholder interview with Jackie Colbran, the Chair of IMB and two other IMB members. 3415632 Stakeholder interview with the IMB Sept. 2015 [GDW000007] We carry out stakeholder meetings to learn how we might improve our work. Ms Dick asked the IMB members if our services were needed. They replied, *"Yes, you fill the gap by providing things which Welfare cannot provide e.g. clothes and mobile top-ups BUT your relationship in the past with Brook House has been set back by moving away from*

*your core function of helping”; “There is an element of suspicion about you.”; “You fill in the gaps but you must focus on the core work. There should be a clear divide between support and going beyond that”; “Your visitors should be ‘friendly’ but not ‘friends’ with detainees.”* Most startling to us, because of the value we see in detained people having continuity of support, is that one IMB member asked, *“Would it be better if no one was permitted to visit the same detainee for more than 3 months?”*. Ms Colbran admitted that the IMB did not know much about GDWG *“but this is our fault as we weren’t asking the right questions... We see you as much more valuable now than we did in the past as we have asked detainees about you.”* When Ms Dick asked what we could do better she was told we should forge a better relationship with senior management in Brook House and that we would be more effective for it. Ms Dick explained that there had been occasions when GDWG had had to complain about G4S and this was one cause of the negative relationship. The IMB members suggested we should *“get the detainees to complain rather than complaining ourselves.”* They mentioned their own IMB complaints box but said that it was not emptied very often. Ms Dick explained that detained people are nervous of complaining and this was evident from the very few complaints that IMB received. When Ms Dick asked the IMB members, *“Is there any way we can help the work of the IMB?”* she was told *“No, but we can help you.”* However, they did suggest that we contact the Chair of IMB if there was a detained person whom we were concerned about on account of health or as a victim of torture.

- 189.** In my view, whilst these answers suggested that the IMB was interested in finding out more about our work, their comments suggested that the IMB accepted and adopted the criticisms Brook House managers had made of GDWG, including the view that GDWG should not be advocating for detained people, should not make complaints on behalf of detained people or do anything more than be superficially ‘friendly’, donate clothes and provide phone credit. The comments of IMB members also reveal how they placed a premium on good relations with Brook House managers which seemed to be above the needs of detained people and demonstrated an inappropriate closeness to Brook House managers. The comments also reveal that IMB members failed to appreciate the benefits that a

befriending relationship can bring, especially for people who are detained for a long period.

**190.** In his witness statement signed 13 September 2018 [GDW000001\_0020] James Wilson, explained that he had attended a meeting with IMB members in the Summer of 2016 soon after he became Director of GDWG. He had the impression that the IMB was too close to Brook House management. IMB members were keen to advise him not to ‘overstep the mark’ with Brook House management. He noted that 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.

**191.** Just after the relevant period, in November 2017, an external evaluator, Lorraine Roberts, carrying out an evaluation for one of our funders, met members of the IMB. She reported to us in February 2018 that the IMB valued the work of GDWG, were happy to meet with us and maintain a relationship and recognised how much detained persons appreciate the support of visitors and the clothing and phone cards we provide. The IMB said they expected GDWG to refer vulnerable detained people to them but felt sometimes we were too quick to refer. Ms Roberts reported that the IMB saw the relationship between them and GDWG as useful and that they wanted information from GDWG. They expected GDWG to get in touch as and when needed. IMB noted the difficult relationship between GDWG and Brook House management and said historically there had been a lack of trust. The IMB felt GDWG did a *‘wonderful job as a welfare organisation but sometimes strayed over the boundaries and gave advice to detained persons’*. The IMB Chair felt that this was now improving but noted that trust needed to be worked for and hoped that IMB would form a positive relationship with the new Director. The IMB understood that GDWG had a number of roles including campaigning and said this was not liked by the Home Office.

