**Brook House Interview 8 Notes**

**Charlie Francis (DCO) – 18 July 2017 and 20 July 2017 (interviewed twice)**

4 mins - describe to someone who knows nothing

5.15 first impressions - noisy

No dramatic change - extra beds, 60 in total, no new staff

9 It only takes 1 or 2 people to really change the feel of a wing. Population changes in a month (Skitt)

11 talks about 'rapport'

12 Good staff? Listen to them, help them. Good answer. If I say I will, I'll do it

13.45 bad staff? Don't care. Self-harmers haven't been given something simple. Some just see it as a job, C&R stuff.

15 do you get a lot of abuse? Oh yeah. Been called everything, punched, kicked, bitten twice

Feels safe with colleagues but got each other's back, it could all change

20 'You've got to know the people you're working with, cos you're working with them 12 and a half, 13 hours a day. So you do form friendships. We know each other, we've worked together for so long, so you know if something's on their mind or if something's not quite right. You just know. […]

[Can you tell me a bit about what you think the word 'experienced' means?]

The experience bit is knowing what and how to handle them. A lot of the new ones come in, they think it's all bend them up and fight them. Or they're here […] The easiest way to put it is: a lot of them think they're worth nothing, if that makes sense. They all go on. We have a sheet for them. In it is written what they're here for, what they've done or whatever. I *never* read the sheet. I never read their sheet. I take them at face value until something happens, *then* I will go and read their sheet. But I think a lot of people here will read what they've done and then make their own decision on, y'know, 'He's a wrong 'un, he's a wrong 'un all the time'. So that's how they deal with him. He's a wrong man. He's wrong. That's how we deal with him. Whereas, y'know, yes he might have done his time, he might have done whatever it is, and he might have changed.

Y'know, people do change when they've been […] A lot off them are foreign national prisoners, especially down here [E wing], we get a lot of them down here. Some of them have changed. Not all of them, but some of them have changed. So I just take them at face value. That's probably where my, call it experience I don't know, but that would be me. But a lot of them make it a point. You see them coming, a new person comes on the wing then first thing they do is on the computer to read what they've done, and they've made their own decisions straight away – 'they're wrong' – and that's the way they treat them. Okay, yes, you get some that have done stuff that, y'know, really makes you wanna go and…but you just deal with it. You try and block that bit out. After all, they're a person. That's the way I treat them is they are a human being, they are a person. They're not an animal, you can get people with that kind of attitude. They're not gonna be what's classed as an experienced officer because they've just got that mindset that the way they are.

It's handling them and how to know. … It's working with your colleagues, on your wing, knowing your wing, knowing what you've got on your wing, and who is on your wing. Straightaway you've got to identify your what's called 'troublemakers'. You do get people that are *always* causing trouble on the wing. As far as the newbies, some of them are all trouble. Some of

them have their favourites, especially the female officers. Some of the guys will try to become too friendly to the females. I'm a little bit concerned about it but, y'know, they're officers as much as we are. But obviously some of them, they like the attention. If you're not too careful, they can end up doing stuff that…they all try and use and abuse the staff, and try and get them to do stuff, y'know? 'Oh, give me an extra…', 'Can I get on the wing?' People not supposed to be on the wing, they go, 'Oh he's my friend he can come on the wing.' No, he's not on this wing he doesn't come on. And they override some of the senior officers, experienced officers.

24 some staff have favourites, especially female officers, too friendly, like the attention, if you're not careful can use and abuse them

25 gender and relations? Yes. Strategic gender. Some detainees are danger to women and children. Younger female officers I look out for. My age, protective side

'Yes, you gotta remember, most of the males in here, probably haven't been with their girlfriends or whatever for maybe three months, maybe a week or whatever. But they do tend to react different. Sometimes the females can be a calming influence, but then sometimes they can be the opposite, they can incite. Just the female presence. We have got detainees here that are a danger to women and children, and a female walks on the wing, especially down here, I'm more alert, I'm more conscious that there's a female on the wing. It's not so much the older female, it's the younger ones that they tend to…y'know, and if you try to intervene, they'll blank you. 'I'm talking to her'. But we're all trained the same. Perhaps it's just my age or whatever it is, the protective side comes out. It doesn't matter what females – I'm always concerned. Especially when I've got detainees down here that are a threat to women and children. I'm concerned about, not so much leaving them on their own but who comes down, when and where they're covering breaks. [That's the problem, they just send people down to cover breaks, they're not. As a member of staff…] Already got one female down here then send another one down. You're leaving two females on the wing. I know they've got their radios and everything, but it's just a bit concerning. I'm a bit concerned about it.

27.30 losing experienced staff? Had enough. Management of detainees. Staff assaulted

***Banging starts*** Man in segregation unit is self-harming

28 45 used to have basic, more softly approach, increased bed numbers feel unsafe

29.45 Not enough support

31 we seem to take anybody

Substance abuse but no training healthcare supposed to check, sometimes do sometimes don't

***Banging gets really bad. Detainee is self-harming, cutting his wrists***

Interview terminated.

Part 2

1 min [What do you do if you're concerned about someone's welfare or wellbeing?]

