

***Confidential***

**Independent Investigation into Brook House**

**Tuesday, 13 February 2018**

**Interview with  
James Wilson, Director  
Hannah Chambers, Researcher  
Anna Pincus, Senior Caseworker and Outreach Coordinator  
Gatwick Detainees Welfare Group**

***This transcript has been prepared from a recording taken during the interview. Whilst it will not be attached in full to the final report, extracts from it may be included in the report. It forms part of the evidence to the Investigation and as such, will be relied on during the writing of the report and its conclusions. When you receive the transcript, please read it through, add or amend it as necessary, then sign it to signify you agree to its accuracy and return it to Verita. If the signed and agreed transcript is not returned within two weeks, we will assume that you accept its contents as accurate.***

## Independent Investigation into Brook House

Tuesday, 13 February 2018

Interview with  
James Wilson, Director  
Hannah Chambers, Researcher  
Anna Pincus, Senior Caseworker and Outreach Coordinator  
Gatwick Detainees Welfare Group

Investigators: Mr Ed Marsden (Verita)  
Ms Kate Lampard (Verita)

1. **Mr Marsden:** This is a discussion with colleagues at Gatwick Detainees Welfare Group. It is part of the independent investigation. It is 13 February 2018. [Introductions].
2. **Mr Wilson:** Would it be useful for us to each say a bit about our roles before we start?
3. **Ms Lampard:** That is exactly what I wanted to ask you to do, which is each of you to say who you are and what exactly your role is within the Group?
4. **Mr Wilson:** I am the Director of Gatwick Detainees Welfare Group, and I am responsible for the Operations of the Charity. I go into Brook and Tinsley House and meet detainees myself in various ways, and also lead on our relationship with G4S and Home Office Management at the Centre.
5. **Ms Pincus:** I have been employed by Gatwick Detainees Welfare Group for about ten years. I manage the Outreach of the Charity, and also cover some casework – going into the Centre and meeting people and allocating to volunteers and working with our visitors who support them.
6. **Ms Chambers:** My background is [in law](#), but I am not currently practising as a [lawyersolicitor](#). I have been working with Gatwick for about a year on research issues, primarily focused on the adults at risk policy, but also wider issues.
7. **Ms Lampard:** Perhaps, James, you will describe the work, the everyday work of the Group for us, please?
8. **Ms Wilson:** Yes. Gatwick Detainees Welfare Group is one of the visitors groups. All of the centres around the country have at least one visitors group associated with them. We have been in operation since 1995, just before Tinsley House opened in '96 and Brook followed in 2009, I think. The heart of our work is still visiting, so we have about 40 active volunteer visitors at any one time who visit detainees in Brook and Tinsley one-to-one once a week. Our aim is to offer everyone who wants a visitor, a visitor. That's supported by a staff team, which is currently five people in the office here, whose main role is to train and support those visitors, but we also carry out casework for detainees. Not legal casework, but casework referring to solicitors, liaising with solicitors, accessing Healthcare, etc.

9. We are not a campaigning organisation. We don't campaign locally, but we also call for detention reform, particularly for a time limit and for the end of detention of vulnerable people.
10. **Ms Lampard:** Tell me, if you are not a campaigning group, how does that fit with calling for the introduction of the end of it?
11. **Mr Wilson:** Yes, it is a line. I think that, in effect, we do do some form of campaigning. We are just careful about that word. What we are very clear on, and we are clear on this with G4S and with new volunteers is that we don't campaign locally. We don't campaign for the closure of Brook and Tinsley House. We don't campaign outside Brook and Tinsley House. Our calls are for change in the system as a whole.
12. **Mr Marsden:** It is a government directive?
13. **Mr Wilson:** Yes, for policy change.
14. **Ms Lampard:** Right.
15. **Mr Marsden:** The campaigning would happen at a national level and be directed at policymakers and MPs?
16. **Mr Wilson:** Exactly, yes.
17. **Ms Lampard:** Hannah, can I ask you about your research in particular?
18. **Ms Chambers:** Yes.
19. **Ms Lampard:** James mentioned that to us when we saw him, and I would be interested to know what it is you are researching, and what your research is finding?
20. **Ms Chambers:** I can give you an overview now, and it may be better that I can give you some written material after the meeting.
21. **Ms Lampard:** Thank you.
22. **Ms Chambers:** We produced a set of evidence for the second Shaw inquiry. The primary focus with that was, the way that decisions were made regarding people with overt mental health difficulties and people who were disposed to either feelings of self-harm or were effectively engaging in self-harm.
23. Certainly, in terms of a summary, ~~a lot of~~ the people who have helped with the research are have been there are seen by GDWG members of staff our organisation in during drop-in sessions held in Brook House. -- James, you will have a better grasp of the numbers. Roughly, over a year how many people do we see? About 220 every six months. Is that that a rough ballpark number?
24. **Ms Lampard:** 200 people you see as visitors?
25. **Ms Chambers:** Seen in drop-in centres sessions by members of staff for this organisation. Is that the right ballpark, James?
26. **Mr Wilson:** I think the 2017 total is about 370 seen at drop-in.
27. **Ms Chambers:** We don't see by any means everybody who comes to detention, and there are very clear barriers for people who are very vulnerable getting access to casework and getting access to the drop-in sessions themselves simply by the level of their vulnerability, apart from anything else. Once detainees are seen by GDWG members of staff their needs can be assessed, including whether they would like a volunteer visitor. At the time of the drop-in

session anonymised statistical data can be collected. My research indicates on a ~~What I would say is that our~~ broad-brush ~~approach basis is that we~~ consider that at least one in four people that are seen by GDWG staff have some kind of diagnosed mental health issue. That is a hugely high proportion.

