

**Rule 9 of the Inquiry Rules 2006 Request**

Name: Stewart Povey-Meier

Address:

Role: detentions operations manager

Dates of Employment: 25/05/11 - Present

I confirm that the facts set out in this questionnaire are true. I understand that proceedings for contempt of court may be brought against me if I make, or cause to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed **Signature**

Dated 22/2/22

	Area to Address	Response
1.	A summary of your career (which explains any professional qualifications which you have and the roles which you have held in your professional capacity).	Detainee custody officer – activities for just over one year, then three years as welfare officer, four years as detainee custody manager on residential followed by six- month safeguarding SMT lead. Over three years as audit and compliance manager. Oscar three – in charge of front of house visits.

<b>Culture at Brook House</b>		
2.	<p>A description of the culture of Brook House when you worked there. In particular, whether there was an identifiable culture across Brook House as a whole; whether there was a specific culture within the department, area or wing where you worked or a department, area or wing in which you did not work and in either event what that culture was; and if there was an identifiable culture, whether it changed over time.</p>	<p>There will always be a culture by definition where I worked on residential culture was positive and good rapport between residents and staff. Everything changes over time and currently it's going through changes due to new contractor, more staff and new staff.</p>
3.	<p>Whether you had any particular concerns about how the values of G4S or its culture impacted upon the following:</p> <ol style="list-style-type: none"> <li>The general protection of those who were detained at Brook House;</li> <li>The management of staff;</li> <li>The protection of especially vulnerable individuals (e.g. those with mental health issues).</li> </ol>	<ol style="list-style-type: none"> <li>No concerns as where I was staff always gave their best.</li> <li>Always could be better. The SMT could have managed staff better – they were distant. They weren't visible enough and not in touch with what was going on, on the shop floor. You would want a bit more support. From my own point of view due to my experience I did the best that I could, but if a higher decision were needed, I would have to wait and that could have an impact on a response. Can't think of a specific example but say, for example a decision was needed a Resident could be kept waiting. The SMT could be in meetings for 3 to 4 hours and you couldn't always get an immediate decision when needed.</li> <li>Only with certain residents that should have been in a more suitable place for their needs. Healthcare and Home Office should have been quicker to make arrangements to move certain people. Sometimes there were residents that should have been</li> </ol>

	<p>             moved or not been in Brook House due to their mental health - however, I am not a professional. One specific example was in relation to a resident called [DX] who was not well. He was in E-wing because he was vulnerable. The eventual upshot was that he went into West Sussex Social Services' care because of his mental health issues. However initially the healthcare doctor wouldn't make a referral to Social Services because [DX] didn't have a GP. We needed someone to say that he was not alright and needed different care. The Healthcare doctors felt it was not their responsibility, G4S said the same. So, he was left waiting in a custodial environment, but he needed welfare. There was a chance that the guy could have been released into that area, so West Sussex really needed to be involved as Social services need to be made aware if he is to be released into society. However, West Sussex County Council couldn't do anything until he was referred. This highlighted the need for Social services to have more involvement with G4S. We needed a working partnership. Someone needed to make the decision to say that a psychiatrist needed to see him but for some time no-one felt able to take responsibility for making or facilitating those decisions. Until then he was stuck in E-wing with staff trying to deal with his behaviour. On one occasion he broke a pool cue and went to use it on residents. On another he had a plastic knife and threatening to use it. I would have expected Healthcare to make the appropriate psychiatric referral, but the Healthcare doctor said he couldn't do it because [DX] didn't have a registered GP. We had conversations to say surely someone should be referring him but for some time no-one took responsibility to make that decision. The situation finally culminated in a meeting and I was at the meeting with Sarah Newland. I was a resident manager - a DCM at the time and when I was in the meeting, I was doing a 6 month stint as safeguarding lead (SMT level). [DX] eventually went on further maybe to Langley Green. I do not remember exactly when this was but I believe that it was during the relevant period. I believe           </p>
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		that a Partnership was put in place after <b>DX</b> case highlighted the need for a working Partnership. I cannot comment on how this Partnership continued. That would sit with the Safe Custody SMT at the time.
4.	Your opinion of the management and leadership culture at Brook House, in particular, your understanding of the values and priorities of the senior management team and how this impacted on staff.	Needed to be more in touch with what was happening on shop floor.
<b>Training</b>		
5.	The Inquiry understands that DCO recruits undertake an eight-week initial training course when they start at Brook House. Please set out if, and when, you attended this training in relation to the role for which you were employed when you first started working at Brook House (month and year is fine). If you did not do so, an explanation of what training you did attend when you first started at Brook House, including its duration, who provided it, where it was	Eight-week ITC from May 2011 – July 2011

