BROOK HOUSE INQUIRY

First Witness Statement of Ben Shadbolt

I provide this statement in response to two requests under Rule 9 of the Inquiry Rules 2006, the first dated 15 June 2021 ("Initial Rule 9 Questions") and the second dated 3 December 2021 ("Further Rule 9 Questions"). This statement incorporates my answers to the Initial Rule 9 Questions and the Further Rule 9 Questions.

I, Mr Ben Shadbolt, date of birth DPA will say as follows:

Introduction

1. I am currently employed by Serco. I have worked at the Gatwick Immigration Removal Centre ("Gatwick IRC") since 1 August 2011. Once I had completed my Initial Training Course ("ITC") I started work as a Detainee Custody Officer ("DCO") at Tinsley House on 12 September 2011.

2. I understand that the Inquiry is looking into events that occurred between 1 April 2017 and 31 August 2017 ("the Relevant Period").

3. Whilst based at Tinsley House I learnt the reception process and the control room process and I also became a trainer in both areas.

4. At some point in 2016 I was moved to Brook House in a seconded management position as Oscar 2, where I was responsible for overseeing detainee reception. I was in this position for approximately 8-9 months. I applied for a permanent position as a Detainee Custody Manager ("DCM") but I was unsuccessful so I moved back to Tinsley House as a DCO.

5. Occasionally, I was cross-deployed to Brook House from Tinsley House if Brook House was short of staff. This was usually on a day-to-day basis and we would find out on the rota when we came in for the shift in the morning. I would be cross-deployed once a week on average.

6. Whilst Tinsley House was closed for refurbishment, I worked at Brook House. I do not know when the building work was but I recall it was around the Relevant Period.

7. Around the time that Tinsley House re-opened, I was offered the role of Paid Work Manager as a secondment. I took this position and it involved me and one other officer providing enough paid work activity for residents across Tinsley House and Brook House.

8. Whilst being seconded into the role of Paid Work Manager there were days when I was covering other roles such as Oscar 1 Oscar 2 or Residential Manager. I worked a variety of hours. This secondment role came to an end in December 2017 and I went back to the role of a DCO at Tinsley House.

9. In 2018 I reapplied to the role of DCM at Brook House. I was successful and started the DCM role in January 2019 and have been in that position to date. I still cover multiple roles such as Oscar 1, Oscar 2 and Residential at Brook House.

10. During the Relevant Period, Oscar 1 would oversee handover and incident management and Oscar 2 would be in charge of reception and overseeing visits.

Application process

11. I wanted to become a DCM at Gatwick IRC as I wanted a stable career and the opportunity to learn more and progress. Work as a DCM brings day to day challenges and no two days are the same. **Sensitive/Irrelevant**

Sensitive/Irrelevant

12. When I applied for the role I found the recruitment process was irrelevant for the position. I was required to do verbal reasoning tests and answer various questions on maths, averages, means, ratios and percentages which I have not used in my career at Gatwick IRC so far. I learnt the job role as I went along in the day-to-day working.

Role

13. I do not have a copy of the job description for a DCM dated 2011.

14. When I engage with individuals I believe that I speak openly and in the correct manner. During the Relevant Period, if there were any language barriers then there would be translation services available such as Language Line, or a resident would bring a friend to translate or an officer would be able to translate.

15. During the Relevant Period, I was new to the role of Paid Work Manager. I was required to encourage residents into paid activity within the centres.

Culture

16. During the Relevant Period the culture at Brook house was good. As the work was sometimes challenging, the staff morale fluctuated depending on the day, however, as a team we pulled through together to deal with the day-to-day challenges. I had a good rapport with residents generally, but during the Relevant Period, I was mainly assisting residents into paid work, so I would spend large amount of time with some of the residents and I was able to build strong relationships.

17. I had no concerns over the personal protection of those that were detained at Brook House. There were procedures and documents such as anti-bullying documents in place and residents would be moved from one wing to another depending on any issues that they had. Most residents had a good rapport with staff. There was a general feeling that residents saw the Home Office in a negative light, and as trying to remove them, but they understood that the staff were separate to the Home Office and were there to assist them and look after their well-being.

18. I had no general concerns over the management of staff during the Relevant Period.

19. I had no concerns over the protection of vulnerable residents as there were systems in place to support them and address any issues that arose. For example a 'raised concern', an opening of an ACDT or a transfer to E Wing. I have dealt with these in more detail below.

20. I do not really have an opinion of the leadership during the Relevant Period. I focused on my job and when I needed support from management, I approached my Line Manager or the Duty Director.

21. I was not made aware of anyone raising concerns about the treatment of any individuals during the Relevant Period.

Oversight, monitoring and outside involvement

22. I would like to think that the 15 recommendations for the HMIP in 2016 have all been addressed. I have no knowledge of whether recommendations were rejected or why because I was not directly involved in this process.

23. I have never received a complaint from any individual with regards to victimisation by staff.

24. The Independent Monitoring Board ("IMB") are volunteers and are an independent organisation that assists the residents with any questions or complaints from a neutral point of view. They can attend planned control and restraints, ACDT document reviews and attend the residential wings.

25. The Gatwick Detainees Welfare Group are an external charity who visit the residents and assist with clothing and money.

26. I do not know much about Medical Justice, but I do know they do get involved with cases where residents cannot return to their country of origin due to medical grounds.

27. Bail for Immigration Detainees (BID) are a charity that can assist with residents applying for bail.

Physical Layout of Brook House

28. I did not have any concerns with regards to the layout of Brook House. A, C and D wings are general population wings which had large capacity. B Wing was the induction wing which is where the residents would be placed when they first arrived. They would be there for the first 24-48 hours and then moved onto a general population wing.

29. During the Relevant Period Brook House was full to capacity and this lead to the introduction of 60 additional beds in 2017. I recall that some residents did not want to share with two other residents and were only happy to share with one. The bunk beds made control and restraints more difficult as the residents could refuse to come down from the top bunk bed.

30. Eden Wing ("E Wing") is a small wing with 13 rooms. Two of the rooms are safer custody rooms for residents who require constant supervision. The doors have two windows that have removable panels covering them, one at the top and one at the bottom, to enable close monitoring of those that are high risk for example of self-harm. The other 11 rooms on E Wing are certificated to be multipurpose rooms so these can be used as normal DC rule 15 rooms, DC Rule 40 (Removal from Association) rooms or DC Rule 42 (Temporary Confinement) rooms. It was much easier to monitor residents on a smaller wing such as E wing.

31. A resident would be moved on to E Wing pending a removal the following day, so a removal could be facilitated without disturbing the regime of the bigger residential wings. E Wing would also have residents that had just been removed from DC

rule 40 (Removal from Association) to have their behaviour monitored pending being moved back into general population.

32. Residents on E Wing were supported for multiple different reasons this could be that they were a high risk of self-harm so may have been under constant supervision, or on a withdrawal plan and were being observed to ensure they weren't badly withdrawing from their addiction.

33. If there was an upcoming removal of a resident who had previously had a failed removal, they were moved to E Wing in preparation to leave Brook House. They would also be moved to E wing when it had been deemed necessary to use a suitable crew to remove the resident, or there was a resident that was due to go back to prison following failed removal directions. Residents were also moved to E Wing for their own protection following an altercation occurring on the bigger residential wings.

34. Some of the residents on E wing were allowed activity in the main centre and they had to show an ID card to confirm who was allowed off the unit depending on their risk assessment.

