

BROOK HOUSE INQUIRY

First Witness Statement of Sonia Clarke

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

I, Sonia Clarke, of an address known to the Inquiry, will say as follows:

Background

1. My name is Sonia Clarke. My year of birth is [DPA]
2. I studied psychology for two years before gaining experience in hospitality, care, and security. I worked for about six months as a support worker for individuals with epilepsy and mental and learning disabilities to help them live independently. For about nine months before joining G4S, I worked as an airport security officer at Gatwick airport.
3. I worked for G4S for 11 months as a regular Detainee Custody Officer (“DCO”) from October 2016 to September 2017. I enjoyed working for G4S. I met a lot of people from different places, and I felt that I could help people and make a difference. I was originally designated to be a Tinsley House officer, but at the time I was recruited, Tinsley was going through renovations, and I started working at Brook House. I went back to Tinsley House when it reopened, but I cannot now recall when that was. I think I was at Tinsley for about four or five months before I left G4S.

4. I left G4S in September 2017 to move back to my home country. I am not from the UK, and my mother and I missed our family. I currently work as a customer service representative.
5. I have done my best in this statement to answer all the questions that the Inquiry has asked. It is four years since I worked at Brook House and my memory on some of the details is hazy.

Culture

6. I did not feel that there was a particular culture at Brook House. Some days were great, and everyone was friendly. Other days, it was almost like there was something in the air and you knew it was going to be a bad day. Some days started well, but half-way through they would take a turn. This could be down to a fight over an egg, or a detainee wanting to leave the wing at a time when there was no one to let him out. So much depended on what was happening on a particular day and the people you were working with on the wing. It was a volatile environment. As I was originally designated to be a Tinsley House officer, in the beginning I often moved around different wings. I worked on all the wings; however, I spent more time on D and C wing. It was pleasant working in these wings, and I had a good rapport with the detainees. I did not enjoy working on A wing – the detainees were younger, and I found them rude.
7. I feel that staff morale was low due to the shortage of staff at Brook House. The job was very demanding at times and when there was not enough staff to do everything, the detainees could get frustrated. That impacted the morale of staff too as the detainees could become verbally abusive. If there were only two officers on the wing, we would often be too busy to assist a detainee immediately, for example, to open the yard or to provide a detainee with the toiletries they wanted. There were also little things that impacted morale. For example, if a DCO wanted to have a cigarette, they had to leave their keys and radio at reception, go outside the front of

the building, have their cigarette, log back in, collect their keys and radio, and go back to the wing. Detainees could smoke in the yard, but it was seen as unprofessional for DCOs to do so. Ultimately DCOs did smoke in yard sometimes, and it was a good way to build rapport with detainees.

8. A lot of the things I saw on the Panorama programme shocked me. This was not what I saw when I was working at Brook House. The attitude to detainees from the majority of DCOs was professional and respectful. Each DCO had a different rapport with different detainees. Some DCOs did not try very hard to build a rapport and that was a shame. The attitude varied between DCOs and detainees, and depended on what was happening at the time, or how busy we were. For example, some detainees would never say good morning or have a conversation; others would be happy to have a chat. Some detainees were more troublesome, and there were times when we were consistently verbally abused. On the days that the detainees had their Home Office appointments, they would often be angry or disappointed, and DCOs often saw their frustration at the situation.
9. I recognised that detainees were in a fragile position, and it was normal that they pushed back against DCOs. At times there was a lot of anger from detainees about being in the situation they were in. They did not want to be there and wanted to go home to their families or to be deported. There were a lot of negative feelings, and DCOs were under pressure.
10. If I thought there was a problem with a detainee, I would have a conversation with them to clear it up. I think all the DCOs did that. We had to work with the detainees all day, and while we did not need to be friends with everyone, we had to be professional. I felt at times that detainees just wanted to have someone to talk to. I was never subject to physical assault by a detainee, but detainees sometimes said things to me that were verbally abusive. When detainees called DCOs names, DCOs could not respond in the same way – we were there to do a job and to maintain professionalism.

11. With regards to the general protection of those detained, I cannot say that I had concerns about how they were being treated. It felt as if everyone was being treated with respect and dignity. I do have some concerns however with the management of staff as it often felt that we were short staffed and over stretched. That made it difficult at times to respond to the detainees' needs immediately, for example, to provide paracetamol or toilet rolls, etc. These were essential items for detainees, and they would always get what they needed, but not necessarily immediately. I felt that the detainees who needed special care, such as those with mental health issues, were effectively protected to the best of the staff's abilities in the setting we were in.
12. Detainee Custody Managers ("DCMs") were management who worked with DCOs on the wings. Steve Dix and Ann (whose surname I cannot now remember) were the DCMs who I worked with most closely. Ann was fantastic and I felt a strong connection with her as a woman. She encouraged me to speak up and use my voice as a tool in doing the job. If I had any questions or queries, I was able to ask the DCMs and I would get the support that I needed.
13. We had a briefing every morning from the senior management, usually from Jules (whose surname I cannot remember). The briefing covered how many detainees were in the centre, how many were on each wing including E wing (the special care wing) and B wing (the induction wing). Any incidents or medical responses were mentioned at the morning briefing, as well as the number of detainees on Assessment Care in Detention and Teamwork plans ("ACDTs") or with doctor or hospital appointments. The morning briefing was attended by all DCOs and DCMs. The management team would also visit the detainees who were on ACDTs.
14. I am asked to comment on any occasions where someone raised concerns about the treatment of detained persons. I had no concerns about the treatment of detainees. Sometimes detainees would say that a DCO was being rude, or they hated them. I was always honest with any detainee who came to me, and I let them know that it

