

BROOK HOUSE INQUIRY

First Witness Statement of Anton Bole

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006. I have been authorised by Brook House Inquiry, Paternoster Lane, St. Paul's London EC4M 7BQ to provide this witness statement.

I, Anton Bole, of Brook House Substance Misuse Team, Practice Plus Group, Brook House IRC, Perimeter Road South, Gatwick Airport, West Sussex RH60PQ will say as follows:

Introduction

1. I work as a Team Leader at present. During the relevant period I also worked as a Team Leader leading two members of the team.
2. My role during the relevant period was to manage, audit and supervise the Substance Misuse Team at Gatwick IRC covering both Brook House and Tinsley House. Each member of the team was advised to spend a minimum of four hours with residents in a variety of interventions. I had supervisions with members of our team every third month.
3. I had the following training for Team Leader's role:
 - Level 2 in Counselling
 - Level 3 in Counselling
 - MA in Conflict and Resolution
 - Training for Managers and
 - One day trainings relevant for my job role.

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4. I have been working in the Substance Misuse Field since 2005.

Forward Trust

5. Since 1991 the Forward Trust has been working with people to build positive and productive futures and break the cycles of addiction and crime.
6. The service has supported thousands of people to make changes to create better lives with jobs, family, friends and a sense of community.
7. The Forward Trust is a national organisation, with services in the South-East of England, East Anglia, Yorkshire and the West Midlands. The Forward Trust has around 430 employees, 20 trainees, and 150 volunteers working to deliver their mission in over 40 separate projects. Forward Trust are proud that around 40% of their workforce have lived experience of the issues they seek to address.
8. The Substance Misuse teams provide a range of management of drug and alcohol services in the unique prison environments. Support includes providing advice, health and wellbeing, motivational work, clinical services and a wider range of group work programmes.
9. Forward Trust also supports people in communities across the country, tailoring services to the individual needs, strengths and motivations of their diverse client groups.
10. In addition, Forward Trust clients can access recovery support services and join their vibrant peer support community, Forward Connect.

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11. The Forward Trust's service delivery at Brook House included assessment and support through a range of interventions. These interventions included, assessment, agreement of recovery plan objectives that could include harm minimisation advice, one to one sessions, group work sessions, joint clinical reviews with main substitute prescribing team and holistic therapy options such as auricular acupuncture.
12. Any objectives would be agreed collaboratively between the Forward Trust workers and resident.
13. Engagement with Forward Trust is always optional and based on individuals' motivation to engage. No resident can be forced to work with the organisation.
14. PPG commenced delivery of the Substance Misuse Service on 01/09/2021. This was due to the recommissioning of the contract by NHS England. We have carried on with the same interventions as before only we are now part of Health Care.
15. During the relevant period, we had a team of three members including me. Staffing remained the same during the Covid-19 pandemic. Under PPG we have now two members including me i.e., one member less.
16. We still deliver the substance misuse services as we did before with the Forward Trust only, we have merged with Healthcare which previously fell under G4S's remit.
17. At Brook House during the Relevant period, we delivered 1:1 sessions, group work, drop-ins and face to face inductions to all new arrivals. Exhibit 1 is the list of Substance Misuse Interventions offered by the Forward Trust team. Residents with drug and alcohols issues were (and are) seen in the allocated interview room, our office or on wings. During the relevant period we were

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using one of Home Office's interview rooms in the 'Visits' area. Our office was located in a sterile area where residents did not have access. We are now not in a sterile area anymore and are able to see residents in our office. Wings have desks and chairs on the ground floor. It is still the same place.

Drug and Alcohol Strategy, Training and Referrals

18. Protocols between the Forward Trust and other agencies were updated annually.

19. The Drug and Alcohol Strategy [CJS000733] indicates that a range of training should be provided to staff and individual training records kept including:

- Risk of Injecting and Other Routes of Drug Use;
- Overdose Prevention;
- Basic Drugs and Alcohol Awareness;
- Harm Reduction;
- HIV Awareness;
- Hepatitis B and C Awareness;
- Psychoactive substances; and
- Mental Health Awareness training.