35. A resident would be moved from E Wing if there was no longer a flight for them and they would be moved back to one of the general population wings. They could also be returned following a multi-disciplinary meeting, either an ACDT review or a Rule 40 review. If a resident was deemed to be high-risk then a multi-disciplinary meeting would be held on a daily basis. Residents that were placed on a rule 40 or had deemed to be high-risk would be moved back to general population wing following a multi-disciplinary meeting where they had been deemed to be no longer high-risk.

Policies and procedures

36. During 2017 and the Relevant Period I was seconded into the role of Paid Activity Manager. Although I wasn't directed to read the policies or given any direct training on them, I was familiar with the content of them as I was taught how to do certain roles that were relevant to my job. I believe I was aware of the relevant parts of the policies that related to my role, and I was aware that I was able to ask if I was unsure about anything. I also gained a significant amount of on the job experience. I cannot comment on whether the policies were properly maintained and updated as this wasn't part of my role.

36.1 I would have been familiar with the contents of Home Office Detention Services Order 12/2012 on room sharing risk assessment as I familiar with the induction process.

36.2 I was not aware of the G4S Gatwick IRC's Incentive Scheme Policy.

36.3 I was aware of the contents of the G4S Detainee Reception and Departures Policy.

36.4 I was not aware of the G4S Gatwick IRC's General Security Risks Policy.

36.5 I was aware of the Assessment in Care and Detention Teamwork document and had received training on ACDT documentation, how to open an ACDT and the circumstances for opening one.

36.6 I would have been familiar with the contents of the Supported Living Plan document.

36.7 I received training on Minimising and Managing Physical Restraint so I may well have been familiar with the contents of this document, however, this was only relevant to Tinsley House as there were no-one under aged 18 at Brook House.

36.8 I would have been aware of the Violence Reduction Strategy document.

36.9 I would have been familiar with the contents of the Removal from association (rule 40) care and separation unit policy.

36.10 I would have been aware of the Age Dispute Policy.

36.11 Although I was not aware of the Detention Services Order 03/2015 handling of complaints I was familiar with how complaints were handled and the process involved if a resident made a complaint.

36.12 Although I was not aware of the Home Office Detention Services Order on management of Adults at risk document, as mentioned above I had received training on the ACDT document process and so I would have been familiar with its content in as far as it was relevant to my role.

36.13 I would have been aware of the contents of Gatwick IRC's Drug and Alcohol Strategy.

36.14 I would have been aware of the contents of the Regimes & activities policy.

36.15 I would have gained a general awareness of the contents of the Removal from association policy.

36.16 I would have gained a general awareness of the contents of the Detention services order 02/2017 Removal from Association (Detention Centre Rule 40) and Temporary Confinement (Detention Centre Rule 42).

36.17 I would have gained a general awareness of the contents of the Home Office Detention Services Order on care and management of detainees refusing Food & Fluid.

Training

General training

37. I started work at Gatwick IRC on the 1st of August 2011 and I completed a six-week course before going live on 12 September 2011.

38. The training was held at Brook House in the training room. I do not remember who gave the training. The training was around the ACDT Document, Control and Restraint, First Aid, Regime and Security Searching and more.

39. The Control & Restraint ("C&R") training took place within the initial six weeks of the ITC training. The training taught us personal protection, the different levels of restraint and de-escalation and the relevant articles such as DC Rule 41, PSO 1600 and relevant articles of the Human Rights Act.

40. Before we went on to do the practical aspect of the C&R training, we had to complete a morning theory session on DC 41, the Use of Force paperwork and watch a first aid video.

41. At the end of the week, we did practical scenario based training. The instructors would play the resident and another instructor would set a scenario. The practical training was delivered in a padded room referred to as the 'DOJO'. We had to complete the scenario to pass the course.

42. I believe that the C&R training was sufficient for me to be able to play my role in an incident if was required.

43. Since being employed by G4S I attended yearly refreshers for C&R training and a first aid refresher which is every 3 years. The Control and Restraint refresher training takes place over one day. I do not recall having to do a scenario test at the end of each C&R refresher training session but the instructors would assess us throughout the day to check that we are still aware of the principals.

44. My training has never expired so I have never been 'out of ticket'. I have always done the annual refresher course apart from during a grace period when G4S were struggling to arrange training. If your ticket expires you would not be able to take part in planned use of force events, however you could take part in a spontaneous control and restraint if required but would be swapped with an officer in ticket at the first possible instance.

45. During the Relevant Period, activities officers who were employed and certified as a DCO and they received the same training as the other officers.

Managerial training

46. I was new to the role as a DCM as I was seconded into the role of Paid Work Manager.

47. As Oscar 2, I did not get much training. The only DCM training that I received was ACDT manager training. In my opinion the training necessary for a DCM is ACDT review training, Control and Restraint Supervisor training and Incident Manager training as a minimum.

48. Back in 2017 training was more of a case of learning by your mistakes. Everyone was under the impression that unless you were pulled up, you were doing alright. It was a busy time period so we just got on with the job. If we had any questions, we could ask a colleague.

49. In September 2016, I had a disciplinary hearing in relation to allegations of "*neglect of duties and failing to work to acceptable standards of conduct or performance*". I believe that this was due to a mistake I had made because I was unfamiliar with the process for recording times in relation to visits, which I describe below, as I had not received sufficient training for my new role. A copy of the letter I was send regarding the outcome of the disciplinary meeting is at CJS0072966.

50. There was a certain time frame in which to present a resident to the Home Office once they had been requested. We were meant to sign the book to confirm that a resident had been presented on time and if they had not, we would have to speak to the resident

to establish the reason they were late or did not show up to their appointment and record this. We also had to notify the Duty Director. If a resident failed to show up on time then G4S would be fined because they were seen as not fulfilling the requirements of the contract. There were regular meetings with the Home Office to discuss late visits and an opportunity to explain and mitigate the delay. However I did not take a note of what time the resident was requested and then presented and I had not completed the book sufficiently to enable the team to do this.

51. Switchboard were responsible for arranging the visits slips. They would bring the visit slips into the Oscar 1 office during roll call in the evening at 9pm and give them out to staff. We would put the visit slip under the residents' doors so that they were notified when they woke up. Sometimes there were days when there were no visit slips. If a visit slip had not been completed, it was not the Oscar 2's responsibility.

52. We were expected to go to the visits department in the morning to carry out the check in relation to visits, as well as doing handover at reception. The visits did not start until 8.15am but sometimes it was mid-morning by the time I got up to the Visits Office.

53. The checks were to ensure staff were confident and knew what they were doing. If there were any residents that were known to be of security interest, or on the 'at risk if removal directions being served' list or due at a bail hearing then the staff would keep a close eye on them. I now know that my check should have been done at the start of the shift but I was not aware of that at the time.

Personal protection training

54. On my ITC personal protection was taught and is mentioned in our refreshers. I have nothing to add with regards to the content of the training delivered.

Minimising and Managing Physical Restraint ("MMPR")

55. In October 2015, when I worked at Tinsley House, I did the MMPR course although it was called PCC back then. I cannot remember what this stood for.

56. The PCC course was about using force on people under the age of 18 years old because we could not use C&R methods on a minor.

57. The training was only done for Tinsley House and family suite staff because they had a family unit whereas the set-up is different at Brook House as there are no children.

58. I have not done any further PCC or MMPR training because I am now permanently based at Brook House.

Staff Training

59. I was not involved in the training or induction process of new DCOs.

Use of Force

60. I had a week long initial course for control and restraint and have had a yearly refresher since. I have no concerns over the control and restraint training and I feel that it was adequate for the role.