28. **Mr Marsden:** When you talk about that, Hannah, is it anything from anxiety to more serious mental illness?
29. **Ms Chambers:** It is everything from people who are being treated for clinical depression, through to people who are actively psychotic and are transferred directly from ~~out of~~ Brook House into a mental health hospital.
30. **Ms Lampard:** Nonetheless, they will have been able to get to the drop-in sessions?
31. **Ms Chambers:** That's, I think, my point. Some are able, but GDWG does not have a formal role we are not, we don't have any statutory position within Brook House. The people that come to our sessions are people who are mostly referred by word of mouth. I think there is some limited written material concerning GDWG also available in the detention centre.
32. **Mr Marsden:** Yes, there is, because I have seen it. There is some on the wings. I have seen stuff on the wings.
33. **Ms Chambers:** However, I think realistically, if you are talking about people who are actively psychotic, or otherwise extremely ill, the notion that they will pick up a leaflet and get in touch with us and so access our help is a long shot.
34. **Mr Marsden:** Frankly, they will be in need of Mental Health Services, and whether they have that promptly will be an issue.
35. **Ms Chambers:** Yes. So the focus of the research I think probably from my focus the focus is particularly people with a mental illness, ~~and the diagnosed ones,~~ and the interaction between that issue and self-harm. We are also doing some research on people who disclose issues of trauma.
36. **Ms Lampard:** Hannah, I have been trying to ask people within Brook House this question, and you may also have some more insight into it. The adults at risk new guidance on who is or is not to be detained as I read it has, in a way that it did not have before, an overarching requirement of looking to maintaining – I can't recollect the exact words. It is some time since I read it, but maintaining the integrity of the removal system or the immigration system. I can't remember what the words are used, and I think that's new and it would suggest, perhaps, that there is a further barrier now for people with vulnerabilities and those at risk to overcome in fighting off detention. Is that your reading of it?
37. **Ms Chambers:** I previously worked as a solicitor specialising in unlawful immigration detention claims, so I saw the policy develop and so, then I look it from a very different ~~longer~~ perspective than the present incarnation of the policy. ~~However,~~ having worked in this area for the best part of ten years, you can see the policy has evolved from a initial straightforward position that people with mental illness should only being detained in very exceptional circumstances. It was a very high test for that a mentally ill person to be subject to immigration detention, or even be allowed to be detained, The policy then changed to become based onto the notion that people with mental illness could be being able to be managed within detention. The adults at risk policy has, so that is a lower ~~editing of~~ the threshold even further to permit detention of mentally ill people. The current policy requires, to what we have

Formatted: Indent: Left: 0 cm, Hanging: 2.54 cm



now, it is a situation where people with mental illness are required to provide a degree of evidence of their health condition and the effect of detention upon them. The policy requires the person responsible for taking decisions to detain to consider the level of evidence of illness and impact of detention; this will be placed within 3 categories: which is level one, level two, level three. The evidence of vulnerability is weighed against any 'immigration factors' before the decision-maker decides whether to release the individual. This is clearly a much more complex policy position compared with the earlier policy of a strong presumption against the detention of people with a mental illness. In addition, the—a process of collation of evidence gives very little role to the vulnerable individual that they are not in charge of. The very nature of their condition if it is a serious mental illness makes it very hard for them—an individual to even obtain that evidence of their vulnerability. This is compounded by—in a situation where the very nature of the detention and the limited access to Healthcare means that obtaining that evidence of vulnerability is difficult. Even when when an individual is able to hey do obtain that evidence, the Home Office then weighs that issue against their 'immigration factors'.

38. **Mr Marsden:** If you had a mental health illness you didn't get detained?

39. **Ms Chambers:** The Home Office policy that applied before August 2010 You provided a presumption that people with a mental illness should not be didn't get detained, or if you were to be detained your case had to be anf you did it was exceptional situation; generally this meant, so an individual you had to be a very high risk to the public or, you had to be very close to your their removal date. There had to be something that made your the case unusual, and ffrom both a written policy perspective, and from for the your position of people applying that policy it was quite straightforward.