was open to them to make a report to welfare about whatever was concerning them. I could not make the report for them. I never witnessed any incidents where a DCO was rude or abusive to a detainee (although I saw times when detainees behaved like that). On one occasion, a detainee came to me to say that a DCO had called him the 'n' word. I told him he should raise a complaint with welfare, and I went with him to welfare, but I did not witness the event. I no longer recall the name of the detainee or the DCO involved.

15. When I was at Brook House, I wrote reports for everything. I think my manager may have told me to stop doing it. I was worried that if I did not write down the details of an incident or issue, that I could be asked why it was that I knew something had happened but did not report it. The reports were usually Security Incident Reports ("SIRs").
16. There was one incident, which I describe in detail at paragraphs 77 to 79 below, where a detainee came into Brook House and appeared to be very young. He told me he was underage, and I advised my manager. I was told that the issue was being looked into and that I should not involve myself. When the detainee was still there the next day, I made a report so that there was written evidence of my concerns. As far as I can remember, the detainee was moved from Brook House soon afterwards.

Policies and Procedures

17. During initial training, the trainer went through the policies and procedures of Brook House and G4S. The training included a final test on the policies and procedures. To my knowledge, everyone was aware of them and knew how to proceed in different situations. As far as I was aware, these policies and procedures were being followed.
18. On balance, I think the policies and procedures made sense. I sometimes felt that the policies did not reflect the reality of Brook House, or they presented a conflict.

For example, the preservation of life was considered paramount, yet if a detainee was on the suicide netting or had blades, a DCO could not take action to manage the situation immediately or to stop it from escalating without waiting for other DCOs to arrive to support them.

19. Another example relates to accepting things from detainees. The rule was that DCOs should not give or accept anything from a detainee, but sometimes to be polite or to build rapport with a detainee it was appropriate to break the policy by accepting something. There was one detainee, an older Asian man, who was very kind to me. I remember one day he saw that I was warm when working in the wing and he brought me back an ice-lolly. It was such a kind thing to do. It sometimes felt that as a DCO I was torn between doing what was common sense or appropriate at the time and abiding by policy or procedure. Part of the duties of a DCO was to check detainees' rooms for things like extra duvets or pillows, which I hated because their pillows were so thin. A further example related to Brook House policy that detainees could only have one egg with their breakfast every day, which added to the frustration of some. DCOs were supposed to return any leftover eggs to the kitchen to be used in meals throughout the day, but if I had any eggs left over on my wing, we let the detainees have them.

Training

20. I attended the 8-week training course for DCO recruits starting in October 2016. I was taught the basics of what I needed to know: religious sensitivity course, control and restraint ("C&R"), how to build a rapport with detainees, ACDT training which included suicide and self-harm prevention, as well as First Aid and Fire training. I thought it was good training and it prepared us for the worst-case scenarios. I do not remember the trainer's full name but her first name was Victoria, and she was being assisted by a male trainer as she was pregnant at the time. She was an amazing trainer.

21. I believe the training gave me the basis of what to expect while working for Brook House. However, I feel that most of the skills were acquired while working on the wings, and DCOs could only get good at it when they were doing it. I felt that I had the support of my colleagues and managers. While I had all the theory about what to do, sometimes situations in practice did not turn out the way I thought they would. I would sometimes call reception, security, or officers on another wing, to ask them for advice. I remember when I first started, getting lost in the maze of doors and corridors at Brook and having to radio security to ask them where I was.
22. I did not have the usual induction at Brook House because there was a delay in processing my paperwork with the Home Office. On my first shift at Brook House, on B wing, a detainee came to the wing office with a toothbrush and two blades and said that he was going to cut himself. It was overwhelming to me. I had the feeling that more tenured staff assumed that I would be ready for this, and maybe some DCOs were ready, but I do not think I was. There was a DCO who always worked on B wing, and he came to talk to me afterwards and he asked me if I was okay. I had not been expecting it and he told me that I would need to get used to this kind of behaviour. He offered that I could come and talk to him if I had any questions as I settled in. I also found Steve Dix and Ann always helpful.