Any concerns, you'll be familiar with the ACDT booklet. Bring them down here (E wing) for closer monitoring, which usually happens, or if they attempted to self-harm on one of the wings, then they'll bring them down here, use one of the constant rooms. Sometimes they've self-harmed on the wing, or attempted to self-harm on the wing, they come down here. We've had several people that have tried it again and again, several times, but then eventually just talking to them and reasoning with them…whether they see it was a foolish thing to do or…it didn't affect their case. Most of them think self-harming will get them out quicker. And as we explain to them, and also as the immigration will tell them, doing self-harm doesn't make their case go any

quicker. We tend to try and engage with them as much as possible. A lot of them initially they just wanna lay there and feel sorry for themselves. Then we try to strike up a rapport, gain their confidence and then try to break the ice. A lot of them have got…somewhere in there there's a chink. They put this suit of armour on…we look for the chink and try to get in. It could be something completely random, we pick up on. We start making headway, start talking to them, saying 'Immigration have already told you this doesn't work, your best bet is use your solicitors use the courts.' Some of them have got family, some haven't. So we try to explain to them, 'If you succeed in killing yourself, what's your family gonna do? How are we going to explain to them, "Yes, your father was in here in custody and he killed himself"?' Apart from that, if you do succeed, it's *us* that go to court. It's not you – you're gone – it's *us* that are actually in court, charged with your manslaughter because you're in our care. That usually gets into them. Some of them say they don't care, they don't care, but then a couple of days later they go, it's nothing to do with you it's my choice, but you go well I'm sorry you're gone, you can't turn round and say it was my choice to kill myself: you're not here. Y'know, it's us that have got to take responsibility for it. And then they start thinking, they start thinking and they start opening up and that's how we can get to what the proper root of the problems are. Why they've done what they've done.

4.30 [How often do you find that self-harm is connected to somebody's case? Is that often what people say?]

A lot of it is. It is connected. Some of it's not. Some of it is attention seeking. Got a couple down here at the moment, they want something and they feel the only way to get it is to do what they do. A lot of them haven't got much money. One in particular hasn't got any money but he smokes. We used to have an allowance for tobacco, so when desperate we'd give them tobacco. Some of them have abused it so they've removed it. And because he was so used to getting the tobacco, he's started putting ligatures on *just* to get tobacco. Nothing to do with his case. Just attention seeking. You know it's not serious because the ligatures aren't tight.

I've actually saved probably three lives and the ligatures are tight. It could be a cord. I had one gentleman actually put a belt around his neck and he actually got the clasp done up. Because if you self-strangulate, after a while you're gonna just pass out and the pressure's off. But when you've got a belt round there, you've got no choice. Three days after that, I actually got speaking to him, and it turned out it was a little bit to do with his case but a lot of it was, he was under the impression…officers were talking at night close to his room and they're just saying he was faking it, so it just turned him the other way so he just…It was a little bit to do with his case but it pushed him that little bit further.

But three days afterwards I was on his constant, he wasn't eating but he was just laying on the floor on a mattress, and I just happened to go in there one day and said 'Look, are you aware that it was me that actually found you with the belt around your neck?' And he just jumped up and hugged me. Just jumped up and hugged me and said 'Thank you very much'. But that was a little bit to do with his case but he was pushed further by actions of other people [staff]. And down here you've probably noticed it takes a certain officer to work down here and sometimes they put the wrong officers. It's a very sensitive mood, it's a very sensitive area they're in. It could go either way. Some of them don't do it unintentionally, put some of them just get pushed over the edge by an officer's reaction or what they hear. So you have to be careful what you…Your actions have gotta be careful when you're dealing with that sort of person, and a lot of them don't understand that. They just assume that they're all doing it just to get out of detention. But yes, there are some of them that do it because they think it will help them to get out, but you do get the serious ones that really do mean it. Yeah I've been in…wrapped up people who've cut themselves up. A lot of it's been superficial. Some of it's been meant, because they are deep, deep, deep cuts. So you know they're meant. And again some of them do it thinking it will get them out quicker but they go too far. They make the mistake of putting too

much pressure on the blade or whatever, so there's a little bit of…It's very difficult to sort out the ones that mean it, because sometimes you think he doesn't mean it but he just reacts to something what the officers have said to him. And it makes some of us quite cross down here because you're doing your bit to help them and then all they're doing is just mucking it up, because of their actions it just mucks it up. And you'd be surprised when they're in that state of mind, their senses are working, especially their hearing. Okay they might be just laying in bed and you think, y'know, 'Lazy, get up', y'know, fine, but they pick up on it. They don't say anything, y'know, but next thing you know they assume that everybody thinks they're just faking it so they will do it for real, and unfortunately the ones that do say that sort of thing aren't on shift when they do it for real. Most of them, once you've got them, saved them, they do thank you. … They thought it was the only way out. But once you actually sit down, talk to them, go through their problem, once you start to go through their problem, that's when they feel that someone's listening to them. Because half of them down here, a lot of them they self-harm down here because they don't think people are listening. And in the immigration estate, everything takes time. Nothing's done fast. It all takes time. So they just feel that no one's listening to them. So they've just gotta take some kind of drastic action, they feel, so that they'll listen. And 9 times out of 10, they have been listening, it's going through the system, but they can't grasp that it takes time. So that's the problem, it's them grasping that everything takes time. Of course they've got their own deadline: they wanna be out, they wanna be gone or whatever and they feel that they're not being listened to.