20. Forward Trust also requires:

- Health & Safety (H&S) annual training
- Information Governance (GDPR) annual training
- Safeguarding Adults & Children

21. All training was provided either when Drug and Alcohol Practitioners started to work for Forward Trust as part of induction training or later as part of

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regular training. All training was recorded on the electronic HR Cascade system.

22. Some training requires an annual completion such as H&S and Information Governance, other training would be documented as part of CPD and within supervisions. These trainings would then be booked when available on a rolling timetable.

23. We only joined PPG on 01.09.21 and are still completing induction training.

24. Before Covid-19, training was provided face to face in a group setting. During Covid-19 and now all training is taking place online.

25. The Forward Trust delivered the following training face to face for all practitioners and clinical teams (by Zoom):

- Forward Trust Onboarding Day
- Forward Trust Diversity and inclusion training
- Core Training: Suicide and Self Harm
- Core Training: Group Facilitation Skills
- Core Training: Seeking Safety (Safeguarding)
- Core Training: Motivational Enhancement Therapy
- Case Management: Drug and Alcohol Awareness and Harm Reduction
- Case Management: Case Management and Record Keeping

26. Mandatory E-learning includes the following:

- GDPR and Data Protection
- Health and Safety
- Health and Wellbeing Essentials
- Equality and Diversity

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- Mental Health Capacity Act
- Prevent
- Safeguarding (KSCB)
- Suicide Let's Talk
- COVID-19: Psychological First Aid
- Neptune Clinical Guidance
- Exchange Training
- Boost Training for Drug and Alcohol Professionals

27. Many more optional modules were additionally provided. At the conclusion of a module, candidates were generally required to complete a quiz and is successful would the module be recorded as satisfactory.

Referrals to Forward Trust

28. The process regarding referrals has been always the same. Referrals would come from Wing Officers, Security, Healthcare, the Substance Misuse Practitioner, Wellbeing office or occasionally other agencies such as GDWG and the prison service.

29. We have never received many referrals from GDWG. This was expected as most of GDWG's staff are volunteers not trained in substance misuse issues. As I understand it, GDWG volunteers are more focused to help with money, clothes, legal help

30. We trained their volunteers once in the past and have offered to train them again.

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31. There is a Welfare Office at Gatwick IRC where residents can seek support and help for different problems. We have always received referrals from Welfare Officers in the past and continue to do so now.
32. Senior Management at Gatwick IRC asked that the referral process had to go through the Welfare Office (see GDW000003). I have never received an official explanation as to why we needed to follow this process.
33. I do not have dates when this process was introduced, and I can no longer access Forward Trust emails in order to look back at relevant emails.

Forward Trust workshops and 1-2-1 sessions

34. Forward Trust started running 121 sessions around Spring 2017. I am unsure of the exact date.
35. I received my CTC clearance towards the end of November 2016 so sessions would have started around December 2016.
36. Sessions normally lasted between 30-45 minutes. A session would be attended by a Drug and Alcohol Practitioner and resident. During quality observation sessions I would attend the session as well. The session would focus on subjects agreed during completion of the Initial Assessment and Care Plan. Most of the time we would focus on consequences of certain behaviours/using drugs and how to develop relapse prevention strategies. Harm Minimisation advice would always be given. Signposting where to find help in community would always be included in the Initial assessment.

Brief Intervention Programme

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37. The Brief Intervention Programme (BIP) comprises of 6 sessions offered to residents who wish to go deeper in addressing issues raised during Initial Assessment. BIP would cover the following sessions:

- 1.Initial Assessment/Using
- 2.Consequences of Using
- 3.Identifying Goals
- 4.Treatment Options through 12 Steps
- 5.Cognitive Behaviour Therapy (CBT)
- 6.Relapse Prevention

Twelve step programme

38. It is one of main treatment programmes and a lot of support can be accessed through 12 step fellowship meetings in the community such as AA, NA, CA.