**192.** It may be seen that the IMB was using the same language that G4S had used to us. I would suggest this feedback showed IMB again adopting the Brook House



management view that GDWG should not be advocating for individual detained people or calling for change. It is not clear if IMB were suggesting that GDWG were giving immigration legal advice to detained people or were simply disapproving that we gave advice about non-legal matters. Either interpretation is concerning. It is a legitimate function of GDWG to give advice, for example about how to navigate the complaints system, how to find a solicitor and about outside agencies such as Medical Justice and BID. If the IMB were suggesting that we were giving legal advice that was a serious allegation to make since, as I have mentioned, it is unlawful to give such advice without accreditation and GDWG staff and volunteers are all trained and instructed not to give such advice. I believe the IMB had no evidence that we were giving such advice.

193. Despite the more positive comments that the IMB expected GDWG to get in touch as and when needed and expected GDWG to refer vulnerable people to them, there were instances during the relevant period when our contacts with the IMB were rebuffed.
194. For example, on 4 August 2017 our Advocacy Co-ordinator Naomi Blackwell sent an email to Jackie Colbran, the Chair of the IMB, regarding a young, detained person who claimed to be a child [GDW000003\_38]. In her email Ms Blackwell explained that detained person was a disputed minor who had been held at Tinsley for a month and transferred to Brook House in preparation for his removal, but the removal 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 the detained person 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. That is not to belittle GDWG's role which does a wonderful job of supporting individual detainees. The IMB just has a different role.'*

- 195.** This was a surprising response given the broad nature of the IMB's remit and that one of the IMB's roles is to deal with applications from individual detained people. It is also concerning that the Chair of the IMB rejected the request to look into the matter when the email raised the possibility that a child was being detained at Brook House. Moreover, the issue of Centre managers not answering or not acceding to requests for young vulnerable people to be transferred to Tinsley House had been raised by GDWG with the IMB only a few weeks before in relation to another detained person so this was a matter which should have concerned them.
- 196.** James Wilson explained in his statement [GDW000001\_0020] that in November 2017 four or five IMB members came to our office to meet him and most of the GDWG staff to discuss Brook House in the aftermath of Panorama. Unfortunately, I was unable to attend the meeting. Mr Wilson describes in his statement that he and our staff were surprised that the first message IMB members gave 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".
- 197.** 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". GDWG kept notes of the meeting [VER000110].
- 198.** I have been asked for my response to the IMB view that Panorama gave a "distorted picture" and that much of the programme was "fluff". It is to be expected that a TV programme will focus on the most dramatic moments of confrontation in order to hold the attention of viewers. However, it was troubling

that the IMB members who attended the meeting did not start by expressing shock and outrage at the terrible nature of these incidents. That was, of course, what nearly everyone else did, including G4S and the responsible minister. I would have expected the IMB to express regret that this happened ‘on their watch’, as HM Chief Inspector of Prisons did. Before the meeting I wondered whether the IMB might say that they recognised the behaviour of officers might be different when they were around and they might be wondering what they could do to see a truer picture. I found it concerning that the perspective of the IMB – the body exercising the key statutory safeguard, seized of a very specific and important role - on the programme was to suggest that these were just extreme moments, unrepresentative of day-to-day experiences of detained people.

**199.** I think this is all a reflection of the IMB’s tendency at that time to accept uncritically what went on at Brook House, to overlook or fail to empathise with the dreadful experiences many people go through at Brook House, and to over empathise with Brook House management.

**200.** I have been asked whether I agree with a comment IMB made at the November 2017 meeting that “*G4S staff are more humane and have better social skills than prison officers; -cooperation and openness*”. I do not have experience of working with prison officers so I cannot comment on this.

**201.** I have also been asked whether GDWG received an increase in calls and faxes from Welfare Officers post Panorama. We do not keep records of the numbers of communications from Welfare Officers but it is my impression that we have always had a good working relationship with Welfare Officers at Brook House and that the volume of calls and faxes do naturally ebb and flow so it is hard to say if there was a marked difference after the Panorama programme, though I acknowledge that was the view of a member of staff at the time.