	provided and what it covered.	
6.	Reflecting on training that you received for your role (including any refresher training) your opinion about whether it enabled you to perform your role at Brook House. Please explain your answer. If it did not do so, please say what else you believe the training should have covered.	<p>On the job training is much better to set out role or scenario based classroom work will give good basic understanding.</p> <p>The training I actually got gave a slight understanding of the role, however when you got onto the wings if no one else was there to support you and show you the ropes you wouldn't be able to perform your role. You needed on the job experience. I can't remember clearly but don't think we had a shadowing period when I did my ITC. I think scenario-based training would have assisted better (e.g. set up a wing office and have people acting as residents). They have tried to do that in the past. I have done room searching scenarios before. So, in my view we needed the training that we got plus scenario-based training plus shadowing in the areas that people are going to be working in. The shadowing needs to be relevant. The only scenario-based training I had was on C&amp;R – you had to do that in order to pass the C&amp;R part of the course.</p>
7.	Whether you had use of Force training when you joined G4S and the date of the training (month and year will be fine). If you had refresher courses, please confirm dates.	<p>Yes – June or July 2017 – all yearly staff refreshers attended. G4S will have attendance dates.</p>

<b>Staff Behaviour</b>		
8.	Whether you experienced or were aware of any racist attitudes or behaviours amongst staff. If you were, please set out the name of the individuals involved and provide any examples that demonstrate (in your opinion) these attitudes. Please include an explanation of what happened (including names of those involved) and the outcome.	No
9.	Whether you experienced or were aware of any homophobic and/or misogynistic attitudes or behaviours amongst staff. If you were, confirm the name of the individuals involved and provide any examples that demonstrate (in your opinion) these attitudes. Please include an explanation of what happened (including names of those involved) and the outcome.	No
10	Whether you were aware of staff bringing drugs into Brook House for use by individuals. If you were aware of it, provide details including names, details and what action (if any) was taken if/when this was discovered.	No
11	Whether you experienced bullying by any other staff at Brook House. Please provide details. If you took any action, please provide the outcome.	No
12	Whether you ever had concerns about other staff being bullied and/or had to deal with a staff complaint regarding bullying. Please provide details and the outcome.	None