But you do, on the other hand, you do get the ones that are faking it, and you *know* – you just know by the way they act, by the way they talk – that they're not going to do it. There's one at the moment that's been on constant for months and you *know* he's not *actually* going to kill himself. He puts the ligatures round, and fakes it, he lays there, y'know, pretending he's…but he doesn't pull it. He actually ties it but he doesn't…you can get your fingers down there quite comfortably, he can breathe quite easily. It's just his motion and the way he (makes inhaling / choking sound) and it's fake. Cos it's attention. He wants attention. Cos he wants *us* to give him something. Then that makes me cross cos I've got another one on the wing that is *intent.* Y'know, this guy is intent on harming himself, but I've gotta treat this guy the same. Initially, y'know, you don't differentiate, you don't say, 'Pfft, leave him'. You've gotta talk to him again, then of course the other guy sees this so you get a chain reaction. He's started so I'll do it. Not because he wants something it's just because it's given him the idea to do something.

13 mins [People with suicidal intent, what happens immediately after that?]

If someone seriously self-harms, obviously they either go to hospital and come back, and they'll be on a constant. Like I say, we try to get into that little chink of armour, try to get them to open up, to find out why was it done, did you really mean it. Majority of them…don't mean to kill themselves. It's their way of, especially when you get the prolific self-harmers, it's their release: pressure, tension, stress, whatever you like to call it. But I personally don't differentiate when their first here cos they've self-harmed. Right, let's try to find out why, what caused it, what's the triggers, stop the triggers, see what we can do that way. Majority of the time, there's something underlying, there's something that goes with it. If we've got any concerns, we work closely with the RMN, and between us we work things out. They've got the knowledge to work out if this person is mentally intent on doing it. Majority of the time they will come down and talk to them all the time, then we get feedback off of the RMN – they might say can you keep a closer eye on him, watch him with this and that. When RMN or healthcare go in, we don't tend to go in, we tend to stand – patient privacy and everything else. [But they immediately tell DCOs things i.e. breach confidentiality straight away! Obviously I think that's often the right thing to do, but this is a rather contradictory testimony.] When they come back out, if they've got concerns, they tell us concerns, and we will build from that.

15.30 What is the standard of healthcare like here?

It's pretty good. Yeah I'd say it was good. Some of it's not very good. Some nurses are good. If someone's self-harmed, they could be a little bit slow in getting down, but once that's dealt with, then the aftercare type thing is quite good, especially from the RMN side. Some of the nurses come and dress their wounds or whatever, but it's mainly left then for the RMN to pick up. And the RMNs here are good. They are good. We spend a lot of time with them, gained a lot of knowledge from speaking to them.

16.50 How much of your job is suicide and self-harm and ACDT related?

It depends on the month. One month the whole month just dealing with self-harmers and attempted suicides, then two months just the normal people with mental illness. So it just varies from month to month.

17.30 [You mentioned you saved some lives. There's a lot of chance whether you see them or not…]

It shouldn't happen when they're on a constant watch. It shouldn't happen. It does, because you get some staff, they go to the toilet. Don't wanna watch them but you've got a mirror. I say I'll give them 2 minutes, then after that I'll go in. Sometimes they go in and self-strangulate and you can't do it, so I go in, 'Come on, don't be so stupid. Right, let's get on the bed, let's talk about this.' Obviously called HC down. 'The voices told me to do it' or what have you. You get these intuitions. A lot of new people think, He's on the toilet. I've been on nights, got a constant. I've come to do Rule 40s, I say 'Where is he?' 'Oh he's on the toilet' and my first question is 'How long?' 'Oh he's been in there for 10 minutes.' Don't you think you should go in? So you open the door… It's like a sixth sense, you just get a feel for the person you're dealing with and then you just you know the signs and what to look out for. The only other way you can do it, lay in bed and pull the covers over. You can't see what they're doing underneath. Again, it's the movements, what's happening. You might write on his ACDT, 'Lying on bed under covers'.

20.10 [With the near-miss belt case, aside from the debrief, was there a more formal investigation?]

There was no debrief. You don't get any debriefs after. You've dealt with it, health care go in, and you just carry on with your day. You don't get taken off anywhere for a debrief, there's none of that. No debriefs.

Would you appreciate something like that?

I dunno. Cos the staff we deal with our own debrief, if you wish. Half the time we laugh it off. It's a thing, you just laugh it off. Debrief-wise? It's still gonna have the same effect on you. He wasn't on a constant, he'd been off for four or five days, he was in a normal room with hourly or two-hourly observations, and I just happened to walk past the room. Obviously I knew he was in the room and I knew there was an observation due, probably due in the next 15 minutes or so, and I just happened to glance as I was walking by, like I do when I walk up the wing. I just happened to glance in and his feet by the door of the toilet, his feet were sticking out the toilet. *Wrong*! You react. Straight away, the situation was – you identified it immediately. Everything was wrong. The feet shouldn't be sticking out…Whereas other people on the wing they just walk up and down, talking to their friends. This is where it's critical down here, you're giving it 100%. And you are so tired. A lot of the time it's mental tiredness. Not physical, it's mental. Obviously what you done, what you seen and what you dealt with. Whether it be a self-harm or just difficult detainees.