**202.** At the November 2017 meeting with the IMB it was suggested that, when GDWG raise concerns by email to the Safeguarding Team and management at Brook House, we copy in the IMB Chair. I have been asked whether this process has

continued. I am not sure whether this process was adopted and if it was whether it was continued. Since I became Director we have not copied IMB into our emails to the Safeguarding Team and emails to Brook House managers. However, we do continue to make referrals to IMB, notwithstanding the issues identified above and we now have six-weekly meetings with the IMB (by video call) to discuss current issues in the Centre.

**203.** In my view the IMB's Annual Reports for 2016 and 2017 illustrated the inadequacies of the IMB in performing its monitoring role. In the IMB's Annual Report for 2016,<sup>26</sup> the Executive Summary opened with the comment that, "*Once again the IMB judges Brook House IRC to be a well-run establishment, providing a decent environment where detainees awaiting removal are treated humanely and fairly.*" [CJS000770\_0007]. This description bears no relation to the accounts GDWG heard from detained people or our own observations of Brook House. The report notes problematic issues of the prevalence of mental illness, the effects of the Centre's population increase, the poor attitude of some nurses towards detainees and the handling of Rule 35 requests and reports. However, the report shied away from criticism or recommendations for change which would address these issues. Whilst an increase in the use of force and removal from association (rule 40) in 2016 over previous years is noted the report mostly seeks to explain away the increases rather than treat the information as a cause for concern. The report failed to pick up detention staff shortages and the complaints we heard so often from staff that they were overstretched.

**204.** In the IMB's Annual Report for 2017,<sup>27</sup> it was noted in the Executive Summary, "*The IMB was horrified at the completely unacceptable behaviour of the small group of staff shown in the footage. We have never witnessed instances of ill-treatment of this kind, nor have we had any indications that it might be happening. If we had, we feel confident that we could have taken our concerns immediately to*

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<sup>26</sup> <https://s3-eu-west-2.amazonaws.com/imb-prod-storage-1ocod6bqky0vo/uploads/2017/04/Brook-House-IRC-2016.pdf>

<sup>27</sup> <https://s3-eu-west-2.amazonaws.com/imb-prod-storage-1ocod6bqky0vo/uploads/2018/04/Brook-House-2017.pdf>

*the top management of G4S and the Home Office at the Centre. The Board has regularly reported on, or discussed with management, the other issues focussed on in the programme.” [VER000138\_004] In the Section on the work of IMB it was commented, “As a result of the Panorama programme the Board has been involved in much soul searching and analysis of its own procedures, the writing of reports and the Board officers, in particular, have been involved in a number of meetings and investigations with senior managers of the Home Office and G4S and bodies conducting reviews.” [VER000138\_0025].*

**205.** It is striking that the report did not provide possible explanations as to why, despite the IMB’s regular presence on the wings (in contrast to GDWG), it remained unaware of the abuse of detained people that was taking place. Nor is there here any consideration of changes the IMB might implement to improve its monitoring so that abuse might be detected in future. Moreover, there is again an attempt by the IMB to minimise the abuse the Panorama Programme revealed – the reference to “small group of staff shown in the footage” – whereas the programme had footage of incidents involving multiple members of staff (including senior staff and across disciplines); the abuse shown took place across open areas of Brook House, in front of other members of staff and detained people and would have been visible to Home Office staff and possibly IMB members, had they been present.

**206.** I note that the Verita Report at 1.139 concluded, *“We do not suggest that either the IMB or HMIP should have uncovered or predicted behaviours of the type shown in the Panorama film, but we think that more focused questioning of staff and frontline managers might have more clearly identified some of these issues.”* [CJS005923\_0030]. And at paragraph 14.18, in relation to the IMB Annual Report 2017, the Verita Report noted, *“The IMB make many references to difficulties and obstacles G4S faced in its management of the centre. The tone of the report is more accepting and not as critical and challenging as it might be. This is in keeping with the tone and substance of the IMB meeting we attended and of some of our interviews with members of the IMB. We were struck during the IMB meeting by a sense of collegiality between the IMB and G4S and a tendency on the*

*part of IMB members to over-empathise with the G4S management team and the Home Office, rather than to hold them vigorously to account and press them on their plans for action to address concerns and make improvements at Brook House.” [CJS005923\_0235].*