<b>Disciplinary and Grievance Process</b>	
<p>13 Provide details of any involvement you had in disciplinary and/or grievance investigations, including any investigation: (a) carried out into your own conduct and/or; (b) carried out into another member of staff, for which you were a witness.</p> <p>In relation to each example:</p> <ol style="list-style-type: none"> <li>please provide approximate dates;</li> <li>a description of the issue;</li> <li>who was subject to the investigation;</li> <li>what the investigation involved;</li> <li>what the outcome of the investigation was;</li> <li>whether any further action was taken following the disciplinary outcome;</li> <li>whether there were any 'lessons learned', and if so, how they were disseminated and followed-up.</li> </ol>	None
<b>Staffing Levels</b>	
<p>14 G4S was contracted to provide 668 hours of DCO time per day. The contract required at least two DCOs on duty on each residential wing throughout the day. Provide your opinion on the impact that any staff shortages (if they existed) had on the care and treatment of individuals. In particular, whether staff were unable to offer activities or services that they would have been able to provide if they were fully staffed.</p> <p>Provide your opinion on the impact that any staffing shortages had on staff, including morale and safety (whether perceived or actual).</p>	<p>Staffing levels were not adequate. More staff numbers always helps because then there are more people available which reduces the stress and pressure on getting everything done. To put it into context, back then we had 120 plus on a wing and potentially 3 staff (2 officers and one manager) dealing with anything that happened that day. Managers managed more than one wing at a time. I was able to manage 3 wings at one time and at the weekends an extra 2 wings, but when you were managing 3 wings you could only be on one wing at a time (leaving 2 officers on a wing). We also had staff having to go out of the wing for example to respond to incidents or completing paperwork following incident. At one time there were just two of us on the wing (excluding the manager). We were able to cope and run the wing because we both had experience and knew our residents and could understand their behaviours and ease any pressures they may have had, but even so, if</p>

for example one officer is going to take someone to reception because they are released or getting a flight or getting property, or if one officer were doing the lunchtime trolley – there was only one of you left on the wing which was not enough.

The practical impact on residents was that, if for example, 3 people needed to speak to someone then you have someone potentially waiting to be seen. In general, you would have to deal with resident's issues concerns or needs as they came to you so if say you have someone feeling low and suicidal, someone wanting property and someone needing advice on a document from the Home Office there was a risk that that someone with acute needs in a crisis doesn't get the help that they need soon enough. We would of course prioritise needs and deal with the most acute/severe first, but you might not know what the problem is until you have had the opportunity to speak to the resident.

I don't think that staff shortages affected activities. Activities is not wing based it is run through the activities department which is separate to the wing. There were always 3 activities people (someone in library computer room and manager) plus a manager (a DCM). There were also sports orderlies who were residents in paid activity – they were paid £1 per hour to run an activity on the wings or courtyards. However, as there was only 1 manager, they could not always be there because of holidays etc. I wasn't however aware of a negative impact on activities. They figured out ways to provide activities, I believe mainly by just providing equipment.

Safety could have been an issue due to staff shortages If there was an incident there is safety in numbers. If an incident happened staff also had to complete paperwork following it, which kept them from returning to the wing, and there might be injuries sustained during an incident which again took people away from wing. Then you would only have one officer on the wing and that could impact on safety if something else happened.

Staff shortages had a negative effect on the morale. There was a lot of pressure to carry out your duties and it also impacted on the ability of

		staff to have a break. Staff needed breaks. We were working a 12 or 13 hour day. If you don't have the right amount of staff it becomes difficult to take a break. Staff were supposed to have two half hour breaks per 12 hour shift.
<b>Treatment of Detained Individuals</b>		
15	Whether, and if so, how frequently, you were involved in incidents involving the use of force/control and restraint techniques immediately before or during the Relevant Period (1 April 2017 – 31 August 2017). If so, please provide a description of what happened (including who was involved) and the outcome. Further, please set out whether there was a review of the incident/s and any lessons learned arising from it. If there were, an explanation of what happened and whether any changes were made to the practice.	<p>I don't recall in any detail and without reference to paperwork how frequently I was involved in use of force incidents during the relevant period. However, whilst I have inevitably been involved in a number of C&amp;R incidents, only a handful of incidents throughout my 10.5 years career have in my recollection resulted in the need to actually use force. I find de-escalation techniques to be very effective and I build rapport with the residents generally which I call upon to de-escalate a situation. Therefore, my involvement in Use of force Incident has been infrequent as used voice in situations to resolve.</p> <p>I believe that on the whole I had a good rapport with residents who knew I was doing my best. I was firm but fair and helped everyone as best I can within the boundaries of my role. I endeavoured to help the residents as best I could and do my best to make their time here as easy as possible. For example, a guy on b-wing liked Sudoku so I printed them off for him. He didn't like the very hard ones – just medium and hard. It is about building rapport with the residents. Rapport is key with de-escalation. Staff shortages could affect the ability to build rapport which in turn could therefore affect the effective de-escalation of an incident.</p> <p>Following use of force there was no formal lessons learned session but there would be a debrief after every incident and where appropriate this would capture whether something could have been done differently and more effectively. The debriefs involved the incident supervisor literally talking to a camera and saying how it went and whether it was successful and whether anybody got injured. The whole team is present. If something didn't go right captured on the debrief and there may be a discussion about what went wrong and therefore what could have been done differently or better. We also had a C&amp;R coordinator who would go back through the footage and would have highlighted any particular</p>