The role of a DCO

23. I am asked whether the job description for a DCO dated 2009 [CJS004294] is an accurate reflection of the roles and responsibilities that I held whilst employed by G4S at Brook House. I do not recall seeing this document before, although I remember talking about the job description and being told what the expectations were. I think the job description broadly reflects the roles and responsibilities of a DCO. Point 9 refers to encouraging detainees *“to take part in purposeful activities and assist in the delivery of all services, activities and functions whilst engendering positive, friendly but professional relationships with all detainees”*. This was the ideal, but often the activities team would do this. We did not have enough wing staff to assist in the delivery of all activities, although we let the detainees know about

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Exhibits: None

the gym, football, etc. Also, the outputs listed at point 11 of the job description, relating to receiving and discharging individuals, were the responsibility of reception staff, not wing staff. I worked on reception a few times because I was multilingual. I was given training on the systems and processes for reception, which primarily involved training on the paperwork that needed to be completed.

24. I enjoyed my role as a DCO. Being multilingual and not coming from the UK, I felt ease in communicating with detainees making it somewhat easier for me to create a rapport with them (we also had easy access to an interpreter via telephone if it was necessary). There was no single way to build a rapport as every detainee was different. There were cliques within the detainees and sometimes I started a conversation with a group by just asking one of them how they were doing. I always made sure to say good morning or ask detainees how they were, but I was quite relaxed. I found that sometimes detainees would not engage if they thought that a DCO was too eager. I love reading and some of the detainees would come and speak to me about books they were reading. There was one detainee who was older than the other detainees and had heart problems. He could not walk around too much or go up and down the stairs. I would spend time with him, sitting with him and talking about where he came from, what he liked to do. Many detainees wanted to talk about the process with the Home Office, and often I would just listen and nod.

25. One of the barriers to engagement with detainees was of a cultural nature and it related to being a female DCO. It made it hard for some detainees to respect me as a DCO.

26. Incentives were offered to detainees for which they were paid, such as jobs in the kitchen, library, serving at mealtimes, cleaners, working at the barbers or as gardeners. There was also a music room and a computer room in Brook House. With the infrastructure available at Brook House, I am not sure that there was much more that could have been offered to detainees in terms of incentives.

27. An ACDT was opened if there were concerns about a detainee, such as a change in demeanour, stopping eating, or the detainee telling us that they were feeling low or thinking of hurting themselves. The DCO role was to have a conversation with the detainee to gauge how serious it was and assess whether an ACDT needed to be opened. If it did, the DCO would open the ACDT, notify a DCM, and then observe the detainee hourly until they had spoken to welfare. After the detainee was seen by welfare, the DCOs observed the detainee at stipulated intervals (for example, hourly, every three hours, every eight hours). DCOs would keep a record of the observations and note down what the detainee said and any other information that was relevant to the detainee's welfare.

28. There were a few processes in place to prevent drugs from coming into Brook House. Every visitor was searched when they came into the visitors' centre. I did not think that the G4S body search was very good, and the airport search was much more thorough (it checked the bottom of trousers, around the waist and shoes were taken off). It was clear that drugs were making it into Brook House, and I wondered why a more thorough search was not done. I think that detainees were searched when they went into the visitors' centre and possibly also on the way back to the wings, but I cannot recall exactly. Staff were not searched routinely. We had to go through a metal detector and our bag was checked, but there were rarely any searches. There were random searches on occasion, and I think I was searched twice coming to work at Brook House. I was not aware of any staff bringing drugs into the detention centre, although I was aware of rumours going around but no names were mentioned. Detainees also received packages through reception and every package went through an x-ray scanner. On one occasion (around February 2017) a package with a radio inside went through the scanner but was checked because it seemed to have a lot of organic material. When it was opened, the radio was stuffed with spice.

29. I was not part of the welfare team.

30. I was not part of the security team, and I cannot comment on the process for processing Time Served Foreign National Offenders (“TSFNO’s”), or the risk management involved.

Relationship with Staff

31. I did not hear about or experience any racist attitudes or behaviours from staff, and I was not aware of other members of staff being subject to racist attitudes. I never witnessed any racial slurs against detainees, although a detainee reported to me that he had been subject to racist language (which I mentioned at paragraph 14 above). I did, however, experience racist attitudes from detainees and on occasion was subject to verbal racist comments from detainees.

32. The only time I experienced misogynistic attitudes or behaviours was from a male colleague, called Alex, who was in DCO training with me. He did not pass the training as he often made uncomfortable, sexually demeaning comments towards me and other female trainees which we immediately reported to the trainers. No other DCOs were sexist or misogynistic. However, women were generally passed over for the C&R roles, and men were always chosen. We were all trained the same way and passed the same tests, and I think that we should have been treated equally when it came to C&R tasks. In the whole time that I worked at Brook House, I got kitted up for a C&R on only one occasion, but I was not needed in the end.

33. I was not aware of any homophobic attitudes. One of the DCMs was gay, but I do not think she received any comments from detainees or from staff.