**207.** When interviewed by Kate Lampard and Ed Marsden for Verita, Jackie Colban, former Chair, and Mr Webber, the former Deputy Chair, repeated their concerns about our work and suspicions about our motives [VER000229\_00002\_0001-3]. However, the Verita Report at paragraph concluded at 14.33 *“The IMB may have been too quick to see ulterior political or campaigning motives in GDWG’s raising of welfare concerns about individual detainees. They may thus have missed opportunities to help detainees and to gain insights into their care and treatment and systemic issues at Brook House. Although the IMB have told us that their concern has been to protect their own independence, what we learned about the IMB’s response to approaches from GDWG reinforced our concern that the IMB have been over-empathetic to G4S and the Home Office.”* [CJS005923\_0239].

**208.** I agree with the findings in the Verita report. They encapsulate our views of the Brook House IMB in the relevant period.

#### Oversight - HMIP

**209.** The Report by Her Majesty’s Chief Inspector of Prisons (HMCIP) published in January 2017 [CJS000761] after an unannounced inspection of Brook House in October and November 2016 identified no concerns over the welfare of detained people and staff conduct, made a number of positive comments, including on staff behaviour and staff/detainee relationships, and concluded that Brook House was a “reasonably good” establishment.

**210.** The Verita report was critical of the HMCIP report commenting (para 1.139) that, *‘It is not possible for us to judge the precise state of affairs in relation to the management and culture of Brook House and the care and treatment offered to detainees at the time that the IMB and HMIP produced their reports in early 2017.*

*However, a number of issues which might adversely affect the treatment of detainees had begun to be evident from at least the middle of 2016. These included the lack of staff, the disaffection of staff, the inadequacies of management arrangements and behaviours, and the size and nature of the detainee population. We do not suggest that either the IMB or HMIP should have uncovered or predicted behaviours of the type shown in the Panorama film, but we think that more focused questioning of staff and frontline managers might have more clearly identified some of these issues.’ [CJS005923\_0030].*

**211.** I was not Director of GDWG at the time of the 2016 inspection and cannot comment on the extent to which HMCIP engaged with GDWG as part of that inspection. The next inspection of Brook House by HMCIP was May to June 2019 when I was Director. I contacted the inspectorate as I wanted to ensure that our concerns about the treatment of detained persons were relayed to the inspection team, particularly in relation to healthcare. I was invited to meet the inspectorate at Brook House and I verbally provided them with case studies of detained people who appeared to have received poor quality healthcare. The inspectorate did agree to review the medical files of the individuals concerned if their consent could be obtained quickly for this purpose, but unfortunately consent could not be quickly obtained as these individuals had been released and phone numbers had changed (their IRC issued phones having been handed back to Brook House). I appreciate that the inspectorate did not review the medical records, but I was disappointed that the HMCIP report contained no reference at all to the concerns we had raised and only brief references to detained people’s complaints about healthcare.

**212.** GDWG is currently involved in a project working with the Strategic Public Law Clinic, a joint initiative between Central England Law Centre and the Centre for Human Rights in Practice at the University of Warwick School of Law. The project is investigating the apparent inconsistency between the longstanding reporting of concerns by detainees about the quality of healthcare at Brook House and the findings of statutory inspections. The results of this research will be published in a report and made available to the Inquiry.

Current Position – treatment of detained persons

- 213.** I have been asked for my views on whether the treatment of detained persons has improved.
- 214.** People held at Brook House continue to tell us that control and restraint techniques are used frequently and that often disproportionate force is used causing them injuries. My impression is that force is still used too readily where situations might be defused by better communications from detention officers and that the force used is often excessive.
- 215.** Verbal abuse from staff to detained people is commonly reported to us, including explicitly racist abuse. Volunteer Visitors continue to report to us that detention staff whilst polite to the volunteers are often rude and aggressive to visiting friends and relatives, shouting at people to listen when it is clear the visitors could not understand the detention staff, and on occasions keeping group of visitors, including children and elderly people, waiting for up to an hour to go through to the visits hall.
- 216.** We continue to hear from people in detention that some detention officers assert their authority by pretending not to hear detained people, ignoring requests for help, withholding information, mocking them, talking down to them and other behaviour seemingly aimed to dehumanise and make detained people feel worthless.
- 217.** We continue to see very vulnerable people in detention who should not be detained, those with evident serious mental health conditions, victims of torture or trafficking, and those with serious physical or learning disabilities.
- 218.** The problems I have described above concerning the identification of vulnerable people and the failings of healthcare all continue. There seems still to be a culture of disbelief amongst healthcare staff which seems to me likely to put the health of detained people at risk. Detained people report to GDWG, and we have observed