22.30 [Had you not walked down and seen that and they had died, there obviously would have been…the police would have arrived…]

That's when all the investigations start…

[But there's an element of chance whether you actually saw that person and so, had that person done the exact same thing…Was there learning after that, do you think? Had there been a completed death, there would have been a massive investigation…]

There would have been. Then after that, it would've been, right what could we have done differently? At the end of the day, he was on a normal ACDT. He's on an hourly observation. They know, the people who are intent on harming themselves or killing themselves, if they're on observations, they will watch to see what times you do your observations, and they will watch to see their window of opportunity to do what they wanna do. This is why a lot of us, my line partner Tom McCarthy, we stagger. We don't do on the hour or just before the hour. [It should be unpredictable.] It's hourly observations. We might do one at 4 o'clock [or 13 mins past] or 20 past. You don't know what's gonna happen down here, it changes hour to hour, minute to minute. … I don't know what it is. A lot of people that come down here can't grasp the fact that, he's on an ACDT, it hasn't got to be done *on the hour*. He's on an ACDT for a reason, you don't know what he's gonna do for an hour. Their last observation might be, 'Talking on phone', but you don't know who he's been talking to. It might be his solicitor has turned round and said to him, 'Sorry mate you're not gonna get your bail' or 'You're not gonna get released'. [He might be saying in Urdu, I wanna kill myself.] I've done my ob, that's it. They're not out monitoring just to see what he's doing. People that get bad news, I tend to watch them a little bit more. I might walk past, see door shut. The radar starts to click (X2). All this morning, his door's been open. He's been on the phone now his door's shut. Let's go and have a little nose. Just lift the flap up or push the door open, 'Oh sorry mate, I thought you weren't in your room'. That's all it is. They don't know why you're there…

25.45 [Anything about ACDT in Brook House that you think could be done better?]

No I think…a lot of the time, the worst bit is, they're using the ACDTs for the wrong reasons, if you know what I mean. They are for people that have self-harmed. I know that people *say* they're gonna SH so they put them on an ACDT, but initially it's for (those) who *have*. You know we've got one down there, he made a tiny little cut a week ago. He doesn't need – in my opinion – he doesn't need to be on constant supervision. All he's said is, 'I want to die.' He hasn't said that he's gonna kill himself [Or that he has a plan…] He has no plan. He just said, I want to die, whether it be here or in Germany. I want to die. Now, to me, if he wanted to die, there'd be something thereto start it off. Y'know, he's stopped eating for 3 or 4 days, but that's his norm, he's been there before, so I know he'll do 4, 5, 6 days tops without eating and then he'll start eating again. That's what I'm saying, you get to know how they are. All he's got is a little…You saw the state of the gentleman across the hall there, and that was just to say when he gets back home, 'This is what immigration have done to me'. Whereas this other guy says, 'I want to die' but he hasn't actually said, 'I'm going to kill myself'. All he's said was 'I want to die'. To me, that doesn't warrant a constant watch. It doesn't warrant it. Yeah, put him on an ACDT, every three hours or whatever, which is fine. And then, if he does something, he takes it a step further, cos 9 times out of 10 they will do something first, like a trial thing, to see if it hurts basically, and then they might do it. But they all go that way [slash wrists horizontally], not that way [vertically], which is the proper way to do it. They all go [horizontal]. A lot of the time it is a cry for help or, right, you're not listening to me. And you'll probably find, I'd say, 50 or 60% of ACDTs opened are for medical reasons, they haven't been given their medication or something like that.

[Is that grounds for opening an ACDT?]

Well yeah because they've cut themselves [Oh, in response to not getting…] You've not given me my medication, okay I'll give you a reason. You know, plastic knife or something like that. Or they'll go in their room with a razor blade, y'know, Give me my medication or I'll cut myself. And cos they made the threat…

29.20 [Is there any more training etc. that you think people could receive for identifying risks or ACDT?]

Anybody can open an ACDT. Anybody. Front page is the reasons why it's opened. He might have just said, 'I'm gonna kill myself if I don't get my medication that I'm due'. Okay. Then it comes down to an assessor. He automatically goes onto an hourly ob, he gets assessed. I'm an assessor, Ange, Tom, Anne upstairs…We will go, sit down with them and go through their problems. We write down everything, in their words, what their problems are. I think there's 7 sections to go through. Then we try to say, Right, we do a caremap thing. What can we do to stop you doing tthis? They'll think of something, y'know, medication, I need a solicitor, I wanna go home. So you put the caremap out, it's either gotta be done by a member of staff, healthcare or themselves. And that's how you find out what the problem is. And then they put the care team together – couple of managers, the DD. Then they come down, have a chat with him, go through your 7 boxes, and then they decide on what observations. The assessors in there to put their input in, and then you…send them out the room then you all talk. Obviously HC's there, RMN's there, the DD, Oscar 1, whoever his case manager is gonna be [Potentially someone from chaplaincy?] Yeah. We go through it, we say, Right…

32.10 [Do you think you're able to make a difference to people's wellbeing?]