		<p>concerns e.g. a staff member needs refresher. That was part of the use of force co-ordinators role. They would do an analysis. Use of force coordinator would have their own separate meeting as well. But first-hand that never happened to me because never any need for lessons learned arising out of incidents that he was involved in.</p> <p>The C&amp;R instructors might also mention during refreshers if anything was frequently seen arising from incidents that was not right and needed to be addressed. That was more likely to relate to paperwork because paperwork is part of the refresher course content and when you are doing the refresher on C&amp;R techniques you are in a dojo environment which is physical rather than forming part of the sitting down learning side of the refresher.</p>
16	Whether you had any concerns about any incidents that you were not directly involved in but became aware of either in your role as a DCO or more generally. If so, please provide a description of what happened (including who was involved) and the outcome. Further, please set out whether there was a review of the incident and any lessons learned arising from it. If there were, an explanation of what happened, the nature of the review and who took part, and whether any changes were made to the practice.	N/A
17	A description of what alternatives to control and restraint techniques exist and what was available for use at Brook House. Your opinion on how effective these techniques were in your experience of caring for individuals at Brook House. If a technique or approach was not available, an explanation as to why that was and your view on whether it should be used.	Speaking to residents – very effective to me. This is a de-escalation technique – speak to them to find out what the situation is, why there is an issue or a problem and understanding why we are in the situation we find ourselves in and look for alternatives in order to help that individual. It has been very effective for me. You listen, speak and de-escalate by understanding how we have got to that situation. It is very effective and should always be used. In my experience it is always used first.
18	Provide details of managing the mental health and wellbeing of	We have certain booklets – SLP and ACDT that could be utilised in supporting individuals with potential mental health and wellbeing needs.