34. When I first began working the night shift in Brook House (between November 2016 and January 2017), I was often placed in A wing with another female DCO. She was quite unpleasant to me, and I later found out that she was spreading rumours about me. I was aware she did not like me because one time I told her that I did not appreciate her speaking to me in a demeaning tone. I verbally reported her to Steve Dix, but I did not submit a written report. He told me to ignore it, and not

to let it get to me. I think they were quite friendly. I felt that it was not worth pursuing, and I did not want to waste any time on it. In the same way that DCOs were overworked, the DCMs were also overworked. I generally worked in separate parts of the building from her, and I let it go.

35. The only bullying I was aware of at Brook House involved the same female DCO who was unpleasant to me. Another female DCO made a complaint against her, and it related to her talking badly about the DCO and spreading rumours. I think they had been friendly in the past. I was not involved in the investigation, and I am not aware of the outcome of the complaint; I think I had moved to Tinsley House at this point. I did not hear anything more about it.

Relationship with the Home Office

36. I never worked with the Home Office while in Brook House. Sometimes, if a detainee needed a doctor, the Home Office team would call to the wing to find them but that was it.

Relationship with Senior Managers

37. Jules and Michelle were the people who I considered to be Senior Managers. Jules did the briefing each morning and I think Michelle was the head of safety or security. They were not often on the wings, maybe once a week or so. They had their own offices on the third floor. I did not feel that I had a relationship with them beyond saying hello. I never needed to contact them. Dan was in charge of scheduling and rotas, and he was really lovely.
38. I feel unable to provide an opinion on the quality of leadership by Senior Managers at Brook House as I never really dealt with them closely.

Relationship with DCMs

39. The two DCMs who stood out for me as being supportive, helpful, and competent were Steve Dix and Ann. Steve was particularly visible on the wings making sure that he visited the detainees on ACDTs. I can honestly say that I felt supported and assisted by him whenever I needed it. Ian was my line manager, although I did not find this out until my probation review meeting, about nine months after starting at Brook House. I was confused that Ian was my manager as we did not work together, and he barely knew me.

Relationship with other DCOs

40. I generally got on well with DCOs and was quite relaxed at work. I felt like I was able to rely on some DCOs more than others and I truly trusted Sean Sayers and Ryan Bromley. I started at Brook House before them, but once they joined, the three of us worked together most days. We worked really well together, and they were fantastic. I felt they always had my back and got on well with detainees.

Relationship with Healthcare staff

41. Healthcare staff would come over to the wings daily to review the detainees on ACDTs. Although, I was never involved in a use of force / C&R incident, I am able to confirm that Healthcare staff would be present during any such incident. I never witnessed Healthcare staff being anything other than helpful and professional towards detainees.

42. DCOs were advised at the morning briefing of the detainees who were on ACDTs. We were also informed of any scheduled visits to see the doctor. However, the ongoing medical needs of detainees were disclosed on a need-to-know basis.

43. I have never been involved in any disciplinaries, grievances or investigations. I cannot recall ever giving a statement in connection with other investigations.

Staffing levels

44. There were normally around 25 officers and managers on duty at Brook House.

There were normally two staff on the wings, which I understand is the required minimum. However, I believe that this was not enough as often DCOs were unable to do room checks, open the yard, or assist detainees with any inquiries they had, because we were too busy. Sometimes the yards or the computer room would be closed meaning the detainees would have less to occupy themselves during the day and this caused frustration. If there were three staff members on duty, the third staff member was frequently pulled off the wing to assist with constant observations on E wing or the segregation unit, to go on hospital runs or bed watches. This made running the wing much harder. One DCO always had to be on the door to let detainees into and out of the wing. I found myself alone on the wing a number of times because the other DCO or DCOs were called away to deal with something. I would ring security to ask if someone could come down to help me. I never felt unsafe on the wing, although sometimes I was conscious that the staff were quite vulnerable. We had cameras watching us, and if anything happened, I would call for a first response and there would be a team to support me.

45. I think more staff would have improved the situation at Brook House in a big way.

It would mean that there was one DCO to check in detainees at the door, and there would be more staff to engage detainees, conduct the room checks and manage the wing. It would also mean that DCOs could rotate better on the different duties. It was a long day at Brook House (07:45 to 21:15) and DCOs lunch-hour was non-existent sometimes. In theory, DCOs had an hour, but it was rare that we were able to take a full hour.

46. The short staffing often meant that an experienced officer (an officer with more than three months experience at Brook House) would have a new DCO to assist them with the day-to-day duties of running the wing. I felt uncomfortable when I was in that situation because new DCOs were not very confident, which was something that particular detainees picked up on. New DCOs did not have a rapport or relationship with the detainees yet, and were sometimes unable to manage detainees, or to do so in a way that did not cause an issue. It would at times create volatile situations, or threats of violence were made. For example, we would not put a new DCO on the wing door to check ID cards coming in and out. Situations often escalated when detainees were crowding around the door, or a little group would come on to the wing with a detainee from another wing with them, who should not be there.
47. I think there should have been more staff in the Healthcare team. Normally there were three nurses, and the doctors would come on particular days (a GP and a mental health doctor). If there was a medical emergency in the centre, any detainees who had to go to Healthcare might not be seen due to the emergency. Normally all the nurses would attend a medical response and a first response (the doctor would not attend). A detainee might be asked to leave their appointment so that the Healthcare team could deal with the emergency, which could be disruptive and frustrating for them.
48. There were only two DCOs on the activities team and, in my view, there should have been more due to the number of detainees. Activities DCOs had to open and man the yards on each wing. They also opened and manned the library (which is where detainees could obtain the paperwork they needed for the Home Office), the barber shop and the music room. Some activities could not be opened because there were only two activities staff, and this had the potential to make detainees very frustrated or lash out. If there were extra DCOs to open the barber shop or the yard, it would release a lot of frustration of detainees and relieve pressure on officers.