Formatted: Font: Not Bold

Formatted: Font: Not Bold

40. Now we have a very complex policy, which requires where it is about people in detention to obtaining evidence of vulnerability in circumstances where getting their this evidence is difficult. Even when this evidence is obtained it is, set considered against the immigration factors. The position is further complicated by the fact that where people may not even know what their 'immigration factors' are. The notion that a vulnerablen individual could even advocate for themselves in this situation, let alone for a person suffering from serious mental health difficulties is a highly problematic. Detention is a is difficult environment for this complex policy because they detainees don't may not have all the information concerning their case and they also don't have straightforward access to a full medicaln assessment, of how they are doing. Then, add on top of that the complicating issues of lack of understanding that are often associated with mental illness, then you have a situation of a policy which does not provide an effective safeguard against the detention of very ill people. fact that they are mentally ill and engaging in that kind of level of complex process is going to be impossible, which is quite a hard word, but I do think it is probably reasonable.

41. **Ms Lampard:** Just to be clear, does your Group's interaction with people in the Centre, your intelligence gathered through that, and, indeed, your encounters with individuals suggest to you that there are more people in there, in Brook House with serious mental health problems than was previously the case?

42. **Ms Chambers:** I have only been in the organisation quite recently. That may be a question directed to people who have been working with detainees for much longer.

43. **Ms Pincus:** Definitely, yes.
44. **Ms Lampard:** Could you expand on that, on what grounds you would say that that was the case, apart from the fact that we know that there is a slightly different scheme for identifying people and for removing them from the centre?
45. **Ms Pincus:** I think, in a sense, the profile of mental health problems within the Centre reflects the profile of people with mental health problems in prisons as we have a larger number of X1 national prisoners in the Centre now than we used to have. I think Hannah is actually on the crux of it, that it is the way that people's mental health is balanced against them being a risk of absconding, for example. If someone has a severe mental health problem and hasn't been able to get themselves to report while their case is being considered because of the complexity of their mental health problem, and they end up being detained. Then that record is what they are measured against, the decision is taken that they should still be detained. It is just a bizarre situation.
46. **Ms Lampard:** Are your visitors reporting that they are seeing a higher number of people who they think have mental health problems, or are they telling you that there are more people within the Centre with mental health problems?
47. **Ms Pincus:** We are seeing them first. We are referring the people in detention to our visitors.
48. **Ms Lampard:** You will go and meet people first in your drop-ins?
49. **Ms Pincus:** Then refer them to visitors.
50. **Ms Lampard:** Then allocate. You are seeing, are you, more people who you think have mental health problems?
51. **Mr Wilson:** Yes. Could I maybe clarify the figures a bit, and also the process? Generally speaking, there is a point of first contact with us, so there is a free phone line from Brook and Tinsley to us. Detainees might self-refer. They might be referred by the Welfare teams in both Centres. We will probably go on to this, but of whom we have generally a very good impression. Also, other agencies going into the Centres, such as the Samaritans might refer those people to us. We did some kind of support for over 1,000 detainees in 2017.
52. Some of the things that people are referred to or contact us for help with we might be able to resolve over the phone because there is something quite simple. For example, giving phone card top-up or second-hand clothes, we can speak to them, take details, give things over the phone or take things in.
53. That is everyone that we might have contact with. Of those people there will be some who ask for further help and we will then arrange, and almost always, before they get to the point where they might see a volunteer, a visitor, we will arrange for staff to see them at what we call our drop-in, but isn't really a drop-in because we don't have access right into the Centres. We don't sit in a place where people can just –
54. **Mr Marsden:** This is in visits?
55. **Mr Wilson:** We only have a drop-in in Brook at the moment, anyway, but there's the visits hall, and next to it there's the legal visits corridor. Our drop-in is in one of those legal visits rooms. That's as far into the Centre as we get, so the drop-in is actually pre-arranged, theoretically half-hour slots. The person will

have already made contact with us and we will have arranged that time with them, which, in itself, is a barrier to someone who has particular language issues or particular vulnerabilities and mental health issues, just making that first contact with us, then us arranging a time and seeing them, and sometimes being allowed to the legal visits corridor by the officers will be an issue. That all in itself is a block.