I like to think so (x2). A lot of people on constants or I've helped through self-harm, every single one of them has said 'thank you'. And I just brush it off, I say I'm just doing my job, that's all I'm here for is your care. But you go home, y'know, that's another one saved.

32.44 [Is that part of the job satisfaction?]

Probably, yeah. Probably is. Down here, it's the needy bit. I don't think I would've lasted long being on any of the other wings.

33 [Really? Why not?]

The rest of them that are out there, they're out doing their thing, they think they own the place, they can't take orders and everything else. So I don't think – I'd have got either bored, frustrated and then left, thinking I can't do this. I don't know why I'm attracted to doing what I'm doing. I can't say 'That's it', I feel like I've helped somebody, if that makes sense.

33.40 [Are there any misconceptions about imm det?]

From public or detainees?

Ds think gonna be here short term. Also a lot of them say I've done nothing wrong. Yeah, but you came into the country illegally, you've broken the law, whatever it is. They know they've got the opportunity to get lawyers, everything's there for them, but they expect it straight away. 'I've got toothache, I need to see the dentist', well you've gotta make an appointment. 'Why?' Well, I have to, that's the way it works. 'But they're here all the time'. Well, no actually, you've gotta make an appointment.

Healthcare, they come in, this is the bit with the medication bit I can't seem to grasp. They come in with medication, usually it's prescribed medication, why they have to take it off them when they come in, and then wait for the doctor to represcribe it again. And that is half the problem with them, they come in on medication, they take it away, and the doctor will say 'Oh no he doesn't need that' for some reason. And of course they kick off cos they want their meds. Some of them, yes, some of them are slightly addicted to some of their meds [But it's quite reasonable to expect when they come in they can take their medication they've been having regularly] If they've come in with their medication. Other way to do it is have a doctor in at night. Not assessed. They get a slip to see doctor between 2 and 3 next day, but if you have 50 come in that day. 50 of them gotta see Dr in one hour. He probably sees 5 to 10, so the rest of them come

back the next day, 'Where's my meds?' Majority of time it is over medication (ACDT). Surely they know which are legal and prescribed. But if they're on prescribed drugs, why take it off them?

[And you're picking up the pieces?]

Yeah. Someone comes in with heart condition, got 7 tablets to take, healthcare go 'you can't have them, have to see the Dr first'. Excuse me? [Sounds quite concerning.] Then of course it takes them 3 or 4 days to get their medication back again.

37.20 [Does that create a trust problem between detainees and healthcare?]

It does. Huge, huge. Majority of the time, first response will go off cos of something happened in HC. Someone's gone up to get their meds and they've been told they can't have it. Two new doctors are good – e.g. ask for sleeping tablets, they say I'll prescribe it but for four days only. Four days. After that, I can't prescribe them. Which they can understand. But majority of it is medication, which if they need it and they've come in with it, surely they should get it.

38.20 [Ever had someone in detention you think shouldn't be here because you think they're so unwell?]

Yes, we've had some of them come in. You think … [E.g. D3055 on alcohol withdrawal.] Shouldn't have accepted him, but two hours later he's down the hospital.

We never used to take [alcohol withdrawal and substance misuse]. Got two rooms for that now with bigger hatch (not the same as constant rooms). Got a key so you can hand them meds and close it.

We were only supposed to take two at a time, but I think now we've got…14 in the building. Who are either drug or alcohol withdrawal, they have to get medication in the morning.

[Two rooms and more dependent detainees spread around the building, has that meant any more staff?] Eh, no. [More demand but not more supply, as it were.] Not one of us working down here has received any psychological training or drug abuse training or anything. It was supposed to be, there will be a healthcare member down to deal with that.

39.30 [Some people have hinted to me that because BH has tended not to have any really drastic problems – deaths, extreme violence – victim of your own success? Getting more people like that because nothing terrible has yet happened?]

Apparently we are the strictest IRC for rules. All the others, 'We can't handle him, send him to Brook' (x2). Like you say, we're a victim of our own success. We always get the troublemakers. I've had people made threats to me in first couple of days, then they realise within a week I usually end up their best friend, because in the other establishments, the reason they turned violent was because the officers wouldn't listen to them, wouldn't just sit down and talk to them.

41.50 [Decisions made by outside. Healthcare issues you have to deal with?]

Problem with healthcare, if you've got someone with a problem of any kind, they won't keep them on normal wing, gotta keep them here for medical obs. Put them down here for medical obs. It's easier for them to come down here than keep them on any other wing, cos they get mobbed on the other wings. 'Where's my medication? Nurse, I've got this…' The guys that work down here we always say we are the dumping ground, which we are. We are the dumping ground for everything. E wing: they'll deal with it. Some of them don't need to be here, medical wise. Oh cos he's medical obs, but like I say, HC have said they want him down here cos it's easy. They're not gonna send the staff to other wings where they get mobbed. But they still get caught out by one or two people down here – 'Oh, nurse, nurse!' But it's only 1 or 2, not 40 or 50. So I can see

why they push them down here, but they don't really need to be. The officers on the other wings are still capable of doing what we do.