49. I was hired as Tinsley House staff. However, due to the renovations at Tinsley, I completed the training for Brook House and started working there. As far as I am aware, the training for Brook House and Tinsley House was broadly the same, but there were minor differences. For example, we were trained that there should always be a distance of one metre between you and a detainee. If a detainee came into your personal space at Brook, you would tell them to take a step back. If a detainee did the same thing in Tinsley, the DCO would step back. The detainees at Tinsley were mainly overstayers, who had not been to prison or been involved in violent crime. They were generally good natured and polite. Tinsley was more relaxed than Brook and we had time to speak to the detainees and sometimes to have our meals with them. At Brook House, DCOs had to be always ready.

50. I think that some Tinsley staff were not prepared for the different approach and attitude at Brook. They tried to use the same approach with detainees that they had used at Tinsley, which did not work. Other Tinsley DCOs were unnecessarily stern with the detainees at Brook House, or they could come across as patronising.

51. When I first returned to Tinsley House, I was doing night shifts. I spent time tidying up or putting up books on the shelves. There were no detainees for the first few weeks, and sometimes I would be pulled back to Brook House because it was so quiet at Tinsley. Then we had three detainees at Tinsley and by the time I left, I believe it was at capacity (but I cannot now recall how many detainees were there).

52. I loved working in Brook and Tinsley, but in different ways. Brook House was much more active, and the day would go by very quickly. At Tinsley, time seemed to go very slowly, and I would try to find things to keep me busy.

Treatment of Detained Persons

Immigration Rule 35 Process

53. As far as I remember, any detainee who claimed to have been a victim of torture had to be notified to the doctor and put on a Rule 35 process. I was never involved in the Rule 35 process as a DCO and am unable to comment any further.

Use of Force

54. I was never involved in a use of force / C&R incident. I was fully trained in procedure and on one occasion, I kitted up for a planned use of force but was not needed. I was designated a first response officer, who would attend as part of a first response team if there was a fight or altercation. If more staff were needed, then all available DCOs were called to attend the location. I had to attend a few first response situations and most took place either in the yard or on a wing. Often, the incident would be dealt with by the time I got there.

55. The main thing was to try to deescalate the situation or separate people. On one occasion, I saw that things were getting heated up between two detainees, and I stood between them to separate them. Another detainee pulled me away to keep me out of harm and I called for a first response. If a fight broke out, the DCOs would ordinarily try to find out what happened, and one of the detainees might be moved to E wing for the night. Detainees often took their frustrations out on each other, but it might be fine the next day. If it was not fine, one of the detainees might be moved to another wing so that they were kept separate. A DCM would make that decision.

56. During my time working at Brook House, I never once had to put my hands on a detainee to hold them back. Staff were required to complete a use of force report whenever they put their hand on a detainee, even if it was a guided hold (which was a non-aggressive technique to manage non-compliance and involved holding a detainee loosely around their wrist and by their elbow). I never needed to fill out a

use of force report, although I did file a report as a witness to a use of force incident. A first response was called because a detainee attempted to stab a DCO with a broken pool cue. I was called as part of the first response team, but I have little memory of what happened because I found it very upsetting. I believe that the use of force was required after the incident to take the detainee to segregation as he was very violent. The detainee was then put on a constant observation for the first hour and subsequently on hourly watch.

57. The use of force was used as a last resort and detainees would frequently be given numerous chances to comply with the requests given to them. DCOs and DCMs would always try to deescalate a situation first by talking to the detainees, sometimes for quite a while. When use of force was used, in my honest opinion, no excess force was used. Our training on C&R techniques emphasised that the use of force should always be proportionate to the incident. The C&R technique used depended on the resistance given by the detainee. For example, if a detainee was calling a DCO names, it would not be proportionate to restrain them. If a detainee stepped too close to a DCO, a proportionate use of force might be to put a hand on their chest and tell the detainee to step back. The best example of a proportionate use of force is the planned removal of a detainee from Brook House. The detainee was advised several times that they would be removed from the centre and if they did not walk on their own, we would need to get a team ready to remove them. Detainees that fought back were often handcuffed during planned removals.
58. A use of force could potentially cause pain to a detainee, but the technique should always be proportionate and if a detainee acquiesced, the DCO / DCM must immediately release and deescalate the restraint. During training all DCOs went through C&R techniques so that we knew how much it would hurt if we found that we needed to use that technique.
59. I do not think that C&R techniques were used to control detainees' behaviour, for example, if they were verbally abusing other detainees. However, the proportionate use of force might be necessary if a detainee was violent in order to remove the

threat to himself or to other detainees (for example, if a detainee was brandishing blades). I do not think that the use of force was used excessively.