56. **Ms Chambers:** Just to interject, is it also worth explaining ~~the block~~, the fact that we are only allowed to see people once in that quieter drop-in environment. Which, if you are thinking about people who are very severely ill presents difficulties. People who are highly unwell need, the opportunity to build trust and the opportunity to do so at a one off meeting is very limited. This is build a relationship with that individual is very narrow due to the practical arrangements imposed by guidelines of the Detention Centre itself.
57. **Mr Wilson:** Yes.
58. **Ms Chambers:** Thereafter, members of staff are only allowed to see detainees in the general Centre.
59. **Mr Wilson:** Yes. The volunteer visits when they happen happen in the visits hall, and that's visitor groups generally. We will definitely go on to this, but we have sometimes a complex relationship with Centre Management. We have had this drop-in in Brook for several years now, but it is fair to say that there have been question marks over it, and it is a discretion ultimately.
60. **Mr Marsden:** Of the Centre?
61. **Mr Wilson:** Of the Centre. If we ever got to the point where it was stopped we would challenge that as far as we could, but it is a discretion. Those rooms are generally used by solicitors and by the Home Office to meet with detainees in private.
62. **Mr Marsden:** This comes with something you mentioned last time, James. I am not making judgement about this, I am just reflecting back what I think you said last time. It was something about what they see you doing, and it is somehow straying over a boundary that they don't feel comfortable with.
63. **Mr Wilson:** Yes.
64. **Ms Lampard:** If somebody, though, you see in a drop-in who is clearly in need of more time to be able to articulate their issues and for you to be able to build some trust with them, could you not just see them in the visits hall, arrange to carry on the discussion in the visits hall? It is not ideal, it is not private.
65. **Mr Wilson:** Yes, and it is very, very rare for that to be blocked. That could happen.
66. **Ms Lampard:** Have you done that?
67. **Mr Wilson:** We have done occasionally. The difficulties with that are it is not private, so it is difficult and the detainee may well not feel, particularly if somebody is particularly vulnerable speaking openly in that sometimes really busy environment with officers round the sides of the room and children playing and conversations might be very difficult. There are all kinds of things that could be challenging there. It may have been difficult for us to arrange, particularly with somebody very vulnerable and very shy, they might find it difficult to trust someone or talk about their feelings. It may have been a challenge for us to arrange that first meeting with them.
68. There is also a practical issue around staff time because we come in at those fixed points in the week and see as many people as we can in half a day in

those drop-in sessions. However, our coordinators are all part time and under huge pressure.

69. Also, there are limits in the paperwork we can take in to the visits area. We can't take papers and ask people to sign them in that area normally.
70. **Ms Lampard:** However, you can do when you are having your drop-ins I understand.
71. **Mr Wilson:** Therefore, it is far less easy to have a proper conversation, and, certainly, if we are thinking about issues of somebody revealing just how hard they are finding things or, as clearly happens on occasions, if they were talking about, say, feeling under threat from other detainees or even potentially from staff, it would be far more difficult for somebody to talk about that in the visits hall.
72. I just wanted to clarify the process, to come back to your question about visitors raising issues. One of the things we will talk about in the drop-in session with the detainee is whether they might like a volunteer visitor. That is one of the key things we will talk about because volunteer visiting is something quite specific. It is primarily about emotional support. We just need to be very clear. We want to offer it to everyone who needs it, but we want to make sure that people are clear on what it is and what it isn't. If they would like a visitor we will then go away and allocate them to a volunteer visitor. Almost always, by the time a detainee sees a visitor they will have already seen a staff member and will have got quite a lot of information already. There are volunteers then saying, "I am really worried about my detainee".
73. **Mr Marsden:** The range of issues covered, then, in a drop-in session, is that driven by the detainee –
74. **Mr Wilson:** We have a form where there is quite a lot of information we will potentially take, but what's discussed in a particular session is led quite a bit by the detainee. By what we already know about them from speaking to them over the phone or the referral we have had, what their experiences are.
75. **Ms Pincus:** You may have someone who is exhibiting a shower of anger and frustration. You may have someone who is hallucinating, thinks they have ants crawling over them, sees a mouse in the corner that they think is going to eat them. You may have people that hear keys outside and has a flashback to when they were in prison in Turkey. People disclosing sexual abuse in the past, or things that they experienced when they were imprisoned in their own country who are not going to have the same conversation in a packed visits room, and you are not going to explore areas that are going to be triggers for people when we know that there are different manifestations of their mental health that they are liable to display.
76. **Ms Lampard:** Do you specifically train your visitors to be able to deal with people who have various severe mental health problems?
77. **Ms Pincus:** We don't train them as counsellors. We give them support to try and make sure that they aren't themselves vicariously traumatised, but they are responding on a human level.
78. **Ms Lampard:** If you have somebody who is quite severely mentally disturbed in the way that you describe, how would you go about matching them? They say

they want a visitor, they are able to manage that and organise the visits. How do you go about matching them to a visitor?