44 [A sense that other IRCs push people towards here?]

Again, they claim they can't handle them. We've been duped several times. He's violent, assaulted staff, so we've got him.

44.30 [E wing used pre-charter?]

We only take the escorted flights. We only take maybe 3 or 4 tops per day. Usually spend the night – do the last night obs on them. It's only potentially because it's an escorted flight which means they could say No and fight. Obviously it's easier to lock down 12 people than it is to lock down 120, so that's why they come down to us. Majority of the time, yes, they're not gonna go. But there's little tricks we use to get them to see the escorts. We just say to them, 'Look'…They might come in and say, 'I'm not going cos I've got a JR in'. Right, great. Keep that with you, in the morning, I'll walk down with you. Come on, let's walk down towards the escorts, tell em you've got a JR in, they got the phone call, they can make the phone call, to see whether it stands. (Knocks the desk.) It usually works. To get down there, bop bop bop, wrapped up, gone. End of.

Or, you get down there, it stands. Yeah we can't take him mate. See? What did I tell you? Come back. Bring them back, get them breakfast, come on, you can go back to your wing now. Take you back to your wing. So that's initially what E wing was supposed to be for. And a couple of difficult cases.

The only thing I can't understand is, got 7 prisoners, they're still serving (sentence), got your overseas flights, they don't wanna go, and you've got your odd mental case down here, then on top of that they throw in an underage. An underage person down here. Is that wise? I question it sometimes. He's in main association, so I'll put him down on E wing for his safety. Hang on, you've got murderers, robbers, rapists, molesters down here, and you're gonna put a 16 year old down here? Or an underage detainee down here? Excuse me? Surely we've got a sister IRC 100 yards down the road, surely he should maybe go and…No no no. And then they might be four days before anyone comes to see him, depending on as and when. But should they really be coming down here? An underage person? That makes you think.

47.35 [That must be quite uncomfortable for you as staff if you're unhappy with the decision.]

Dumping ground. We tell them, dumping ground again.

[But in this case not cos they're dangerous but because they're vulnerable?]

Yeah but that's what Tinsley's for. TH is for vulnerable people. So he (underage person) should be immediately taken out here and taken to TH to decide whether he is or isn't.

***UP TO 48.07

9 times out of 10 say they're 16, then see them smoking. Hang on, you're 16, illegal to give you a cigarette…

48.25 [As an outsider, what's important for me to understand?]

You need to know what you're dealing with. Oh, poor things, poor darlings. There's so much help out there for them, and we're the bad guys.

53 [Home Office decision making. Do they understand what they're doing or know who they're making decisions about?]

They're a number, basically. A name and a number. We had the alcohol dependent guy, already been into hospital, been in, come back, discharged, released him, he got caught again, came back

and he was in a bad way. They came down with his release papers and we go, 'You're joking'. So you're gonna release this guy and he could be dead within the next two hours. And it wasn't until the actual immigration officer came down to serve him his papers, he realised how bad he was. Thought I can't release him.

[As in onto the street?]

Yeah that's what release is.

[And he's clearly not gonna be capable of looking after himself.]

And it wasn't till he came down. Cos all they do is a name and a number. 'Thank God he's gone' cos he's been a pain, chasing for his release and what have you. But they're getting a little bit better at it. Like, you know, he's going. The biggest bug bear here is when the Ds make threats to staff and it takes ages to get him out. 'We're compiling a report, the more SIRs you put in…' Well hang on, you've had 52, what's taking so long to get him out? It's cos all the other centres can't handle him, they don't want him. 'Oh no, we don't wanna fight him, leave him at Brook.' There's an awful lot of centres that can refuse people. For some reason, we can't refuse them. We try, but we can't. But everyone else can.

55.25 [Problems with escorts and TASCOR?]

That's a big problem. Not even turning up or refusing to take them. Got a Turkish fella, he's self-harmed cos he wants to go back to Turkey. It's the 17th, he's going on the 17th. And he said to me, 'You're sure I'm going on the 17th?' I said 'Yeah'. It's down, black and white, you're out the door. You're sure? Cos otherwise I'm…I'm sure. 17th comes round, I'm off and I'm back on the 19th, he's gonna be gone. Come back on, he's still here. 'What happened?' TASCOR never turned up. We haven't got the staff. They've only been doing it just over a year or two years, and they couldn't handle it properly anyway. And cos there was no one else to take it over, immigration said just do it for another 6 months till we find. Of course they're paying lousy money, they've cut all the escorts hours and everything. So of course people are gonna go and find different jobs. Escorting detainees abroad used to be good money, but now it's, the company's undercutting people to get the jobs. And now, all of a sudden, they can't find the staff. And the worst thing is, when they've got a charter. We have a charter going out, we might need 120 escorts. But the movement, like Dep't Mo who do all the movement of people, they know we've got for argument's sake they know we've got 20 people going out at 9 o'clock in the morning. They've got 20 people going out at 9am? Right, that's 20 beds. 12 o'clock they start arriving for the beds, then all of a sudden they get the coach half loaded, you've got 15 new arrivals, you've got 10 on the coach – oh, charter's been cancelled. Planes can't take them. Hang on, we're already at capacity, you've given us another 15, where we gonna put them?