60. I am unable to comment on alternatives to C&R techniques.

Detained Person's Welfare

61. We were trained to report any changes in detainees' behaviour or any worrisome comments they might make. In that event, a DCO would open an ACDT and contact the DCM immediately. Changes could include skipping mealtimes, stopping self-care and hygiene, or sudden changes in demeanour and behaviour. I had experience of detainees telling me that they wanted to kill themselves and I opened an ACDT.

62. The main part of my role as a DCO was to create a rapport with the detainees so they would talk to us if there was an issue (whether around mental health and wellbeing or otherwise). Issues were reported to the DCM, and they would make a decision on how to proceed. DCOs would conduct observations on detainees who were on an ACDT. This involved checking on them, having a conversation if they were up to it, and including the details on the ACDT. If we observed any significant changes while a detainee was on an ACDT, we would revert to a process of hourly checks, notifying the DCM and reevaluating the detainee's welfare.

63. I recall an incident involving a detainee who appeared to be catatonic. He seemed to be fine when he arrived at Brook House and went through reception with no problems. The first two to three days that he was on D wing, he was catatonic – he lay in bed all day and did not move. He was on the third floor of the wing and on hourly checks by the DCOs. He was on his own in his room and soiled himself. The medical team saw him every day. Ideally, he would have been moved to E wing, but E wing was either full or it was considered that he was safer on D wing (some detainees were moved to E wing because their behaviour was violent, or drug related). The DCOs left food for the detainee and sometimes it was not eaten, but he was not losing weight and was not dehydrated. There were charges on his shop

card and there was an investigation into whether another detainee had stolen his card, or whether they were buying food for him. He did not move or talk and was on the wing for about 12 days. I cannot recall exactly how he left the wing. I believe he may have been taken to hospital at some point, but he was either released from Brook House or taken to a mental institution.

64. When a detainee self-harmed, they were assessed by Healthcare staff, spoke to a DCM, and were put on an ACDT. The DCM would evaluate the frequency of observations based on the severity of the incident, the history of the detainee, and the risk of further self-harm or suicide attempts. I understand that this process reflected the policy, however I sometimes felt that staff could have been more proactive to prevent a detainee from self-harming. Sometimes detainees would go straight to their room and self-harm again. Twice, I overheard a DCM comment that a detainee was self-harming for attention. As we were not mental health professionals, I felt it was not our place to comment on that. I think some DCMs became desensitised to this kind of behaviour. That said, all the steps that needed to be done to observe detainees on ACDT were always done. But I felt that comments like that, from someone more senior, could open the door for others to think that it was okay to have that kind of attitude.

Individuals as time served foreign national offenders (TSFNO)

65. I had a couple of shifts working in reception, where I would welcome the detainees into the centre and perform a search, before offering them food and drink. I was not involved in processing TSFNO individuals, which was done by the more experienced staff in the reception team.
66. I treated TSFNO and non-TSFNO detainees the same. They were all people, and I treated them as individuals. However, I would be sure to check their known risks on the DAT system, so that I had a better understanding of their past and possible triggers. If a TSFNO was known to be violent, this would be flagged on their paperwork. I got along well with most detainees.

67. I did not approve of TSFNO's being housed with overstayers. I felt they were in very different situations (for example, someone who was imprisoned for gang or drug related crimes, and someone who had overstayed a student visa). This is what I liked most about Tinsley House as though there were TSFNO's, the detainees did not have violence in their criminal records, and I felt happier that they were housed together with overstayers. Frequently detainees would ask to change rooms to be with friends and we would accommodate that where possible.

Abuse of Individuals Detained at Brook House

68. The only time I witnessed verbal abuse towards detainees was collectively to all detainees who were constantly high on spice. The DCOs and DCMs got frustrated at constantly having to attend medical emergencies, usually involving the same group of detainees. Their comments were basically along the lines of it being a stupid thing to do, and if they kept doing it, they would die. Swearing was its own language inside Brook House, but it was a way of communicating and was usually banter between DCOs and detainees. I never witnessed any physical violence towards detainees.

69. The use of spice at Brook House reached a peak, but then I think it got better on its own. I am not sure whether this was down to detainees using it more responsibly or whether its availability finished. When it was available in Brook House it could be bad, and I remember there could be three to four medical responses in one day. There were two or three incidents involving spice on my wing, but they involved the same person and as soon as he departed from Brook House, it was not an issue on my wing anymore.