79. **Ms Pincus:** First of all I should say that we, as staff, have the opportunity to meet regularly with a psychotherapist and we take cases to her and she advises us on our best response to people who are in crisis with those kinds of mental health problems. Some of that information we might feed to individual visitors who need the confidence to be able to follow their instinct to interact with people. We very fortunately have a bank of visitors, some of whom have visited for 20 years with us, who have a wealth of experience – not just life experience, but experience of visiting, so we wouldn't match someone like the cases I have described with a new volunteer.
80. **Ms Lampard:** I just want to press you on this again because I want clear evidence about this. Your view is that that is more of an issue for you now than it has been in the past?
81. **Ms Pincus:** It is certainly the case, I think.
82. **Mr Wilson:** Yes. It is difficult to obtain clear data.
83. **Ms Lampard:** Of course it is. I am just asking for your impression and I am very conscious about what Hannah said about the fact that you are only seeing those who have got through the gateways to get to you. There may be many more who haven't got through the gateways, but it is significant if you are seeing nonetheless.
84. **Mr Wilson:** There is a bit of –
85. **Ms Chambers:** 25 per cent of people have some form of mental health illness. It is quite a high proportion.
86. **Ms Lampard:** That is what you reckon you are seeing?
87. **Ms Chambers:** That is what the statistics that we have been collating over the last year indicate.
88. **Ms Pincus:** 75 per cent, was it, indicating self-harm?
89. **Ms Chambers:** It varies. If you are interested in a summary package, then probably the best thing for me to do is to write to you because I am conscious, not just because of the tape going, but I can [only](#) give you the broader trends [during this discussion](#).
90. **Ms Lampard:** Could you? Thank you.
91. **Ms Chambers:** Certainly, more detailed information is available.
92. **Ms Lampard:** Yes, I don't need a PhD on it, but something that indicates your impression of what the prevalence of the outcome is.
93. **Ms Chambers:** Yes. It is not just our impressions. Some of this is based on individuals disclosing their, but also we do obtain medical records, so we do have the doctor's assessment of the situation too.
94. **Mr Marsden:** The other thing that's probably plain, I think, from both Yarl's Wood, but also Brook House is the relationship between these institutions and Mental Health Services is also a critical one. Mental Health Services, themselves, just caring for the general population, have changed enormously in the course of the last ten years, as in serious mental illness that would have perhaps been managed on an inpatient basis now is routinely managed in the community.
95. **Ms Chambers:** Yes, and I think it is fair to say that the detainee population faces particular difficulties because they could be dispersed.



96. **Mr Marsden:** Yes, absolutely.
97. **Ms Chambers:** They could have a new address and they are released from detention and picking up and accessing services can be very difficult.
98. **Mr Marsden:** Yes, absolutely.
99. **Ms Lampard:** I am conscious we are going to otherwise take up too much time, but I wanted to move on to what you were suggesting about the relationship between you and Management. Could you tell us something about that, and how may that have changed over the recent period, just your reflections, perhaps, on Management generally, and your relationships with them?
100. **Mr Wilson:** Talking with other visitors groups around the country, the relationship with Centre Management will be different Centre to Centre, and different over time. That across the different relationships there can be suspicion at times of what the groups are doing versus an awareness of the value, that is a bad word, but the support they are actually giving to detainees, and in a way, helping Centre Management in lots of ways.
101. I think it is fair to say we have had a delicate relationship with the Centre Management at Gatwick over quite a long period of time. I have been in post not two years yet. My predecessor was here for nine years, and from my impressions in speaking with him I think it has been quite a similar pattern that happened in his time that the Charity has continued with me. We raise issues when we need to, but it is not always an easy one. There is a suspicion around. This is from G4S Managers, but also Home Office Managers who, when I have been in meetings, there have been both of them in the same room and very much with the same message is that they are absolutely fine with what they refer to as social visiting, so the volunteer visitors. There are practical things we provide, such as clothing and phone cards are non-controversial, but the suspicion of the word 'casework' and of us, in effect, advocating for detainees, both for their release and for their immigration case, which, as I have pointed out, is illegal. If we were doing that, it should be raised as a very serious issue, and that is a very clear line that we are clear on, but also with us raising concerns with the Centres about people's wellbeing and the support they are receiving, there is that suspicion of that.
102. **Ms Lampard:** You think that you do not advocate in relation to advocating to individual cases, immigration cases, or you do?
103. **Mr Wilson:** It is complicated the word 'advocacy' because we talk about it quite a lot in our commitments for funders and the Coordinators actually have the word 'advocacy' in their job titles. It is Detainee Advocacy Coordinators. However, we can't 'advocate in the strict sense of the word'; we are not solicitors, and we are not OJASC accredited, so we can't represent people.
104. **Ms Lampard:** However, you can, for instance, can you, raise the fact that there may be mental health issues at play.
105. **Mr Wilson:** Yes.
106. **Ms Lampard:** Therefore, suggest to the Centre that somebody might need specific types of care?
107. **Mr Wilson:** We can do that, yes, and advocate around welfare matters.

108. **Ms Lampard:** You could also suggest to the individual that because of their mental health issues they need to see BID, or they need to see a solicitor, and you can put them in touch with that?
109. **Mr Wilson:** We do a lot of that. We can signpost or refer to groups such as BID, Medical Justice, solicitors.
110. **Ms Lampard:** Do you think that that is objectionable to G4S and the Home Office?
111. **Mr Wilson:** Yes.
112. **Ms Lampard:** They give you the impression that that is objectionable to them?
113. **Mr Wilson:** Yes.
114. **Mr Marsden:** James, when we last spoke it sounded as though the source of that objection was that people that you were meeting with at that time who, I think was Dan Haughton and Paul Gasson.
115. **Mr Wilson:** And Steve Skitt, yes.
116. **Mr Marsden:** Yes, and that Steve had been more positive but had become gradually less enthused, and it is about that particular issue. It is about that particular issue of what you described as the casework, that where they think you are encroaching on a –
117. **Mr Wilson:** Yes. I have met with these Managers, and it has generally been Dan, as you say, and Steve, and his predecessor, and Paul Gasson has been in every meeting I think that I have been there. We have had meetings that have been more positive and less positive, we had a draft Memorandum of Understanding around our drop-ins, which was drafted before my time in the Charity, which was never signed or completed, and still hasn't. We were talking about the wording of that that they have been keen on, and I was keen that if we agreed it, that it protected us rather than otherwise, but, yes, we had two meetings last summer, I think in June and then August which were particularly difficult. It was very much around concerns from Centre Management's point of view, and central to that was us referring people to other agencies and raising concerns about people who were particularly vulnerable.
118. **Ms Lampard:** Just to be clear with me, do you campaign for individuals? I am clear in my own mind what the dividing line is for you, I think, which is that you are championing their case in the sense of giving them legal advice or that sort of thing. You are identifying where there may be issues –
119. **Mr Marsden:** Issues of care.
120. **Ms Lampard:** Issues of care, but also issues to do with how they are and those might touch on whether or not it is appropriate for them to be in detention at all and I can see the line there.
121. The question for me is if you were to encounter somebody who was extremely mentally unwell, for example, would you see it as your role to champion or campaign for them specifically?
122. **Mr Wilson:** No, but when you say campaign you are thinking about –
123. **Ms Lampard:** Public campaigning -?
124. **Mr Wilson:** Us starting a petition – no.