58.05 [Where do you put them? In reception, double up…?]

If they're en route and they get transferred we've gotta do something with the 15, 9 times out of 10 we bang em down here, just overnight in one of these rooms.

[And these (segregation) rooms maybe aren't the friendliest looking rooms…]

Down the block. No power points, no TV.

[Quite austere.]

Yeah and bang the doors locked. But they should allow a 24 hours before we get anybody back in, but no it's Brook Brook Brook Brook. Some of these ones that go to their flight, they might go all the way to Luton [about 70 miles] and they kick off on the plane. Right, how many detention centres are between here and Luton? Probably three. No, gotta come back to Brook cos you're the only ones that can handle him. They've got a route order which says, 'Departure: Brook House, Luton Airport.' It doesn't say anything about coming back. So they must get the

order from somewhere to come back with him. So why bring him back to us? You've already filled the bed. You've already sent two to replace him. Again, when they turn up, they end up on a constant watch or single occupancy, and Dep't Mo will say he wasn't a single occupancy when we sent him, so why's he a single occupancy now? Well cos that what his paperwork states. He's a room share risk and he's high risk, so he's single occupancy. But we never sent him to you. Well you must've done because this is the guy. Then you find out a couple of days later, yeah he was, he was a single oc and where he'd come from. They just wanted to get rid of him cos he was a handful.

1.00.23 [So you've got an awful lot of difficulties coming from elsewhere. Imported or contained here.]

Like I say, healthcare and the escorts are our biggest thing. [Bail decisions.] That could be their attitude, that's down to them, the way they go in and speak to the judge, the way they put the case or they were just chancing it. Of course some don't get bail, they throw the toys out the pram. Make the statement, 'I'm gonna cut up', 'I'm gonna kill myself' or whatever, so bring him down. A day, two days, talk to him, they come down, review him again cos of course they don't want him on a constant watch, he's taken up needs more officers. Oh he feels better now, right okay, bin him off the wing. So it's very difficult, so you know the ones that are. The way we say it is the quiet ones. It's the quiet ones you've gotta watch. Not the loud ones that make all the noise about cutting themselves up. It's the quiet ones. Cos you don't know what they're planning, you just don't know what they're planning.

1.01.51 [It must be quite scary if you really don't know somebody could be really high risk.]

We just had a new influx of staff and I put them on the constant watch, first time on a constant watch, and you can see it in their eyes: *they are scared.* Cos I'm watching him, I'm the only one here, what do I do if – that's what they say to you, 'What do I do if he does something?' Well, call me. Call me. He's not gonna die (clicks fingers) like that. He's gonna take a couple of minutes to die, so we've got a couple of minutes to deal with it. Just call me. If no one's around, that's what you're red button's for. Press the red button. Simple. 'Yeah but but but…' No. What you gotta do is watch him. Just watch him. Y'know, talk to him as well. You can talk to him, y'know, you've got a voice, he's got a voice. You can talk to him. And half the time that's what it is. Just talk to him. You'd be surprised how you can turn someone around just by talking.

1.02.58 [Or a cigarette goes a long way it seems.]

It must have cost me about a thousand cigarettes since I've been down here. And I wouldn't begrudge any one of them. Because you get so much out of them, and you can change them (clicks fingers) like that. I wasn't here yesterday morning, I came down late evening cos I was on a C&R refresher. They walked right down with raging toothache and he threatened to cut up, constant watch. Came down there, he'd been down there probably since 10 o'clock. I went and sat in at half past 3. (He was groaning.) People wrote on his ACDT, y'know, 'holding side of face' (x3). They can't give him paracetamol or any painkillers cos he's been on food and fluid (refusal) for 30 days. Right. Dave, give me a cup of warm water and some salt. Went in his room, swirl that around. 10 minutes later, he's a lot better, he was talking to me, and he ate this morning. Just by 20 minutes, it took me 20 minutes tops. Talking to him, giving him the water. *Someone cared.* That's all it was. He felt someone cared about him, that's all it was. But he'd been there all day, all morning, and they'd just written in stuff. There wasn't one bit in there (on ACDT form) '*Asked if…*' It was always, sitting on bed, holding face.

Sometimes I spend a day or two sussing them out. Do they wanna talk just yet? I'll give them a few more hours. After a while, you get reaction from them. 'He's watching me. I wonder if he'll talk to me. He looks alright.' Then of course, lunch time comes up, 'You want some dinner buddy?' 'No.' 'You sure?' 'No'. 'You smoke?' 'Yeah, yeah.' 'Got any cigarettes? No. D'you want a

cigarette? Oh, please. D'you want some dinner now? Oh yeah maybe, well just a little bit. Well come on then, let's get some, bloody get out of bed and walk. Out they come, shuffle shuffle. Then the next day, y'know … that's basically how it works.