Managerial oversight

61. To the best of my memory, I was not aware of any racial attitudes or behaviour towards staff or residents.

62. I was not aware of any homophobic attitudes or behaviour towards any staff or residents.

63. I have not experienced or witnessed any bullying by any staff at Brook House. I have not been made aware of any concerns or complaints regarding staff being bullied.

Relationship with the Home Office

64. During the Relevant Period, I didn't have much of a working relationship with the Home Office as I only really spoke to them regarding clearance for the residents paid work and if there were any cleaning requirements that needed to be addressed. Whilst seconded as an Oscar 2 I would speak to them regarding releases, or a resident's arrival or departure from the centre. I do not have an opinion on the removal procedure.

Relationship with senior managers

65. To the best of my memory, I had very little interaction with senior management as we were always very busy doing our jobs and did not really see them apart from the morning meeting that happened daily.

66. I did not have much dealings with my management in terms of feedback unless there was a serious incident.

67. I have nothing to say with regards to the quality of leadership by the Senior Management Team ("SMT") as I have no idea what their job role was so I can't comment on what they were expected to do.

Relationship with junior staff

68. I managed one DCO during the Relevant Period and we had a good working relationship.

69. To the best of my memory there was no specific training required in my management role at the time.

Relationship with other DCMs

70. I believe that I could rely on other DCMs at the time and I learnt a lot from them to enable me to carry out my role.

Relationship with healthcare staff

71. Healthcare would attend any planned Control and Restraint from the initial briefing until the end. Healthcare would also attend any first response or medical response call whether force was used or not.

72. During these incidents Healthcare would have the opportunity to raise any concerns that they had with any resident with ongoing medical needs.

73. To the best of my memory Healthcare were helpful to the individual residents and helped them where they could.

Disciplinary and grievance process

74. I have been the subject of one disciplinary where no further action was taken.

75. In 2020 / 2021, I was involved in a PSU investigation regarding a use of force incident that I was involved in where we used hand cuffs on a detainee who was being non-compliant, refusing to go into a room and the hand cuff mechanism failed. I understand that all those officer involved in the incident were to complete a one-day control and restraint refresher training.

Staffing levels

76. I was not made aware of any concerns regarding staffing levels. I cannot comment on healthcare staffing as this was not my area of work.

Recruitment

77. I was not part of recruitment for Gatwick IRC at the time due to being in a seconded role.

78. I have no opinion with regards to the recruitment process for Brook House.

Tinsley House staff

79. The ITC trained DCOs for Brook House and Tinsley House and we were trained to work in either centre.

Drugs

Policies & Procedures

80. There were procedures to prevent drugs from entering Brook House. I believe that the security team used an X-ray machine and searched footwear and personal belongings and a level A body search would be carried out on the residents. If parcels came in the post then they would be X-rayed and searched. Although the majority of the time the procedures were successful, drugs did still get into the centre.

81. If we were suspicious of residents using drugs whilst in the centre, or we had received intelligence that someone was in possession of drugs, we were authorised to conduct room searches and searches of the residents themselves.

Training

82. As part of the ITC, we received training on Level A and B body searches and room search training. Level A and B is done in a class room where we are shown how to search someone.

83. I am aware that some officers are trained to use the X-ray machines for searches. I cannot use the X-ray machine due to being colour-blind.

Drug Supply Methods

84. On 1 June 2017, I received an email from Jason Murphy to myself and others informing us that drug suppliers will be changing the method they use to get drugs into the centre. The email appears on page 5 of CJS005066. We were told that they were going to be using shoes as a method of supplying. This was a generic email to anyone who could have been asked to work on reception to warn other staff of how the drugs were coming into the centre to be included on briefings.

85. I am not aware of any specific changes made to the method of checking people into Brook House. Shoes were searched as part of a Level A search before this email came to light and so the appropriate measures were already being followed. Instead, the procedures were reiterated to continue to monitor and search individuals as we did.

86. I did not carry out searches of visitors so there may have been changes made that I was not aware of.

Residents Under the Influence

87. As well as a general responsibility to monitor residents behaviour and ensure as far as possible that residents were not taking or trafficking drugs, as a Paid Work Manager I was responsible for ensuring that no one attended work under the influence of any substance. If intelligence was received that a resident had attended their paid activity role under the influence it would have to be confirmed by healthcare and the resident would be removed from their paid work role.

88. We would warn residents that they could be removed from paid work if we had suspicions that they were using drugs.

89. If a resident was suspected of being under the influence of drugs, we would receive an email from the security team to notify us and staff would monitor the resident. Usually, we could tell from the way they would present themselves that they seemed to be under the influence, which changed depending on what drug they had taken. We would ask healthcare to confirm that the individual had taken drugs or provide medical assistance for example, if a resident had taken spice then it is believed to be usually laced with something or has different strengths.

90. We would also notify the Home Office and ask if they could remove the individual from the paid work list. If someone was dealing or trafficking drugs then they would not be able to have multi-wing access.

91. Jason Murphy notified me that there was a drug issue surfacing on B wing on 10 June 2017 because I was the Paid Work Manager. The email he sent is at page 6 of CJS004795. D224 and D427 were identified as being part of the group however I cannot now recall whether I spoke to them about this but I would have expected someone to have spoken to them about the consequences of this on their paid work status.

Security Information Reports ("SIR")

92. On 26 May 2017, I received an email to notify me that someone had attempted to deliver drugs to D2673. I would have received this email because D2673 did paid work. The email appears at page 24 of CJS005040.

93. On 9 June 2017, I became aware that someone had attempted to deliver drugs to D1782 via post. This was identified to me by one of the officers, Darren Bulled who was doing the post on reception at the time. He sent me an email which can be seen at page 19 of CJS004914. I understand that he noticed that two of the pages were stuck together and felt uneven. When it was held up to the light, there was something between the pages. I opened the pages with scissors and inside was a quantity of loose drugs. These were confiscated along with the paperwork and envelope. The paperwork was photocopied so the detainee still had the information he needed but the original paperwork where the drugs were hidden was kept from him. No further investigation was required by us, and the matter handed over to the security team who would have investigated this further any taken any necessary action. I am aware that the police are notified of such incidents because it is a custodial environment. The security team liaise with the police.

94. On 17 July 2017, I received an email to inform me that a Security Information Report ("SIR") had been submitted regarding D452's possible drug use and that he was to be reminded that this could impact his work status as a paid worker (page 7 CJS005103). I cannot recall whether I spoke to D452 about this and I did not write the SIR. I believe security would have made a referral to a drug rehabilitation group. This is not something that I would do.

The Relevant Period

95. During the relevant period, drug issues were a regular occurrence. Every day we had to deal with people who were under the influence of drugs or waiting for drugs to come in this was either by post or visits.

96. If I found a resident using drugs then I would challenge them. I would ensure I had my body camera turned on during this and I would search their room with another officer and also conduct a level A search of the resident pursuant to DC Rule 7. A Level A search involves a pat down of the clothing and a search of the waistband and trousers.

97. I was not aware of staff bringing drugs into Brook House if I was then I would have reported it.

Sussex Police

98. Sussex Police ("the Police") were our point of call for any incidents involving assaults, protests and drugs or other contingencies.

99. I am aware that two ICR reports were submitted to the Police after I raised complaints following an assault incident and finding a visitor with drugs. These reports appear at SXP000009 and SXP000014.