<p>detained individuals in general (whether or not they needed involvement of healthcare).</p>	<p>These give a breakdown of triggers for a person, detailed care-map of what we are working towards to help the individual. Healthcare's involvement is sometimes needed and sometimes not. I would expect them to be involved where there are mental healthcare issues.</p> <p>In my view the first step is to develop and build rapport by talking to the residents. That way you have an understanding of them and any concerns or priorities that they may have and are familiar with their behaviours and interests. Then if there is a difference in their behaviours because for example they might have had some bad news and you can support them through. You look out for signs/behaviour – if their behaviour is not what you would expect of them (unique or different) and raises concerns – you may for example trigger a Raise Concern or open an SLP and ACDT and get healthcare involved</p> <p>First you talk to the individual before you decide what is the best course of action.</p> <p>An ACDT is for a person potentially in crisis at that time. An SLP is healthcare related – it is not for someone in crisis and tends to be more healthcare driven but it doesn't have to be healthcare that open that plan. For example, if a person needs any adaptations within the centre because they have mobility issues. Or if they are hard of hearing or can't get down-stairs they may need a Personal evacuation plan – an individual officer to assist them. If epilepsy – how best to support that.</p> <p>Low mood or self-harm would trigger the opening of an ACDT though depending on the severity and presentation of low mood a "raise concern" may be appropriate. But after 2 days if you still have concern you put them on an ACDT. If you raise a concern you open another document and carry out observations at a certain time – morning afternoon and evening. You speak to the resident and engage with them. With an ACDT various departments (healthcare and chaplaincy as well as senior management) are alerted and a multi-disciplinary team is</p>
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		<p>assembled. You get a care map and trigger points and an assessment by an ACDT assessor. Everything is documented.</p> <p>A Raise Concern involves observations – on a lesser scale you keep an eye on them and keep monitoring them. There isn't generally the involvement of a multi disc team unless the manager decides to involve another team e.g. healthcare or chaplaincy.</p>
19	<p>Your experience of caring for time served foreign national offenders (TSFNOs) at Brook House. If your approach differed from your approach to non-TSFNOs, please explain why.</p> <p>Your opinion about whether the co-location of TSFNOs with other detained persons caused difficulties in managing the welfare and/or behaviour of individuals. Please explain your answer.</p>	<p>No difference in approach. Everyone is a person and treated as a person – cared and looked after.</p> <p>The mixing of TSFNOs and non TSFNOs didn't cause issues in managing residents but may have caused issues for individual residents who may have come from a different background. They may feel vulnerable because they haven't come in touch with ex-prisoners before so the residents might have their own concerns.</p>
20	<p>Whilst working at Brook House did you have any specific concerns about the abuse (verbal or physical) of detained persons by staff (either individually or collectively). Please set out or describe how you came to have those concerns, the role that you played and what happened. Please name any other individual who you think played an important role or who might be able to provide further evidence about it.</p>	None
21	<p>Whilst working at Brook House did you have any specific concerns about the abuse (verbal or physical) of detained persons by other detained persons (either individually or collectively). Please set out or describe how you came to have those concerns, the role that you played and what happened. Please name any other individual who you think played an important role or who might be able to provide further evidence about it.</p>	<p>On occasions we would conduct investigations when a resident was potentially bullying another. I cannot remember any specifics without documents. Those documents would be with G4S.</p>

<p>22 Explain your understanding of the complaints process for detained persons or others making a complaint relating to mistreatment (such as verbal insults or physical abuse), including in particular:</p> <ul style="list-style-type: none"> <li>a. Any examples in which you received a complaint and referred it on for investigation;</li> <li>b. Any examples in which you were involved in an investigation, either conducted by G4S or the Professional Standards Unit, in relation to a complaint made against you or another member of staff.</li> </ul> <p>Please include what happened, any investigation process, the outcome and any lessons learned. If there were lessons learned, whether they were implemented and effective.</p>	<p>Complaints were dealt with by the complaints department – Karen Goulder.</p> <p>I was never involved in an investigation or complained against and to the best of my knowledge and belief I have never had PSU involvement during the relevant period or in the 10.5 years that I have worked at the IRC.</p> <p>If a resident complained about anything there were several ways of dealing with it. The resident could submit a complaints form (which we would try and get the individual to complete, or we would write word for word and say that we wrote it on behalf and who did so). That would go got complaints box and be picked up by HO the next day who would log and send to complaints department who in turn would log it and send it to our complaints' coordinator (Karen Goulder at the time) who would then send complaints to the SMT of the area in question so that they could arrange the investigation.</p> <p>Residents are told how to complain on an induction and there are complaints forms available in about 17 different languages on the wings and throughout the Centre. Residents are also told that they can write in their own language on a complaint for m and that the HO would translate it.</p> <p>If a complaint were made directly to an officer, that officer would refer the complaint to a manager or the Assistant Director. There would be a fact-finding investigation and the matter would also be referred to Senior managers to decide whether disciplinary proceedings were required.</p> <p>In general terms if a resident was making a complaint about an officer a manager would investigate, if the complaint were against a manager the SMT would investigate.</p>
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		<p>Depending on the nature of the complaint appropriate action was taken. If it were a complaint of a serious nature against an officer, we would move the officer and speak to them about what happened, and also speak to the individual and start an investigation escalate to SMT. An incident report would be completed or an SIR (security Incident report). There are specific categories of incident and if the issue did not meet one of the categories an SIR would be used. If the complaint involved officer behaviour, I think an SIR would be raised because doesn't come into any defined categories on the incident report. On the old reports there were about 15 categories.</p> <p>If the complaint was by a resident about resident – depending on the details the residents may be separated and if threats were made the resident making those threats might be removed to CSU or E-wing. We would then consider whether to use rule 40 for example if it was felt that the threat could materialise. Effectively we would look to either mediate or separate the residents. We may also complete the anti-bullying log and an anti-bullying investigation would follow.</p>
<p><b>The Panorama Programme</b>  The Inquiry's website has a link to a YouTube channel which has a BBC Panorama programme available to view for free (<a href="#">BBC Panorama - "Undercover: Britain's Immigration Secrets" - YouTube</a>). If you have not already watched the programme, the Inquiry would ask that you do so and consider the following.</p>		
23	Whether you appear in the programme. If you do, please confirm the timings on the footage where you appear. It would be helpful if you are able to provide a photograph or description of yourself so that the Inquiry is able easily to identify you.	Yes – not sure when – in first 15 mins, said “can you come to the door fella”.
24	Your opinion on the impact that the Panorama programme (which aired on 4 September 2017) had on staff morale.	Low Morale as staff shortages increased and showed an unbalanced side of what occurs in IRC.
25	Whether there were any changes at Brook House following the Panorama programme and your opinion about whether they were	Yes – and always continuing to provide best under contract and DSO.