I don't know what the magic is or anything. Sometimes it does, Sometimes it doesn't. If I don't succeed, that's where my line partner comes in, he will probably get a bit more out of him, that's where we work out the game plan. That's where we work the plan out, what we're gonna do with him, how we're gonna work with him. Cos that's all we do is work them.

1.06 [And this being quite a small wing makes all of that possible, right? You can't do that with 120 people.]

We've had some people we've just gone in and told them the truth. Jut gone in and (Laughs and says slightly under his breath) You might wanna turn that off, 'What the (fuck) you doing? You think this is a good idea? Y'know. Upstairs don't give a flying (fuck) about you. You're just a number. Prove 'em wrong! Get up! Get up and fight your case. Don't just lay there, y'know, what's your son gonna do, your wife, your kid. You've given up. Oh, right, okay, so what they gonna do? Right, I'll give them a call tell them to give up on you, shall I? Y'know, that's how, just brutally honest with them.

1.06.46 [And can that sort of tough love sometimes work?]

It does work. It has worked. 'Oh, yeah, y'know'…It has worked and some of them y'know they're down here cos they've got family problems or whatever and just go 'I can't stand it cos I'm in detention' or whatever and you go, 'Well have you spoken to them?' Na, she won't speak to me. Try! No, no, no: try! Bit of humble pie never hurt anybody. (I start laughing.) 'Sorry love, you alright?' And the next thing you know, 'Oh thanks for that, better now, I haven't got these thoughts anymore.'

But what the magic is I don't think you can press F1, you're an F10 case, this is what we do. You just can't. It works on some, it works on the other. You've just gotta…It's all teamwork. You can't put one person up to (something?).

1.07.51 [A lot of patience too, it seems?]

All the rest of my colleagues down here say I've got the patience of a saint. They say you've probably got more than all of us put together. But I will just keep chipping, keep chipping, keep chipping and eventually I will get there. And then when I get there, that's when all the others take over. They'll carry on with what I'm doing and what we decide to do with him. I will keep going till I can get them out of this frame of mind. Y'know, I…*I don't want a death on my conscience.* If I can stop it, I will. But I don't deliberately go out, 'Oh God if I don't do something he's gonna die.' It's just, he's there, he needs my care: boom. I've had the RMN say, you would've made a brilliant psychologist, but I've had no training, I only use what I've picked up from them and just talking, so…as you're aware, I'm quite a good talker! I've come straight into this from just being a brickie. I've friends that have lost friends and stuff like that but I've always been there for them and I just see it as duty of care. How would you describe duty of care? That's the badge, y'know, duty of care, doing my bit. That's my definition of duty of care. People seem to think I go above and beyond what you're supposed to do. They say you've got the patience of a saint. One day they could be calling me every name under the sun and the next day I've stopped them from doing something silly and they're my best mate.

[Very fickle.]

I don't know what it is.

1.09.50 [Is there anything I've missed?]

No I think you've covered yourself pretty much right across the board.

You've asked one of the right questions which is, What does the outside think of inside?

[How much of a mystery they are to people outside: either don't know they exist at all, very polarised idea about in one case it's abominable, in another it's far too lenient etc.]

The abominable bit is because the detainees have got air time, press time, and they listen to them. We're not allowed to talk about it.

[Ask about DX and Unity Centre statement about him. I wondered what staff here thought about the Rule 40 stuff.]

What you've gotta remember is it's only what he's told them. When he was on a constant, I was sitting here when he was talking on the phone, half of what he was telling them wasn't true anyway. Y'know, 'I haven't been fed for two days'. Well, no, you refused food for two days. You personally refused food. 'I've been denied a shower.' No hang on, you *demand* a shower and exercise, you demand it. So you go out and get it. And he says 'I'm not allowed out for fresh air' but he hasn't told them the reason why, the reason why he was put on Rule 40 to start with. I bet they don't report that he actually made threats to kill people.

1.12.05 [Was he also disruptive in healthcare?]

Yeah. But he hasn't mentioned any of that, the reason why he was put down there. He was manipulative, because of his size. He could manipulate people. And I just played his game. I just played his game. And I think I manipulated him more than he manipulated me.

[So it's a two-way street?]

Oh yeah. I was on my own at the time. Had a couple of people on constant and a couple kicking off over food and it could've gone the wrong way, and he started as well. So I just shut the office door, went straight up to him and just F'd and blinded at him, tell him to wind his neck in and everything else. And we finished the conversation and I turned round, you could hear a pin drop. Bearing in mind it was like a rugby scrum down here, everyone shouting and screaming at each other. Just turned round and you could've heard a pin drop. And it stayed like that all day. Cos they all looked and thought, Hang on, he's taken on the biggest guy down here and that big guy's gone to his bed and sat down. So job done. So who used who?

1.13.40 [Is there always a character like him in Brook House?]

Usually find the biggest guys try to be the most difficult. Because it's their size. They use their mass to get what they want. That's all it is, they use their size. Had guys same size or bigger than him. Why should it be a 4-man unlock? I've got a rapport with him. 4-man builds his ego. Big Steve [the huge guy?] yes. But he would bend and talk to suit himself.