for ourselves in our interactions with healthcare staff, a presumption that detained people feign or exaggerate poor health and make unrealistic demands of healthcare staff. The sympathetic hearing that people expect and generally receive from their GP in the community does not manifest in detention. Health concerns are not taken seriously. In my experience, detained people who do not feel listened to by healthcare staff often become more stressed and report an increase of stress-related symptoms. My impression is that our clients experience an indignity in being disbelieved in relation to their health that is even more personal, more damaging, than disbelief regarding an immigration case.

- 219.** There continues to be an overuse of segregation, and an inappropriate use of segregation to manage people suffering from mental illness.
- 220.** As I mentioned above, from the end of July 2020 the Home Office used Brook House to house people who had arrived in the UK after crossing the Channel in small boats, whilst seeking to remove these detained people under the Dublin Convention before 31 December 2020 when the UK left the EU.
- 221.** As the IMB report for 2020,<sup>28</sup> published May 2021, explained, *‘The combination of the compressed nature of the charter flight programme, with Brook House as its sole base for Dublin Convention flights, and the fundamental changes in the centre’s population and nationalities, their different vulnerabilities and their needs, put the centre’s systems, detainees and staff under great stress and raised some serious concerns for the Board. Most notably, there was a dramatic increase in levels of self-harm and suicidal ideation, deficiencies in the induction process and increased needs for legal support and Detention Centre Rule 35 assessments’*. The IMB report concluded, *‘The Board’s view is that, due to circumstances related to the Dublin Convention charter programme, in the latter months of 2020 Brook House was not a safe place for vulnerable detainees who had crossed the Channel in small boats’* and *‘This is evidenced by the high levels of self-harm and*

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<sup>28</sup> <https://s3-eu-west-2.amazonaws.com/imb-prod-storage-1ocod6bqky0vo/uploads/2021/05/Brook-House-AR-2020-for-circulation.pdf>

*suicidal ideation in that time'. Further, 'The Board's view is that circumstances in Brook House related to the Dublin Convention charter programme amounted to inhumane treatment of the whole detainee population by the Home Office in the latter months of 2020.' IMB noted 'There were serious delays in access to Rule 35 assessments during August through December.'*

- 222.** In this period we spoke with many detained people who were threatening self-harm or suicide and we made safeguarding referrals to Brook House Safer Custody, and where appropriate notified healthcare and the wing detention officers of our concerns. We saw an increased number of detained people who reported a history of trafficking, often people who had been forced into slavery in Libya. People were waiting for long periods for Rule 35 assessments.
- 223.** We also began to support an increasing number of age disputed minors. Between November and December 2020 we were contacted by 5 individuals claiming to be under 18 years old, compared to 3 in the whole of 2019.
- 224.** Other issues of current concern are delays in the provision of accommodation which in turn cause people to remain longer in detention because their bail applications are less likely to be successful without an offer of Home Office accommodation or bail is granted provisional on the grant of Home Office accommodation.
- 225.** Another major cause for concern is the lack of access to legal advice and what may be poor quality of legal advice provided under the current Detention Duty Advice scheme at Brook House and Tinsley House. For example, people we are supporting have been told by solicitors that they cannot apply for bail without a surety or an address, but the solicitors have failed to advise that an application can be made for home office accommodation. Legal advisors sometimes advise that legal aid is unavailable and that the case must be funded privately, failing to advise detained people that they can apply for Exceptional Case Funding (a type of legal aid for situations where legal aid is not usually available). In our experience, legal representatives have failed to use interpreters when it is clear interpreters are