	effective. If they were not, your opinion about what should have been done to create effective change.	The events in question took place a long time ago and it is difficult to remember what the changes were that were made since Panorama.
26	<p>The following individuals who worked at Brook House were either investigated, disciplined, dismissed or left following the Panorama programme:</p> <ul style="list-style-type: none"> <li>a. Nathan Ring</li> <li>b. Steve Webb</li> <li>c. Chris Donnelly</li> <li>d. Calvin Sanders</li> <li>e. Derek Murphy</li> <li>f. John Connolly</li> <li>g. Dave Webb</li> <li>h. Clayton Fraser</li> <li>i. Charles Frances</li> <li>j. Aaron Stokes</li> <li>k. Mark Earl</li> <li>l. Slim Bassoud</li> <li>m. Sean Sayers</li> <li>n. Ryan Bromley</li> <li>o. Daniel Small</li> <li>p. Yan Paschali</li> <li>q. Daniel Lake</li> </ul>	<p>They are/were all people who worked at Brook House. I have worked with most of the list of people. However, Slim Bessaoud still works at Brook and has not left.</p> <ul style="list-style-type: none"> <li>i. Yes</li> <li>ii. No</li> <li>iii. No</li> <li>iv. No</li> </ul>

	<p>r. Babatunde Fagbo</p> <p>s. Shayne Munro / Munroe</p> <p>t. Nurse Jo Buss</p> <p>In relation to each of these individuals, set out the following:</p> <ol style="list-style-type: none"> <li>Whether you worked with these individuals. If so, provide details of when you worked together, your working relationship and your opinion of them in a professional capacity. If you had concerns about their personal views/behaviours and that this impacted on their care of detained persons, please set these out.</li> <li>Whether you witnessed them use derogatory, offensive and/or insensitive remarks about individuals. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.</li> <li>Whether you witnessed any incidents of verbal abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.</li> <li>Whether you witnessed any incidents of physical abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.</li> </ol>	
	<p><b>Other Matters</b></p> <p>27 Where not specifically covered above, set out your opinion of what could be changed or improved at Brook House in order to improve individual health, safety and welfare.</p>	<p>I have no specific issues but in general terms the more training you have the better for officers. More training re mental health etc will always help. Perhaps more understanding of the Home Office's role and their terminology used not just from an on-site point of view but from a caseworkers point of view.</p>