Continuing the steps after treatment

39. This is a session which we would do with residents who have completed or are more familiar with the 12 Step approach and would like to learn more. Only a few residents would undertake this session. We have had approximately 10 in total.

Building family ties

40. This is a session focused to help residents to re-build and improve their family ties as addiction affects families, we try to help re-build family ties again.

Stop supply

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41. As we work with residents who are not addicts but are drug dealers we try to help them to understand the consequences of dealing in and with drugs.

Sleep problems

42. This is a session focused to improve sleeping and sleeping patterns.

Smoking cessation

43. This session is aiming to support residents if they want to stop smoking tobacco.
44. We have received good feedback from residents regarding their engagement with us. Feedback forms can be accessed at Forward Trust's Head Office.
45. As residents usually only stay for a short time at Gatwick IRC, we were able to signpost them to seek support in the community or, if deported, within their country. As the duration of their stay was so short, no formal monitoring of residents' recovery was recorded.
46. We offered 1:1 sessions according to the agreement made in the Initial Assessment when the Care Plan would be signed between resident and Drug and Alcohol Practitioner. Most of the time we would offer 1:1 sessions weekly or fortnightly.
47. The number of sessions each detained person attends varies a lot but would always be agreed during Initial Assessment. Some residents completed BIP as well.
48. According to residents' feedback our interventions were beneficial for their recovery.

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49. We always had cases of residents engaging with us who started to use drugs at Brook House and did not use them in the community, however, most of the residents engaging with us were ex-drug users in the community or in prisons. It is known that being detained is one of the biggest stress human beings can experience with not knowing what will happen to them and to their family. From such distress it is easy to take drugs/hooch (illicit alcohol) to find relief and to forget problems.

Group Workshops

50. In May 2016, NHS England contracted Forward Trust (formally RAPt (Rehabilitation for Addicted Prisoners Trust) to provide psychosocial support services for detainees who had abused substances at Brook House.

51. I don't have details of when groups started locally but think it was around 2017.

52. I have been asked to comment on the following group workshops (CJS000527, Page 4):

a. Alcohol

b. Cannabis

c. NPS

d. Heroin

e. Crack Cocaine

f. Anger Management

g. Stress and anxiety

As with the 1:1 sessions, most of the time we would focus on consequences of certain behaviours/using drugs and how to develop relapse prevention strategies. Harm Minimisation advice would always be given as well, as it was

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in group settings. Signposting where to find help in the community would be always included during relapse prevention sessions.

53. Residents were able to encourage each other in recovery and in staying clean. Peer Supporters attended sessions as well. Their testimonies of recovery were motivational.

54. We always had a big variety of attendance as we facilitated group sessions every week. We would normally have 3-10 residents attending sessions.

55. According to residents' feedback our group work was beneficial for their recovery or stopping drug use. Residents were usually only at Gatwick IRC for a short time so it was not possible for the Forward Trust to carry out its own evaluation of improvement in participants' conditions.

56. All members of the group could access 1:1 sessions. Information was given during group sessions about Drug Intervention Programme teams in the community.

57. I have been asked whether there was a decline in drug use for individuals who attended the Cannabis, NPS, Heroin and Crack-Cocaine workshops, and to comment on their success. As above, there is no formal data as to drug usage due to the length of time residents remained at Gatwick IRC, however, feedback from those who attended the workshops was positive.

58.

I think it would help if the Forward Trust offered Level 2/3 counselling courses to all staff (not just those who worked on programmes) to enable them to have a better understanding of addiction. However, my understanding is that funding prevented this.