needed. Those we are supporting often report that communication from their legal representatives is poor, that they are unsure whether their case has been taken on and were given no contact details for the person who saw them in the legal surgery and so have no way of finding out. We set out these issues, and the problems of communication between the Home Office Case Owners and detained people, in our evidence to HMCIP for the inspection of Asylum Casework (August 2020).<sup>29</sup> This is a matter relevant to the Inquiry because lack of access to good quality legal advice and poor communication from the Home Office, in my experience, causes immense frustration, fear and desperation in detained people and can have a negative impact on mental health and behaviour. Lack of access to good legal advice affects not only a detained person's prospects of a successful immigration claim but also means they are likely to be detained for longer as they are less able to obtain the evidence needed to demonstrate they are an adult at risk, and less likely to make a successful bail application or claim for judicial review of the legality of detention. In the absence of good quality legal advice, they may also be less likely to report abuse.

- 226.** Problems with technology at Brook House persist. In particular there are serious problems with mobile phone signals. We often find it very difficult to get hold of people detained at Brook House. We usually have to call people several times before we can reach them and sometimes it can take weeks to get hold of someone due to signal problems. People tell us that they have to stand in a particular corner of their room to get signal or in some cases they have to go outside into the yard where privacy may not be possible.
- 227.** My impression is that the prevalence of Spice at Brook House is less than it was in the relevant period. Detained people are no longer reporting to us that the use of Spice is an issue.
- 228.** Most crucial to note is that people continue to be detained indefinitely, without any time limit on their immigration detention, and this has a terrible impact on

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<sup>29</sup> <https://www.gdwg.org.uk/wp-content/uploads/2021/06/Asylum-Casework-submission-final.pdf>

detained people. As the Inquiry will be aware, there is much published medical evidence that detention has an adverse effect on the mental health of detained people. I am not medically qualified but in my lay experience of working with detained people for almost 15 years, the uncertainty of indefinite detention makes people feel more vulnerable and appears to exacerbate pre-existing vulnerabilities and mental health problems. The negative effect of detaining people without a time limit continues beyond the period of detention. Understanding the impact of detention without a foreseeable end is, in my view, a key factor in understanding the mistreatment of detained people in Brook House in the relevant period and the changes which are needed to prevent such events happening again.

Current position – complaints mechanisms

- 229.** I am not aware of any improvement in the complaints mechanisms available to detained people and all the issues I have described above that hinder people from making complaints persist today.

Current position – oversight mechanisms

- 230.** I am not aware of any significant change in the oversight mechanisms. In the 2019 HMCIP inspection report it was stated that HMCIP has introduced ‘enhanced methodology’ which is said to involve ‘deploying additional inspection staff to conduct extensive interviews with detainees and staff at the centre.’ So far as I am aware, the detained people we were supporting at the time of the 2019 inspection did not take part in any extensive interviews so I cannot judge whether the enhanced methodology resulted in a more accurate reflection of their views and there have been no full inspections since then.
- 231.** The IMB for Brook House does appear to be taking a more critical approach to what goes on at the IRC. The Board and the IMB charter flight monitoring team jointly wrote to the Home Office on 2 October 2020 expressing the view that circumstances at Brook House amounted to inhumane treatment of the whole detainee population. As mentioned above the IMB report for 2020 was also robust

in describing the ‘inhumane treatment’ of the whole population of detained people at Brook House.

232. The Home Office and Serco managers communicate with myself and GDWG staff members more constructively than the Home Office and G4S did in the relevant period. We find that the Home Office and Serco management respond to our requests in a helpful and timely manner on the phone, by email and in face to face meetings. There has been a marked improvement in our relationship with the Home Office and Serco (as compared with our relationship with G4S) since the relevant period.

<b><u>Statement of Truth</u></b>	
<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	Anna Pincus
Signature	<div style="border: 1px dashed black; padding: 5px; text-align: center;"><b>Signature</b></div>
Date	10/11/2021