125. **Ms Lampard:** Or writing letters in your own names?
126. **Mr Wilson:** What we would want to do is make sure that we did what we could for the person, in terms of making sure that they were linked in with the appropriate support. If they had a solicitor we might well help them keep in contact with them. If they didn't have a solicitor and it was possible to find somebody to represent them we would try to do that. We may raise issues to the Centre Management if it is about their actual conditions of their detention and their particular concerns.
127. **Ms Lampard:** Yes, I understand, thank you.
128. **Mr Wilson:** None of that would be legal representation advice or campaigning at all in the sense that you mean.
129. **Ms Lampard:** Thank you for making that clear. Where do you think you are now? You were going to have another meeting, weren't you, with them, and how did that go?
130. **Mr Wilson:** I think we talked about this a bit when we met a few months ago less formally. Two weeks before *Panorama* came out, so in August I had a meeting with Steve and Paul Gasson, Dan Haughton wasn't there, where they said that they were very seriously considering taking our drop-ins away. Earlier in the year they had queried with us when there were particularly vulnerable people the process that we were following.
131. **Ms Pincus:** Can you describe that email?
132. **Mr Wilson:** The email?
133. **Ms Pincus:** That I sent about –
134. **Mr Wilson:** Yes.
135. **Ms Pincus:** It is an example, and I think it is quite a good example.
136. **Mr Wilson:** I will, yes. The background to this is that they had earlier in the year said, in effect, "we don't like the fact that you are, when you are seeing people that are very vulnerable and you are referring them to groups", such as particularly they were mentioning IMB and also The Forward Trust, who are the drug support group, but also implicitly groups like Medical Justice and BID. They didn't like those referrals and they wanted all of us to refer any vulnerable people that we saw straight to Centre Management. I, at the time, drew a distinction because for various reasons we are not going to refer everyone we see. When somebody tells us something in confidence it is not necessarily going to be appropriate or helpful for us to talk to Centre Management about it. There has to be a clear line if we see someone who is in imminent danger, has active suicidal thoughts and we are not sure the Centre are already aware of those things, which usually quite often they will be, but if we don't think they are aware of them, then we do have a responsibility to raise that with Management. That is different from seeing somebody with any kind of vulnerability –
137. **Mr Marsden:** How would you know whether the Centre did know?
138. **Mr Wilson:** I think quite often it would be clear. We will talk about the Healthcare support if there is somebody who is vulnerable and is ill, and it is quite typical for for them to say, "I have been going to Welfare, I have been going to Healthcare. I can't get an appointment."
139. **Ms Pincus:** Somebody who previously told the doctor that they have a plan for attempting suicide, or be in the wing where they are put when they are considered to be a risk to themselves.
140. **Mr Wilson:** Yes. We had tightened up on our procedures in terms of where we absolutely have to refer somebody to Centre Management we did it, but we

Commented [JW1]: For clarity: myself, Ms Lampard and Mr Marsden met – this doesn't refer to a G4S meeting.

had been very careful about the procedure so that when we were, where appropriate, referring to Management, that we were copying the right people in. When I met with them in August, though, the concern had moved on to the fact that we were raising these concerns even with them. They cited ~~an~~ three examples that each of the three Coordinators had — respectively — raised in the last few weeks, concerns about particular detainees.