59. I have been asked whether detained people ever developed drug habits while at Brook House. Yes, we had such cases. It was predominantly PS, also known as Spice. Drugs were available and offered and residents wanted to alleviate their distress and forget the difficult situation of being detained. Sometimes vulnerable residents were bullied to check quality of PS batches which were then delivered to “customers.”
60. I have been asked about a comment I made in a meeting on 31 October 2017, where I was unsure whether all referrals were being made (CJS000527, Page 4). As turnover of staff was so large I felt that referrals could be missed.
61. I have been asked about a concern I raised on 23 June 2021, that “...having an officer attend [the Psychoactive substances group Workshop] had a negative impact due to the confidentiality of the subject discussed.” (CJS000911). Having an officer present at group workshops was suggested at the meeting. My concern was that having an officer present might breach confidentiality with residents. In the end we did not agree that officers should attend our workshops but instead started to offer Drug Awareness courses for all new officers. Currently most new officers attend these courses. We did not agree to mix officers with residents in our workshops.
62. If we identified further support was needed, we would always refer residents to other agencies – these were Healthcare, Mental Healthcare, Social Services and the Home Office.
63. Most of the time I felt that we were supported by the Brook House IRC Management team.
64. PPG’s Senior Management has been supportive of us. They give us guidance whenever we need it and advice when we seek it.

65. Being detained creates a lot of stress similar to prisoners with Indeterminate Sentence for Public Protection (IPP) sentences. Not knowing what will happen, when their release date is going to be, what will happen to them and to their family and where they will go, all causes distress.
66. Stress is an element in drug use.
67. Often residents have complained they feel like they are in prison. Many did not commit any offences prior to coming to Gatwick IRC and especially for those with little English language it can be terrifying mixing with ex-prisoners, some from Category A prisons such as Belmarsh.

Drug supply at Brook house

68. I have been asked about the Gatwick IRC Security Meeting held at Brook House IRC on 11 April 2017 (CJS000915, page 3)
69. We are able to measure the increase in drug use through monitoring how many referrals we received from Security, Officers, the Wellbeing office and Healthcare.
70. Particularly around Christmas drug use could increase. This was probably due to residents missing families.
71. Residents could be more unpredictable and violent, and this would put staff in bigger danger.

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72. My concern about the increased use of Spice was supported with referrals to the Substance Misuse Team.
73. I have been asked about the attitude of others when I raised this concern, which was solution focused with a view to resolving the issue.
74. I have been asked whether I knew how drugs entered or circulated around Brook House. Most of the time residents would not reveal such information to us as it could put them and their families at risk. Drug dealers are known to be brutal if you cross their path. I have seen this when I worked at HMP High Down when one of inmates was beaten almost to death because he did not want to bring drugs into prison. I am also aware of a prison officer, who was bringing drugs into prison and was killed in his flat in Sutton. This was reported in the newspaper.
75. If we became aware of drug distribution, we were required to report such information through SIR (Security Information Reports).
76. My impression was that security was up to date.
77. I have been asked about the minutes of the Gatwick IRC Security Meeting held at Brook House IRC on 11 May 2017 (CJS000917)
78. Whenever there was a known drug dealer at Gatwick IRC, the quantities of drugs could increase on wings. There was an increased use at Christmas times as well. Not being outside with family or friends for such big festivals fuelled use.
79. It has been quieter since the Covid-19 pandemic.

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80. It has always been security task to reduce and obstruct drug supply at Gatwick IRC and the Substance Misuse Team is a part of this strategy. Through Drug Strategy meetings goals as to how to improve our tasks were updated.

House IRC?

81. When we started the Substance Misuse Team there seemed to be more drugs at Gatwick IRC. If I remember well I had more than 30 referrals. Since our regular work and cooperation with security we have never had such a high number of referrals.

82. We would see all new arrivals face to face and would warn them about potential drug use at Gatwick IRC. Harm Minimisation advice would be given to everyone. Residents who never used drugs are more prepared and are able to say no if they are offered drugs.

83. I have been asked about plans to disrupt drug supply within Brook House. Such plans are Security's responsibility however Forward Trust staff helped to obstruct drug supply to encouraging and warning residents not to use drugs.