100. When we notified the Police that a visitor had been found with drugs, the visitor would not necessarily be aware. They have to provide ID and contact details to visit a detainee so we would just hand this information to the Police.

101. Once an ICR report is submitted to the Police, we receive a log number and we have to complete a log at our end and inform the security team and the Duty Director.

102. As we are front line workers, we only highlight incidents or concerns. It is for the security team and police to deal with them.

Treatment of individuals

Individuals generally

103. When I was tasked with covering reception residents arriving were offered food and drink and would be processed as soon as they could be. Due to high volume of movement on some days the reception process took longer than on others.

104. During the Relevant Period, I was seconded as Paid Work Manager so I would not normally work in Reception however I would occasionally cover the area. I cannot comment on individual policies as I was not familiar with them.

Activities for individuals

105. I was not familiar with the activity programme due to being a Paid Work Manager. To the best of my memory there was football regularly on Clyde wing courtyard and cricket on Alpha wing courtyard.

106. Since the Relevant Period, there has been a big increase in the activities available in the programme.

Immigration Rule 35 process

107. I did not know anything about the Rule 35 process as I had just started my role and was learning myself. I used to inform Healthcare and help the resident fill out a healthcare request form if a resident wanted an appointment to where healthcare would then take the relevant action.

Use of Force

108. Use of force is always a last resort. We always try to use de-escalation methods to resolve a situation before we use force.

109. If a resident was not complying with instructions, we would talk to them to find out what was going on. If they continued to not comply then we would warn them that we will have to assist them if they remain non-compliant. We may ask whether there is anything we can do or say to make them comply with the request. If they refuse then we would use force to assist them. We always give the detainee a chance to comply regardless of whether the intervention is planned or unplanned. If we were able to do so was dependant on the resident's demeanour at the time.

110. There is no set amount of warnings we should give a detainee before using force, it depends on the detainee's behaviour and the situation. If you can talk to them calmly then you may give him a couple of warnings but if you walk to a door and they immediately present aggressively or the risk is high then the level of negotiation may be lower and the team may instruct the team to enter the room and use force.

Planned Intervention

111. I was regularly used for planned use of force. I was only allowed to take part once I had completed the first initial 5-day training course then a mandatory one-day refresher each year. The incidents were recorded and once they had been viewed by

senior managers then any required feedback would be given. This was in addition to the debrief immediately following the use of force incident. We would notify the Duty Director and Home Office before any planned took place or after a spontaneous incident had happened.

112. When we are preparing for a planned intervention, we have to go through a briefing script which the DCM delivers. Healthcare would be in attendance during the briefing and from start to finish of the intervention. During the briefing, Healthcare would state on camera whether they had any concerns about the planned use of force and whether the detainee had any medical issues. Otherwise they did not have any involvement in advance.

113. For the intervention, we have a team of three officers who would be selected based on being proportionate for the incident at hand based on known risks. The three officers would each play different roles: two arm officers and one head officer. A support officer would be present to take charge of the detainee's legs if necessary or apply handcuffs. A DCM would also be present as would generally be the supervising officer. A handheld camera operator would have to be present for a planned intervention. OF those officers, only 3-4 would actually be using force.

Spontaneous Intervention

114. A spontaneous use of force intervention would happen there and then, as an incident arose, if de-escalation and negotiation had failed or if there was no opportunity to de-escalate such as with a fight or assault. Use of force is always a last resort. If healthcare happened to be around then they would attend with us but otherwise we would call the First Response team which also included healthcare. The officers in the First Response team would be recorded on the rota at the start of each shift.

115. If I had been alerted that a detainee was attempting to take their life or self-harm, I would immediately call First Response who would then support me whilst I attend to the resident.

116. The allocated First Response team would attend whether it is a medical or first response. First response is not always medically based.

117. Once I got to the detainee, I would risk assess the situation to ensure that the room is safe to enter. This is determined on an individual basis. For example, if a detainee had

self-harmed using a razor blade then some officers may deem it as being unsafe to go inside.

118. I would attempt to negotiate with the resident unless I felt that they were at high risk of taking their life then I would enter the room straight away once I had called First Response. I would not wait for them to arrive depending on the incident.

119. I would use force depending on the resident's state. For example, if a resident had harmed themselves using a razor blade but was calm then I would call the medical response team and try to de-escalate the situation by talking to the individual. I would attempt to get the resident to hand over the razor, only using force if they refused to do so. The First Response team would normally hang back whilst I managed the situation.

120. Following an incident where someone made threats to self-harm or kill themselves, I would complete an ACDT document for the individual.

121. We respond to the threat as we see it. Every incident is different and we always try to de-escalate before using force. In my opinion, how a response is dealt with depends on experience but regardless, First Response are always called.

122. The documents used in both spontaneous and planned use of force incidents are the same except on the Supervisor's Report there is an option to tick whether the use of force was planned or unplanned.

123. Supervisors would fill in a supervisor's report and an incident report. The front page was a red sheet with timings and notifications to bodies such as Home Office. Anyone who used force would have to complete Annex A and an Incident report and healthcare would complete the F213 which is a medical form to record whether they have any concerns or if an injury was sustained during the use of force.

124. After an intervention, there is a de-brief that involves everyone who was present during the incident as well as healthcare and a supervisor. This provides an opportunity to review what happened and identify any lessons learned.

Other Methods

125. Using other methods than force would depend where the incident was and whether other residents would be put at risk. This will be determined in a risk assessment you carry out. If you can contain the resident then this is another method to make a

detained person comply with instructions. For example, if a resident was in their room and throwing things then you may shut the door to prevent them from hurting anyone and then we would get a kitted control and restraint team prepared if required whilst still continuing to negotiate.

126. I am not aware of any review of incidents other than the debriefs. Unless you get pulled up on something then you assume the incident has been dealt with satisfactorily and no issues arise. However, you reflect on the incident personally when you write up the report. We are constantly learning whilst being involved in incidents.

Wrist Lock Incidents

127. The Inquiry refer to incidents involving D2034, D2497, D2416, D523 and D390 where I used wrist locks in use of force incidents. I believe this to be an approved method that was taught during C&R training. The documents relating to these incidents are HOM002385, CJS005563, CJS005559, CJS005630, CJS005614 and CJS005624.

128. I recorded details of the force in my Use of Force reports. The records are similar because the same technique was used in each incident. Whether you are using your left or right arm to put an individual in a rest hold, their arm will always be at a 90 degree angle and you will apply pressure using your hand through the back of the resident's wrist. It was always the same principal although I may have used different hands.

D2054

129. I was involved in a planned use of force incident on 28 June 2017 in relation to D2054. The footage relating to this incident is:

129.1 Disk 25 28June2017 2319.mp4 (01:30-06:56; 09:04- 13:09);

129.2 Disk 26 20170628222251_E2047N_0007.mov (00:00 - 09:19);

129.3 Disk 26 20170628221925_E2047N_0006.mov (00:00 - 02:25);

129.4 Disk 27 28June2017 2221.mp4 (00:00 - 09:15)

130. The force I used during the incident involving D2054 was an approved tactical move that I was trained to do during my C&R training. The documents relevant to this incident are CJS001449 and CJS007235.

131. I recall that I had one hand on the detainee's forehead and a hand on the back of his head. I was standing behind him supporting his head whilst the handcuffs were being applied. He was handcuffed in a seated position which was standard procedure at the time. I supported his head to prevent him from hitting it on the bed in front or hurting other people.