141. Anna had emailed Dan, I think, wasn't it?
142. **Ms Pincus:** Yes.
143. **Mr Wilson:** Was it about a detainee who was requesting to be moved back to Tinsley?
144. **Ms Pincus:** It was someone in crisis.
145. **Mr Wilson:** Yes.
146. **Ms Pincus:** I thought he was on the verge of reaching the scale of being suicidal, but I thought it was still possible that he might not reach that point. I felt that it would be better for him to be in an environment at Tinsley House, so I wrote a very respectful email saying, "I don't know the full history of this person, but please would you consider transferring him to Tinsley House for these reasons?" What was it?
147. **Mr Wilson:** I don't think they used the word 'belligerent' but they thought it was insulting. They said it was insulting that we had raised these concerns.
148. **Mr Marsden:** As in, it is our job to manage the Centre, and how dare you tell us how to do it.
149. **Mr Wilson:** Yes, and it is insulting —
150. **Ms Pincus:** However, I hadn't told them.
151. **Mr Marsden:** No.
152. **Ms Pincus:** I had just politely said —
153. **Mr Wilson:** The other examples were, and, again, these were things that had been raised by the other two Coordinators at the time, again, meticulously polite emails and respectful emails. I think I mentioned this one earlier, but a detainee who had had his feet very badly burnt to the point where parts of his feet had been burnt away.
154. **Ms Pincus:** He could only stumble into the room.
155. **Mr Wilson:** He could only stumble into room.
156. **Ms Pincus:** He couldn't walk in a normal way.
157. **Mr Wilson:** It was somebody our colleague saw in a drop-in. As Anna said, stumbled into the room, clearly needed some walking support and wasn't provided with crutches. She wrote very politely to Healthcare, copying the appropriate Managers to say, "we would really appreciate if this could be looked at as soon as possible." He was eventually provided with crutches, but I think, from memory, about two weeks later. It was a significant gap from him stumbling around the Centre.
158. **Mr Marsden:** Was his case raised with you when you went?
159. **Mr Wilson:** Yes.
160. **Mr Marsden:** I remember you telling us something about this.
161. **Mr Wilson:** Yes, they raised this with me in the August meeting and were aggressive about it. They said, "firstly, this is exaggerating the situation. His mobility wasn't that bad. If he was outside in the community in West Sussex it would have been far longer for him to get crutches than he was, so we are actually providing a better service of support." Our colleague had put in her

email, "if it is an issue of physically sourcing some crutches we could probably find some amongst our volunteers." That was a completely genuine offer. I don't think it is our job to supply medical equipment to the Centres, but we would have put a message round volunteers and obtained some if it was just that to help the person, and they found that offer very patronising and insulting.

162. **Ms Lampard:** Who answered those emails? Who was it that was particularly saying that to you? Was that Steve?
163. **Mr Wilson:** Both of them, but it was Paul Gasson, the Home Office Manager, who said, "it is insulting to think that we would need you to do that because G4S has lots of money. They would be able to supply equipment. We could supply this. This is just an insulting thing. We assess everybody. Everybody who comes in is assessed and the support is provided."
164. **Mr Marsden:** Part of this is about them, rather than seeing the opportunity to have a constructive relationship with you where you are offering insights and the like, they are antagonistic towards any suggestion.
165. **Mr Wilson:** Yes.
166. **Mr Marsden:** They think it is encroaching on their management of the place.
167. **Mr Wilson:** Yes.
168. **Mr Marsden:** It is raising questions about their competence.
169. **Mr Wilson:** What they also think, and this is reading between the lines, I think, but also literally what they say in some points in these meetings is they think that we take the detainee's story as gospel truth~~h, so the absolute~~. Where the detainee says, "this has happened to me. My case is this and this. I am being denied this. I am locked up this number of hours", we take that as absolutely true and are advocating for them and taking that at face value, and that we are, therefore, quite naïve because there is usually more to stories than one side reports. Whereas, actually, as I pointed out, of course we are aware of that, and the manner in which we raise things and we can show this from the emails we send them is very, very polite, very respectful, and we don't do it every day by any stretch. We don't inundate the Managers with concerns, but where we, for example, see someone who is not able to walk around the Centre we politely say, "we would really like this to be looked at."
170. **Ms Chambers:** In the context of that, the medical records actually reflect the fact that the person had very significant mobility difficulties, was falling and Healthcare was also concerned. This was not an issue of people perhaps getting excited about something and taking a story at face value. It was reflected in certain-the clinical records too.
171. **Ms Lampard:** There are, of course, confidentiality issues, but if you were able to give us examples of the sorts of emails you have written, I think that would be helpful to us.
172. **Mr Marsden:** Yes, and the kinds of responses you received.
173. **Ms Lampard:** The kinds of responses you received. I am happy to receive them redacted or blacked out, because I don't think we need to know the names of these people, but I think that would be helpful because I think there is an issue of a closed culture that doesn't listen to –