Awareness of physical mistreatment and complaints

84. I have been asked about *incidents of physical mistreatment happening at Brook House during the relevant period*. I was not aware of such incidents.

85. I did not hear rumours of such incidents at the time.

86. I have been asked why I think that detained persons were not raising concerns with Forward Trust.

87. Such activities may have been hidden and done secretly. Officers are always polite. Abuse may have been happening behind closed doors when I was not

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present. The Substance Misuse Team does not attend operational incidents and this is usually when abuse happened. No reports of abuse by residents were made to me. I consider this was probably due to concerns about repercussions for those who made whistleblowing disclosures.

88. Additionally, it is possible that residents did not raise any issues with us as to achieve a level of trust in the short time working with us is hard and would put them in a vulnerable situation as well. Abuse could intensify even more if information was leaked and had come to the attention of abusive officers.

89. I did mention in few private (undocumented) conversations that the long shift patterns were not helpful for employees as there is not enough time to re-energise between shifts.

90. I was not aware of nor witnessed any verbal abuse from staff to detained persons.

91. I was not aware of any violence or verbal abuse (or racist abuse) between residents.

92. The Forward Trust did not have a specific complaints process for residents to raise complaints in relation to their service.

Lampard Report

93. I have been provided with a copy of the transcript of the interview I undertook with Verita, dated 11 May 2018 (VER000222)

94. In general, I have nothing to add or change in respect of the account I gave.

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95. I have been asked about the Panorama programme. It was perhaps an accurate representation of what was going on behind closed doors especially in relation to when incidents happened. Many staff would not have such access. However, I was not aware of such incidents.
96. To explain para 46 of the transcript - During induction we would give harm minimisation advice to residents not to share items. Cigarettes can be spiked if shared.
97. At para 46 when I mention "Michelle", I was referring to Michelle Brown who increased security activities such as staff and resident searches, including dog led searches to prevent drugs coming to Gatwick IRC.
98. At para 75, with statement "really very out of order" I was referring to the large amount of drugs available at Gatwick IRC which we were experiencing at that time. When there was a resident drug dealer at Gatwick IRC, the amount of drugs could increase on wings.
99. Regarding para 83 - When we started to work at Brook House, we were based in a sterile area which is an area residents are not able to access without officer supervision which was located in the main building, on the ground floor near the kitchen and next to the IMB office. We tried to move closer to residents but were blocked by management from doing so. After the Verita report we moved to our current location. which is more central with direct contact with residents. Our new office is still in the main building, on the first floor, next to B wing. This has made a significant positive impact on our work as. some residents now come to see us confidentially whereas previously they did not want to talk to us on wings for fear of being stigmatised by other residents. Peer Supporters were able to have direct contact with us and help us with our interventions.

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100. We are still working from the newly allocated office.
101. Regarding para 121 - Due to the high population turnover, we have not been able to offer more intensive work as residents do not stay long enough to complete such programmes. Residents are less settled as well with worries about their immigration status.
102. Regarding para 171 - We had few incidents where our staff were verbally abused by detainees and perpetrators were still walking around the centre. Since Serco has taken over we have not experienced any such incidents.
103. Regarding para 185: During the relevant period there was a lack of trust in G4S's whistle blowing policies. I cannot comment on Serco's policies as I do not have any information or experience of them.
104. I was asked about the Lampard review and Verita reports.

Regarding the recommendation that the Forward Trust office be moved: As our office was based in the sterile area we did not have direct contact with residents. As our service does a lot of outreach work, direct contacts have been always very important for successful outcomes. Upon Verita's recommendation we have been able to move to a more central location and are able to have direct contact with residents which has worked well.

105. Due to embarrassment some residents would come to see us confidentially as they did not want to talk to us on wings for fear of being stigmatised by other residents.

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106. Peer Supporters are able to have direct contact with us and help us with our interventions and residents are now able to come to our office and ask about our services.

<u>Statement of Truth</u>	
I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.	
I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.	
Name	Anton Bole
Signature	Signature
Date	19.11.2021

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