132. Once the detainee was handcuffed, we would have assisted him to stand. However, we no longer handcuff a resident unless they are standing or kneeling.

133. When we are seen standing in the corridor I have my left hand on the back of his head and my right hand on his chin which is referred to as a 'pistol grip' and is a way of supporting the head without blocking the resident's ears, mouth or breathing. This was taught during the C&R training on the ITC and is re-visited on the refresher training.

134. The force used during this intervention was necessary, reasonable and proportionate. It was not possible use any de-escalation techniques during this incident as D2054 was non-compliant throughout the whole incident. We were attempting to reason with him verbally but he continued to be non-compliant.

135. I did not have any concerns arising from this incident. Healthcare were present throughout and were invited to check on the resident during the intervention.

D87 (30 June 2017)

136. Two incidents took place on 30 June involving use of force against D87. The relevant documents are CJS005566, CJS005592, CJS001545, CJS001604, HOM002353, CJS001448 and CJS001424. The relevant footage is:

136.1 Disk 28 Mr [D87] (2).mp4

136.2 Disk 29 Mr [D87] SH (1).mp4 (00:00 - 01:41)

136.3 Disk 29 Mr [D87] (1).mp4 (00:00-01:13)

136.4 Disk 29 Mr [D87] SH (3).mp4 (00:00-05:08)

136.5 Disk 30 30June2017 1733.mp4 (02:10 - 14:47)

137. I believe the force used in both incidents was reasonable and proportionate.

138. The first incident was a planned use of force intervention when D87 was due to be moved to the Care and Separation Unit from E Wing for making threats to staff.

139. I was involved in this first incident as the camera operator, using a handheld camera as it was a planned intervention. I did not use force therefore that is why I believe I was not listed under the 'staff involved' in the Use of Force report.

140. I believe that someone from healthcare was present although I do not have a specific recollection so I can only comment on the usual procedures of a planned intervention.

141. During the first use of force incident, D87 injured two officers who were later sent to hospital.

142. Later in the day, I was asked to attend E Wing by DCM Brackenridge because D87 was threatening to kill himself and he had made ligatures. I went along to the wing with DCM Brackenridge.

143. When I arrived, one of the other managers asked me to get my PPE kit and subsequently I was put on the first team as a Support Officer. I understand this was because the other officers on the team said they would not feel comfortable entering the room with the original Support Officer because he did not have the stature or the experience that I had.

144. We were unable to gain access to the room and D87 had blocked his spy hole so staff were trying to talk to him outside the door.

145. A briefing took place before we entered the room. I believe that D87 had already had force used on him previously that day where he injured officers so we only entered when we felt it was safe to do so.

146. When we gained entry to the room, D87 was secured with a shield and two arm officers took hold of his arms, which was the best thing to do given his strength. I shouted out for a fish knife, which I was given and I cut the ligature from around D87's neck. I think the ligature had been made from a towel or blanket. D87 had wrapped it around his legs too so I had to untangle it to get it away.

147. I am aware that D87 lodged a complaint alleging that there was a delay of 1.5 hours for staff to respond to his attempt to take his life. He also claimed that when his cell door opened, there was around 13 officers running towards him. The complaint documents appear at CJS001448.

148. I spoke with D87 regularly so I thought we got on well. We were always respectful to each other, even when he was in the CSU. Up until this point, I had never used force on him before.

149. I do not know why there was a delay of 1.5 hours for staff to respond to his attempt to take his life. I am unsure whether the delay related to the use of force. However, I am certain that during the 1.5 hours negotiations would have taken place. Someone would have been present the whole time and an officer would have observed D87, whether this meant going round the back of the building to look through the window.

150. I cannot recall at what point during the incident a member of the healthcare team checked over D87.

151. In my opinion, I do not think an alternative force method could have been used. Given the detainee's size and nature and aggression shown previously that day, six officers were necessary however to my knowledge not all six officers used force. Four of us entered the room; three officers to gain quick and safe control of D87 and myself to remove the ligature and to make the room safe. To my memory the other officers waited outside the room and was there for support if required. Earlier in the afternoon, two officers had been injured by this detainee so having six officers in total to attend this planned incident I believe was proportionate.

152. I did not have any concerns about any other members of staff involved in the incident. Everyone did what they were asked to do and the Duty Manager was present during the both incidents.

D2416 (11 April 2017)

153. This incident was a planned use of force intervention for a German charter flight where we were required to escort numerous detainees from the wings to detainee discharge to be handed over to awaiting overseas escorts. The Use of Force report and related documents are at CJS005630.

154. I accompanied DCM Shane Farrell as a Shield Officer to Dove wing, Room 202 where D4216 was residing. We formed outside the room and DCM Shane Farrell informed him that the escorts were here to escort him to Germany and asked if he would compliantly walk and speak with the awaiting escorts. D4216 refused to do so. He was informed by DCM Farrell that if he continued to refuse to comply then a team would be sent in to gain control of him and he would be presented to the awaiting escorts. D4216

continued to refuse so the team was instructed to enter the room to gain control of him in a quick and safe manner.

155. Upon entering the room, D4216's duvet was removed to where he appeared to be naked. I firmly secured D2416 with the shield onto the bed and then removed the shield and took control of his right arm, placing it into a final lock. I did this by cocking his right wrist to a 90 degree angle and secured it there with my left hand, I bent his arm at the elbow and blocked it with the side of my body then placed my right hand onto the top of his right forearm announcing "lock on". D2416 was then assisted to his feet. At this point, I asked for the female Healthcare staff to step away from the door to protect the detainee's dignity and presented him for handcuffs to be applied.

156. Once the handcuffs had been applied, a towel was wrapped around the detainee's waist to protect his dignity but it kept falling off or he was kicking it off. As D2416 was naked by the time we got to the stairs, I called down to the awaiting Tascor escorts to confirm that there was no females awaiting at the bottom of the stairs. Again, to protect his dignity, as he reached the bottom of the stairs, a blanket was wrapped around his waist.

157. We often have female members of staff on the First Response team. However, if a male detainee was naked then we would swap the female member of staff out with a male officer as soon as we possible could regardless of the incident when it is safe to do so to maintain the residents dignity

158. As far I remember, we did not attempt to put any clothing on the detainee due to his demeanour as it was not deemed safe enough to do so at the time. I cannot remember whether the supervisor asked for him to get dressed but normally we would try and get them dressed once the situation had de-escalated and the detainee was handcuffed. To my knowledge the resident in question did not de-escalate throughout the intervention.

159. Although I was Shield Officer during this incident, I had better access to the resident's right arm once contact was made with the shield than the other officer. Being a Shield Officer does not mean that you will be the head officer and you could end up taking control of an arm.

160. In my opinion, the force used was reasonable, it was not excessive. Given the residents' actions and behaviours, I think that the use of force was proportionate.

D2497 & D523 (14 April 2017)

161. These use of force incidents related to a protest taking place in the courtyard on 14 April 2017. The Use of Force reports are at CJS005559 and CJS005614.

162. When this incident only took place, I believe I was on my second day of secondment as a DCM so I was new to the process however I was aware that there was a contingency in place for protests.

163. To my recollection, the area was locked down. There were two doors on the courtyard and one gate to which was rarely used anyway.

164. If we cannot de-escalate the situation then the command suite opens – gold, silver or bronze. The commanders are involved in decision making and managers are trained at each level. Home Office, the Duty Director and Healthcare would be present and decide how to deal with the incident and the instructions would be passed down to the DCOs and DCMs at the scene. If we can de-escalate the situation by talking to the individuals then the command suite would not be opened.