70. The main concerns I had related to drugs being passed around the centre. Some detainees received threats because they owed money to a dealer inside the centre for spice. I heard that a Vietnamese detainee was scalded with hot water as a result of a drug debt (although he never spoke about it). These stories circulated in the

centre. Another story was that a detainee was found with a list of detainees who owed him money for drugs. I never witnessed detainees bullying other detainees. It was commonplace for most detainees to speak as if they were on the streets, using slang and cussing frequently. I did not see verbal abuse but swearing was a way of communication.

Complaints

71. My understanding of the complaints process for detainees was that they would put the complaint in writing and submit it to the Home Office for review. Detainees could also raise complaints with the welfare team and Owen Syred (for example, if they thought a DCO was behaving maliciously). I believe there was also a whistle-blower hotline for both detainees and staff to use.

72. During my time at G4S, I did not receive any complaints, nor was I involved in any investigations regarding my conduct.

73. I feel there were sufficient ways in which a complaint could be made, and I do not know of any ways the process could be improved.

74. As far as I am aware, the complaints process was the same for other matters, including healthcare.

The Panorama Programme

75. I did not work directly alongside DCO Callum Tulley as he was an activities officer. However, I would see him and engage with him regularly as he would come to the wings to assist in mealtimes, as well as first responses.

76. I featured on the Panorama programme at time stamp 00:18:25 to 00:18:40 in connection with the incident involving the detainee who appeared to be underage. I

was shown finishing my dinner in the wing office and speaking to DCO Tulley about the underage detainee.

77. I cannot recall exactly when this incident took place, but I remember coming into Brook House in the morning and having the briefing from senior management. At the briefing, we were told that one detainee was moved from B wing (induction wing) to E wing (special care wing) because there was an allegation that he was potentially underage. When the briefing was over, I went to my wing and carried on with the day. At some point, I had to deliver to or collect from E wing and I met the detainee. I introduced myself briefly, he responded politely, and that was the end of the conversation. Later that day, I heard (possibly from another DCO or a DCM) that a detainee who was known to be problematic in the centre, had threatened him and he had been taken to the welfare office. I remember having a short conversation with him in the welfare office, and he mentioned his age, I think saying that he was 14 or 15. I remember asking him whether he had mentioned this to anyone else, and he said that he had, and they were looking into it.

78. I returned to the wing through reception, and I met my manager, Ian. I told Ian that the detainee told me he was underage. From memory, Ian replied along the lines of, “sometimes people say things and we need to look into it further”. I told him that in my opinion the detainee was much younger than his paperwork indicated him to be. Ian told me that they were aware of the issue, that it was being looked into, and that I should not involve myself. Ian had already told me that I got too involved in issues because I tried to change things that had been done the same way for a long time. I returned to the wing and the day carried on as normal.

79. Later on, I was in the wing office with Callum finishing my dinner because we were short staffed. He asked me whether I had heard about the detainee. It was what everyone was talking about that day. I told him I had spoken to Ian, and that it was being looked into. We had a conversation about the problematic detainee and other things that were going on. I was eating my dinner, and Callum asked me if I thought he was overage. I said I thought he looked like a baby and that he was younger than

18, but I would not be the one flagging it up. This part of the conversation was shown on the Panorama programme, and it appears as though I did not care. That was not the reality and I had raised the issue with my manager. I was aware that it was already being dealt with at the time I made this comment. When the detainee was still on E wing the next day, I made a written report so that there was evidence of my concerns. I believe I would have taken the report to security and left it at the post box there. I believe the detainee was moved from Brook House soon afterwards. I cannot recall how long the detainee was at Brook House, but it may have been about three days.

80. The Inquiry has provided me with the following two transcripts: KENCOV1012 V201705040015 from 4 May 2017 and KENCOV1015 V20170509000007 from 9 May 2017. I was not present for either conversation. The Inquiry has asked whether these sections refer to the same incident. While I was at Brook House, I heard about only one incident involving a detainee who was thought to be underage. It is possible that the conversation on 4 May 2017 involved the same detainee; however, I am unable to comment further, and I was not part of these conversations.

81. As I was no longer working for G4S at the time the Panorama programme was aired, I did not witness any changes in morale from staff. However, in conversations with some of my colleagues, I was told that staff were worried that the detainees would take their frustrations out on them, and that they felt they had all been tarred with the same brush.

82. I was no longer working at G4S at the time the programme was aired, therefore I am unable to comment on the reactions of detainees who watched the programme.

83. I am asked about my involvement with the individual who said that they were underage for detention. The detainee in question was not on my wing and I have provided full details of my recollection of the incident at paragraphs 77 to 80 above.

84. I was no longer working at G4S at the time the programme was aired, therefore I am unable to comment on any changes that happened following the programme.