165. The officers had been withdrawn from the courtyard due to the risk and the situation was being monitored from the command suite and the control room. However, one of the residents had an epileptic fit and required medical response. Approximately 10 officers were sent out to assist healthcare and we all accessed the courtyard at the same time. Whilst they gave him medical attention, I asked a few of the officers to ask the residents to move back. D2497 attacked one of the officers. Along with a colleague, I helped the officer inside then returned to the courtyard to assist with the medical emergency. When the resident who was believed to have attacked the member of staff was asked to follow us to the Care and Separation Unit but he refused. I was instructed by another DCM to use force by taking control of his right arm in order to assist him to the CSU.

166. D523 was known to us as having incited the protest so we went to his room on Dove wing where he was spoken to by DCM Steve Dix. It was explained to D523 what was required of him and he was asked to compliantly walk with the officer to the CSU. He was given multiple opportunities to walk to the CSU and warned that if he continued to refuse he would be moved by force. D523 continued to refuse so DCM Dix instructed us to gain control of D523. I took control of his right arm and placed it into an inverted wrist lock.

167. As far as I am concerned, the use of force used in both incidents was reasonable and proportionate. The residents were non-compliant and given opportunities to comply with the requests to go to the CSU. The use of force had nothing to do with the reason for the protest to have taken place.

168. After the incidents, the protest dispersed. From speaking to residents at the time, I understand that the protest was supposed to be 'peaceful' and the rest of the residents were unhappy that a resident had attacked an officer. The protest related to Home Office, not the officers.

D2054 (28 June 2017)

169. I was part of the team in PPE instructed to escort detainees from their rooms to reception for handover to the awaiting escort. The Use of Force report relating to D2054 on 28 June 2017 is at CJS001449.

170. D2054 had been on constant supervision because of a self-harm incident earlier in the day. I had been informed of this at the briefing before the intervention.

171. He had been asked by DCM Aldis numerous times to leave his room and talk to Tascor as he was leaving Brook House for his flight. D2054 refused continuously. DCM Aldis gave him a final warning and told him that he would be moved by force but the D2054 still refused so we were sent in.

172. Before I entered the room, I instructed D2054 that we were coming through the door but given he was constantly shouting, the dialogue was not great and he was not listening.

173. When we entered, D2054 was sat up in bed. The quilt would have been removed. I recall taking hold of his left arm to stop him from thrashing his arm around. I isolated his arm by holding my left arm on his lower arm and my right arm under his armpit area. Along with the other officers, I assisted D2054 to the floor. He continued to shout *"Jesus"*.

174. Given the restricted space, I swapped positions with DCM Murphy and took control of D2054's head. I put my left hand behind his head and my right hand on his forehead. I repeatedly asked him to comply and told him that he would still have to go on his flight. He was assisted to his feet and I moved to the front, holding his head as he was walked to reception. I held his head down, on my chest and repeatedly asked him to calm down but he would not comply. If he had complied, I would have released his

head and allowed him to stand up, which would have been a de-escalation of the use of force.

175. Healthcare were present at the intervention. They could have stopped the use of force if they had concerns by shouting *"medical emergency"* but they did not. They were asked part way through the incident whether they had any concerns and they confirmed they did not. If they had said yes, a member of staff from healthcare would have checked on him.

176. I was not concerned that D2054 could not breathe because he was shouting. I did not hear an officer say *"Don't waste your breathe"* as I could only hear D2054.

177. In my opinion, the use of force was reasonable and proportionate given that D2054 was non-compliant. Taking control of his head in the way that I did is an approved tactical move. I did not have any concerns about the other staff members involved in the incident.

178. The incident was investigated by PSU due to an allegation from D2054 that he was unconscious when I had him in the hold. I was interviewed by a PSU officer regarding the allegation but did not hear anything further so I assumed that there was no issue. I am now aware that the allegation was found to be unsubstantiated although before the Inquiry, I had not seen the PSU Investigation Report.

179. D2054 made a complaint about this incident. I was interviewed as part of the PSU investigation (CJS007235). From my review of the PSU Investigation Report (CJS005991), I understand that the detainee refused to eat because he required a special diet. If a resident was on a special diet, they would go to healthcare and a report would be prepared that would go to the kitchen. The kitchen staff would prepare a suitable meal for the resident. This is not something I had involvement in. The only time a DCM was involved was if we booked a resident in on reception then they would mark down on their record whether they were vegetarian, vegan or ate halal. If it was due to an intolerance or dietary requirement, it would go through the healthcare team.

180. Regardless of whether a resident was on a special diet, they would have an opportunity to choose their food order for the following day.

D149 (31 May 2017)

181. This incident was a planned use of force intervention, as D149 was being taken to CSU. The Incident Report is at CJS004352.

182. I was not involved in the use of force however physically but believe I may have been the camera operator, I was involved in the briefing ahead of the intervention and instructed the officers in the team to 'anchor' the resident when he was being violent and aggressive.

183. D149 was refusing to comply with instructions. Steve Laughton had approached him to ask him to comply with our request to go to the CSU without assistance from officers. D149 was hostile as soon as Steve opened the door; kicking and biting officers and trying to trip them up. He also attempted to take an officer's keys.

184. In my opinion, the force was reasonable and proportionate. The team did what they had to do to remove D149 from his room.

185. I did not have any concerns about the other staff members involved in the incident.

D2034 (13 June 2017)

186. This incident was a planned use of force intervention to escort a number of detainees, including D2034 from their rooms to detainee discharge where there was a Tascor crew waiting. The detainee was due on a planned charter flight from Stanstead Immigration service to Germany. The Use of Force Report is at CJS005563.

187. I was selected as part of a team to take control and restraint equipment to escort the detainee if necessary.

188. When we arrived at the door of D2034's room, DCM Lyden opened the door and asked D2034 to accompany us to detainee reception discharge. At this point, D2034 got out of his bed, changed his clothes and sat back down. Again, he was asked to comply with the instructions but he refused. DCM Lyden warned D2034 that force would be used if he continue to refuse, which he did.

189. The team were instructed to enter the room and take control of D2034. I took control of his left arm and placed him into an inverted wrist hold. In my account within the Use of Force report, I recorded the exact details of the force technique I used.

190. In my opinion, the force used was proportionate and reasonable. I did not have any concerns with any of the other members of staff.

D1371 (16 June 2017)

191. The Use of Force Report in relation to this intervention is at CJS005565. At approximately 10:30am, I received a message for all available officers to attend Clyde ('C') wing level one.

192. On entering Clyde wing, I saw a large group of detainees and officers attempting to separate a fight that was going on between detainees that I know to be D1371 and another detainee, although I cannot recall who.

193. As D1371 attempted to attack the other detainee, he was ushered to the end of the wing to attempt to de-escalate the situation. D1371 would not calm down and punched another detainee, who I know to be D465. At this point, I took hold of D1371's left upper arm and DCO George Walker took control of his right arm and we escorted him towards the stairs. The holds were released as we got to the top of the stairs, where D1371 was escorted to the CSU.

194. As far as I am concerned, the use of force in this incident was reasonable and proportionate. I did not have any concerns about the other staff members involved in the incident.

D390 (5 June 2017)

195. I was selected as part of a three-man team involved in the planned use of force intervention of D390. The footage relating to this intervention is BwC footage - UOF 137.17 (2) and the Use of Force Report is at CJS005624.

196. There was a second three-man team for this intervention because there were two residents in the room and a minimum of three officers are required per resident. As is shown in the footage, the other three officers create a barrier between the second resident and the planned intervention, but do not touch him or use force.

197. Prior to the intervention, we had a briefing and it was explained that D390 was due to transfer to Harmondsworth IRC and had previously refused. All negotiations had been exhausted so the planned intervention was the last resort.

198. When we arrived to D390's room, DCM Povey attempted to talk to D390 through the viewing panel and saw that he was boiling a kettle repeatedly. This could also be seen from a large amount of steam outside of the room. I believed that he was attempting

to make a sugar and water mixture known as 'napalm' and we were concerned that the resident would attempt to throw the boiling water on us as we entered the room.

199. We were instructed to enter the room to which D390 was initially standing next to the kettle. He was contained between the wall and the shield and was sat on the bed. At this point, I took control of his left arm and put it into an inverted wrist hold. I announced "lock on" and transferred D390's left hand to the lower part of his back to maintain the wrist lock where he was then escorted outside of the room. The intervention was de-escalated to a guiding hold where I placed my right hand to D390's left elbow and my left hand to the top of his left forearm. He compliantly walked with us down the staircase.

200. In my opinion, the force used was reasonable and proportionate. Even though we initially dealt with the situation as a 'high level' of threat, due to the kettle, we were able to de-escalate when we got him out of the room. As can be seen on the footage there is an officer on each arm in a 'figure of four' hold with his arms tucked into his body. As soon as the level of threat is no longer high, we would always de-escalate down to a minimal hold.

201. I had no concerns about the other staff members involved in the incident.

D1738 (10 June 2017)

202. My understanding of this incident was that Tascor had taken the resident from discharge to take him to another centre. They had got D1738 into the van and realised that he had a razor blade so they refused to take him. They brought him round the back of the CSU to a sterile area (an area that is clear). I understand that they used force to move D1738 from discharge to the van.

203. If a resident produces a razor or weapon then normal practice is for a medic to go with the Tascor crew. However, from reading the report regarding this incident, I understand that they did not have a medic at the time which is why they refused to take him.

204. Given I had a good rapport with the resident, I was asked to speak to him. I spoke to D1738 and managed to take the razor blade from him. I Level A searched him with two officers present and was able to confirm that he was sterile (had nothing left on him).

205. I was not involved in the use of force during this incident. Tascor used force. I was not present for this. I made a statement in relation to the event which appears at CJS005898.

206. I cannot recall this incident. The account I provided in the Use of Force report will be the most accurate record of this incident (HOM003719).

207. With reference to this, I understand that I was on a night shift at the time of the incident when I was asked by DCM Dix to make my way to the ground floor staff room for a briefing for a planned intervention. In the briefing we were informed that we would be required to enter the room of detainee D3548. He was in possession of a razor blade that was in his mouth and he was refusing to leave Brook house for his removal from the UK on the Jamaican charter flight.

208. I was officer number 3 as an arm officer along with three other officers, one of who was a shield officer. I believe another team was assembled to prevent D3548's roommate from interfering in the removal.

209. I understand that DCM Dix opened the door and began to talk to the two occupants of the room. He informed the team that D3548 was not wearing any clothes. We were then instructed to enter the room and gain control of D3548.

210. As the shield made contact with D3548, he moved backwards onto the bed and I was able to gain control of his right arm and move his hand to the small of his back as requested by DCM Dix so that ratchet handcuffs could be applied. The report states that once the handcuffs were applied, D3548 became compliant and was assisted in getting clothes on his bottom half. However, this is a mistake. After we did the initial restraint, D3548 was given the opportunity to put clothes on to which he agreed.

211. When we reached the detainee reception room, D3548 was handed over to the awaiting Tascor overseas escorts. They applied a single cuff to D3548's right wrist and confirmed I was able to release the right arm.

Individual welfare

212. I cannot remember of any training that we had with regards to individual welfare apart from ACDT training. Anything mental health related would have been dealt with via a recommendation to healthcare.

213. If an individual self-harmed then they would be placed onto an ACDT immediately and they would be assessed and reviewed so they could be given the right care.

214. During a case review, a number of professionals will assess the resident's level of risk and the care required. This involved assessing how many observations needed to be done to keep the individual safe. Case reviews are done in multi-disciplinary meetings so the case manager, resident, wing staff, Home Office, Duty Officer, Mental Health Nurse or healthcare, security and a DCM/DCO will usually attend the review. Anyone who knew the resident would attend including Samaritans if they were available and Activities or Education if the resident was involved in these. If it was an initial review, I found it was useful to get a trained DCO assessor involved. I do not think there was a policy as to who should be present for the review.

215. We have to record on the ACDT document the date, time and location of the review as well as who attended.

216. At the end of the review, a summary is prepared to provide an overview of what was discussed and the outcome (CJS007137).

Case review of D149 on 1 June 2017

217. With regards to the case review of D149 on 1 June 2017, the resident claimed that he had a plastic knife on him and that he was going to use it to harm himself. It was not necessarily a concern that he had the plastic knife, as I believe he would have got this from one of his meals. Given the time of the incident, I expect this would have been just after breakfast.

218. Residents will generally have access to plastic cutlery and items from the shop which can be adapted to cause harm if they are intent on doing so, so it is a question of monitoring any resident that has expressed a desire to self-harm. We would remove any items from their room except a mattress and a pillow if necessary. Residents are searched on arrival and if we have a suspicion that they have any items that they shouldn't have.

219. In order to prevent D149 from harming himself, a member of staff went to the back of the building to look in the window to make an observation as the peep hole was blocked, whilst the DCM attempted to talk to him from outside the door. Eventually, the resident calmed down so officers were able to gain entry into the room and remove the rest of his cutlery.

220. I do not remember whether healthcare was present. However, if the Use of Force report states that healthcare was not present then this is the most accurate record.

221. It is not common practice for a case review to be conducted through the door. Normally it would be done in a relaxed environment such as an office where the resident can speak clearly and freely. However, if a resident's behaviour changed and they became volatile then an emergency case review would be done in the best way possible.

222. In order to prevent detainees from having objects that could cause harm, if they are in CSU they are Level A searched before they go into their room. However, residents on the wings can buy items to take to their room such as razors or cans of drink which they could adapt in order to cause harm. If a resident has a previous history that suggests that they will use items to hurt themselves then they will be supervised with those items.

223. As Oscar 1, we have a daily handover which shows us a list of ACDT documents which are open, and when the next review is required. It would include details such as what level of observations they are currently on. During the Relevant Period, I did a couple of these sorts of case reviews daily.

224. During any case reviews that I conducted, I always encouraged residents to approach an officer to speak to them if they felt like hurting themselves so that the officer can take the appropriate action.

225. If someone was not on an ACDT but they came over to us and said that they had thoughts about harming themselves then we would make a referral to healthcare and open an ACDT document so the resident could be supported. However, if a resident did not seem themselves or told us that they were depressed but did not have thoughts about harming themselves then we would use a form called 'Raised Concerns' which enables us to monitor that resident. As a DCM, I would then ask staff to observe the resident throughout the day and I would review the observations the following day to see if any further actions needed to be taken.

226. Usually, the reasons detainees said they had thoughts of self-harm was due to receiving a removal order or being in detention. Therefore, we asked the Home Office to warn us before a flight ticket was issued so that we could check in with the resident.

227. I believe that we had Suicide and Self Harm ("SASH") training during the ITC which covered recognising someone in a crisis, how to provide help and support and which document to fill out however I do not recall this in detail.