Specific Individuals

85. I have been asked to comment on whether I worked with the following individuals and/or witnessed them using offensive language or being involved in incidents of verbal or physical abuse:

- (a) Nathan Ring - As he was not my manager, I did not work with him that often. I would sometimes hear him complain about the number of medical emergencies due to the use of spice, but I was not aware of any direct comments to detainees.
- (b) Steve Webb - I do not remember this individual, therefore I am unable to comment on their conduct.
- (c) Chris Donnelly - I do not remember this individual, therefore I am unable to comment on their conduct.
- (d) Calvin Sanders - I worked with Calvin quite often and at times I did not enjoy it. I felt that he would escalate the detainees by speaking to them in a rude or mocking manner. I said it to Calvin himself that he was escalating situations. I flagged it to Steve Dix several times, and Steve spoke to Calvin about it several times. I also mentioned it to DCMs Ian and Ann. I did not submit a written report about it; I never made a report about a colleague as far as I can recall. It made more sense to speak to the person directly, and if there was no change to go to a manager.
- (e) Derek Murphy - Derek was quite stern but also caring and very competent. He would often go out of his way for a detainee. I feel like a few of the comments made by him on the Panorama programme came from frustration. He was always a first response officer as well as working on E wing, which was the most difficult wing due to the volatility of the detainees.
- (f) John Connolly - John was an excellent C&R trainer, showing compassion and patience as well as a passion in teaching. I was surprised by his comments on the programme, and I do not support the comments that he made.

- (g) Dave Webb - I do not remember this individual, therefore I am unable to comment on their conduct.
- (h) Clayton Fraser - Clayton not only had a very good rapport with detainees, but he was very good at deescalating situations because he was very soft spoken. I did not have any issues with his attitude and behaviour, and I never witnessed any racist or derogatory comments from him.
- (i) Charles Frances - I do not remember this individual, therefore I am unable to comment on their conduct.
- (j) Aaron Stokes - Aaron started working with G4S after I did and, similar, to Kelvin, I felt that at times he would escalate detainees due to the tone he used when he spoke to them.
- (k) Mark Earl - I do not remember this individual, therefore I am unable to comment on their conduct.
- (l) Slim Bassoud - I remember this person; however, I am unable to comment on their conduct as I do not recall working with them.
- (m) Sean Sayers - I worked closely with Sean and I always witnessed him being kind, helpful and respectful to detainees. He was a first response officer and was often called for planned removals. I feel like Sean was a very competent officer and I felt safe with him on the wing. I also know he had a very good rapport with some of the more difficult detainees.
- (n) Ryan Bromley - Similar to Sean, I worked closely with Ryan. He was also a first response officer regularly, and one of the first to be called for planned removals. At times he showed some frustration because he did not want to do planned removals all the time. I was very upset when I heard he got seriously hurt during one of the removals. He was an extremely competent DCO with whom I felt safe and proud to work with. Being younger, Ryan had an excellent rapport with the younger detainees, and they would often have a joke and a laugh.
- (o) Daniel Small - I remember this person; however, I am unable to comment on their conduct as I do not recall working with them.

- (p) Yan Paschali - I did not work with Yan very often, but when I was working on E Wing with him, I did not feel supported. He came across as unapproachable and intimidating. He could be quite brusque and rude. I never witnessed him being physically or verbally abusive to detainees. I was shocked by the footage of him on the Panorama programme, but at the same time I cannot say that I was surprised.
- (q) Daniel Lake - I remember this person; however, I am unable to comment on their conduct as I do not recall working with them.
- (r) Babatunde Fagbo – I worked with him a couple of times as he would assist on the wings during mealtimes. I never witnessed him being abusive or disrespectful to detainees and I had no problems with his behaviour. In my experience, he had a great rapport with most detainees.
- (s) Shayne Munroe - I remember this person; however, I am unable to comment on their conduct as I do not recall working with them.
- (t) Nurse Jo Buss - I worked with her when she attended medical responses. She was very stern when detainees were being disruptive such as kicking the door to the medical room.

86. I did not witness any verbal abuse until I watched the Panorama programme.

Suggestions for Improvements

87. I feel that the people who go to work in this sort of environment need to understand that we are working with vulnerable people who are in a very stressful situation. I think heavier screening should be done for people working in detention centres. I believe that it would be better to employ people who are slightly older, simply based on their life experience and empathy. In my experience, younger DCOs did not always command authority or respect.

88. I also think that feedback should be given more often, not only from colleagues (others DCOs) but also from detainees and managers. I believe that two DCOs per

wing is simply not sufficient. Between hospital runs, bed watches, ACDT observations, and the actual management of the wing, it was impossible for two DCOs to successfully run the wing. Although, we sometimes had more than two officers on the wing, with all that was required to be done, we would often be down to the minimum.

Any other Concerns

89. I have nothing further to add to the Inquiry.

90. I have already listed the names of the people I find relevant within my statement and that may be knowledgeable about the matters I have mentioned.

91. I have nothing further to add to the Inquiry.

92. I have done my best to help the Inquiry. It has been a difficult process to recollect what happened at Brook House and it has caused me anxiety in reliving some of the things that happened.

<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	SÓNIA CLARKE
Signature	Signature
Date	11 th February 2022

Witness Name: Sonia Clarke
Statement No: 1
Exhibits: None