228. The only other training I received on how to discuss mental health issues with a detainee was during my ACDT case management training. The ACDT training covered what questions to ask and how to talk to a vulnerable resident. Otherwise, we did not have a lot of training.

229. In order to chair a case review, I received training beforehand. The training was done over a morning session where we went through the documents and then I would sit in a couple of case reviews to observe.

230. I do not have any detail in regard to healthcare and managing mental health I was seconded into the role of Paid Work Manager and did not have much to do with healthcare.

231. I cannot remember what support there was at this time for rehabilitation / support at Brook House.

232. To the best of my memory Chaplaincy department never raised any individual needs to me but if they had it would have been addressed.

233. To the best of my memory residents that did not eat for whatever reason would be marked down on the meal time role count sheet. If a resident did not eat for 2 consecutive days then they would begin to be monitored, possibly by the opening of an ACDT. Due to the passage of time I cannot be sure of the process.

Individuals as TSFNO

234. To the best of my memory any residents that arrived whether they were TSFNO or not would have a Room Sharing Risk Assessment carried out. This would state if they could share a room and if not, what the risk was.

235. My approach to a resident does not change regardless of their history.

236. I have no opinion on the co-location of TSFNOs with other individuals. Every resident that is brought into the centre is risk assessed for room sharing and it did not cause any issues in my view.

Abuse of individuals

237. To the best of my memory, I have no knowledge or concerns with regards to any sort of abuse of staff or Residents in Brook House.

Violence between detained persons

238. Should detainees be involved in assaults against each other then they would be escorted to CSU under Rule 40 for fighting.

239. The following day, they would have a review and the incident would be investigated. Regardless of how long they are in CSU, they would be reviewed, even if they were only there for a day.

240. The victim would be offered the opportunity to speak to the police and the residents would get a chance to do mediation.

241. After any assault incident between residents, an anti-bullying log would be opened and the assaulter and the victim would be monitored for between 7-14 days. We would increase our observations on the residents to ensure nothing else had happened. If incidents continued to occur we could explore alternatives such as a move of wing or a move from the centre.

242. Everyone that comes to Brook House has a Room Share Risk Assessment prepared, even if they only leave the centre for a day. Anyone deemed particularly high risk at induction would be given single occupancy. This applies to any residents who come to the centre without their prison file until we had the relevant information.

243. In order to be put as 'high risk', an individual would have to meet criteria such as having a history of violent behaviour, arson or hostage taking or due a security, healthcare or a safer custody reason not to share.

244. Although single occupancy can be accommodated at Brook House, if a detainee is repeatedly violent or aggressive then we would try to move them to another centre. This would be discussed with Home Office.

245. If a residents' behaviour changed whilst residing at Brook House and we deemed them to be high risk then their RSRA would be reviewed and they would be moved to high risk and single occupancy.

246. If we had any concerns about a resident then they would be placed on E wing where they would be assessed every week.

247. Members of staff should be aware of which detainees are high risk. We have a white board in the office with the names of the individuals so that officers can be more vigilant around those people and keep an extra eye on their behaviour.

248. I do not recall having concerns about the safety of any detained persons nor am I aware of any resident approaching me about concerns for their safety in Brook House.

Complaints

249. During the Relevant Period, I was seconded as a Paid Work Manager as a DCM. I did not know the full complaints process at this time however, I did not receive any complaints with regards to the mistreatment of any staff or residents.

250. To the best of my memory at the time any complaints that the residents wanted to make were to be written and placed into the Home Office boxes that are on the residential units.

The Panorama programme.

251. I did work with Callum Tulley at Brook House but only when he was covering breaks on the residential wings, I personally did not have much interaction with him.

252. I believe I was in the programme once but as one of the 3 officers for a planned intervention.

253. I have no opinion on how the impact of the Panorama programme had on staff morale.

254. I have no opinion of the impact the programme had on the individuals that saw or became aware of the programme.

255. To the best of my memory at the time I was seconded into the role of Paid Work Manager so I did not have any involvement in the process of any who stated that they were under age for detention.

Specific individuals

256. Please see my comments below in relation to specific individuals:

256.1 **Nathan Ring:** Nathan helped me with my training when I started and he was helpful and approachable. I never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or Physical abuse.

256.2 **Steve Webb:** To the best of my memory I did not work with Steve often due to being on the opposite side of the shift during the Relevant Period. When I did work on the same shift as Steve I never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or Physical abuse.

256.3 **Chris Donnelly:** To the best of my memory, I did not work with Chris due to being on the opposite side of the shift during the Relevant Period.

256.4 **Kalvin Sanders:** To the best of my memory, I did not work with Kalvin due to being on the opposite side of the shift during the Relevant Period.

256.5 **Derek Murphy:** To the best of my memory Derek was a good officer who was firm but fair and had a good rapport with residents. I never I personally witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse.

256.6 **John Connolly:** To the best of my memory John was a good officer who had a good rapport with residents. He was an experienced officer and conducted the C&R training. I personally never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse to my knowledge.

256.7 **Dave Webb:** To the best of my memory Dave was a good officer who was firm but fair and had a good rapport with residents. He also became a C&R instructor. I personally never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse.

256.8 **Clayton Fraser:** To the best of my memory, I did not work with Clayton due to being on the opposite side of the shift during the Relevant Period. He was predominantly based at Tinsley House.

256.9 **Charles Francis:** In my opinion Charles was a good officer and would always help out the residents that needed help. He had a good rapport with the residents too. I personally never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse.

256.10 **Aaron Stokes:** To the best of my memory, did not work with Aaron due to being on the opposite side of the shift during the Relevant Period.

256.11 **Mark Earl:** To the best of my memory, I did not work with Mark due to being on the opposite side of the shift during the Relevant Period.

256.12 **Slim Bassoud:** To the best of my memory, I did not work with Slim due to him being in the visits department during the Relevant Period. As a seconded Paid Work Manager I did not work with Slim.

256.13 **Sean Sayers**: In my opinion, Sean was a reliable officer he had good rapport with both staff and residents and was supportive in his day-to-day duties. I personally never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse.

256.14 **Ryan Bromley:** In my opinion, Ryan was a reliable officer he had good rapport with both staff and residents and was supportive in his day-to-day duties. I personally never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse.

256.15 **Daniel Small:** To the best of my memory, I did not work with Daniel due to being on the opposite side of the shift during the Relevant Period.

256.16 **Yan Paschali:** In my opinion, Yan was a reliable officer he had good rapport with both staff and residents and was supportive in his day-to-day duties. I personally never witnessed him using derogatory or insensitive remarks or witnessed any incidents of verbal or physical abuse.

256.17 **Daniel Lake:** To the best of my memory did not work with Daniel due to being on the opposite side of the shift during the Relevant Period.

256.18 **Babatunde Fagbo:** To the best of my memory, I did not work with Babatunde during the Relevant Period.

256.19 **Shayne Munroe:** To the best of my memory, I did not work with Shayne during the Relevant Period.

256.20 **Nurse Jo Buss:** To the best of my memory, I did not work with Nurse Jo Buss. I believe she was working at Tinsley House during the Relevant Period.

Suggestion for improvements

257. I have no opinion of what could have been changed at Brook House to improve individual health safety or welfare, because I didn't know any different during the Relevant Period. The staffing levels have increased significantly now and there is far less pressure on officers.

Statement of Truth	
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	Ben Shadbolt
Signature	Signature
Date	10/2/22

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