174. **Ms Pincus:** A closed culture, yes, but I don't think focusing on the individuals like Paul is at all helpful.
175. **Ms Lampard:** No.
176. **Mr Marsden:** That is not what we are being asked to do.
177. **Ms Pincus:** No, because it is not individuals. The whole thing is the broken culture.
178. **Mr Marsden:** I don't think you can –
179. **Ms Pincus:** That reflects the culture of disbelief of the Home Office.
180. **Mr Marsden:** That may be, but I think in terms of evidencing the kind of impact of that disbelieving culture is useful to have – examples. We don't actually have to name people.
181. I don't think that's helpful, but on the other hand, if we were to say to G4S that, actually, we think there is something wrong with the culture of the place and that people don't accept the views of other agencies that are visiting, or don't accept suggestions and are antagonistic towards it. Then we need to be able to cite real examples rather than –
182. **Ms Lampard:** Just say that, "it is has been told to us that -". The other thing to say is that, of course, one of the issues that I think arises in respect of the *Panorama* is a concern probably further up G4S that they didn't know, they weren't cited on the issues and the culture within this organisation. Of course, I think it is very pertinent to that if you have a culture within Management that doesn't take criticism, that isn't open and doesn't share matters of concern, both with you in an open fashion, but it probably suggests that they won't be doing it up their own chain too.
183. **Mr Wilson:** Yes.
184. **Ms Lampard:** Please, if you don't want to share this stuff with us don't –
185. **Ms Pincus:** No, we do.
186. **Ms Lampard:** However, it makes much more power to our discussions of that particular issue if we are able to cite examples of clearly –
187. **Ms Pincus:** It doesn't make it better by getting rid of a couple of –
188. **Mr Wilson:** No.
189. **Ms Pincus:** By some individuals.
190. **Ms Lampard:** We are not suggesting that.
191. **Ms Pincus:** No.
192. **Ms Lampard:** It is not within our gift to do that anyway. This is, as you rightly point out, a cultural issue, but it's –
193. **Mr Marsden:** However, the culture stems from somewhere and people are, how they behave, are at the root of it, and whether it is that they have taken this culture from other people or whether they are instigators of it, and, people who are in the Management chain in Brook House have a powerful sway over how people behave, think, and relate to detainees, and the like.

194. **Ms Lampard:** There is a wider issue too, isn't there, about whether or not they have identified where they stand within this system. Is there an over-identification with Immigration Removal and the Home Office and their ambitions?
195. **Ms Pincus:** Yes.
196. **Ms Lampard:** Or are they actually just a provider of humane accommodation for people who are going to be removed?
197. **Ms Pincus:** Yes.
198. **Ms Lampard:** There are two aspects, I think, to what you are telling us.
199. **Mr Wilson:** I completely agree with Anna's point, I think in terms of it being a culture rather than particular individuals -
200. **Mr Marsden:** Culture comes from people.
201. **Mr Wilson:** Yes, it does.
202. **Mr Marsden:** The more senior those people are, particularly locally, the more influential they are. Steve Skitt, for example, is the Deputy Centre Manager. How he behaves, how people around him behave will have a significant impact on how officers behave. You can't escape from that.
203. **Mr Wilson:** No, but I was just going to say to illustrate the fact that it is not just about a small number of staff having particular suspicions, or views, or similar approaches to things. It has almost been comic in every meeting I have been to with Management so far, they will refer to three or four incidents from literally going back five or six years as points when they think staff or our volunteers have stepped over lines. I won't go into these incidents, but let's say they are at least debateable. I don't mean to be flippant, but we are not talking about giving Immigration advice or doing anything illegal, we are talking about things where they think we have gone too far and there is far more to it than that, but all going back a long way, so well before my time in the organisation, but also usually before any of the Managers in the meeting. It is about a memory that they know that they have been told something -
204. **Mr Marsden:** A mythology.
205. **Ms Pincus:** Yes.
206. **Mr Wilson:** Yes, and I actually had a much more positive meeting with a Home Office Manager who is based at Tinsley a couple of weeks ago with a view to setting up a drop-in in Tinsley, which was quite a constructive meeting, but she referred back to things, again, that happened way before she arrived as some things that she has heard.
207. **Mr Marsden:** That passed on.
208. **Mr Wilson:** Yes, and it is an impression of us based on - literally, in one case we are talking about something that they took exception to that we tweeted five years ago. The number of clothes bags we provide, the phone cards, 40 or so visitors visiting one a week, all the emotional support we give, all of the things we do, seem to be outweighed by these small, historical incidents - I suggest that there is a culture, a reaction towards us. I do think it is telling, and, again, you could bounce this between looking at the individuals and the culture, but I do think it is interesting that every meeting I have been to, and I think this also happened for my predecessor with the Management that the Home Office Manager has always been there with G4S Managers - one message from the same perspective, and you would think in theory -

209. **Mr Marsden:** Saying the same things.
210. **Mr Wilson:** You would think in theory –
211. **Mr Marsden:** There is tension between them.
212. **Mr Wilson:** There should be some kind of, at least, gap between them because G4S are contracted by the Home Office to –
213. **Ms Lampard:** James, have you had a subsequent meeting since that August one?
214. **Mr Wilson:** No, not with those Managers. It has all gone quiet. I wrote to them in September, after *Panorama*, but not particularly in the context of *Panorama*. It was following up from that meeting, filling in things in notes. I was asking for another meeting because the August meeting left things unresolved. They were saying, “we are really, really thinking about ending your drop-in.” They haven’t been back to me to arrange another meeting.
215. **Mr Marsden:** They haven’t ended the drop-in?
216. **Mr Wilson:** However, they also haven’t said anything about ending the drop-in. They haven’t come back to me with any kind of –
217. **Mr Marsden:** There is no MOU?
218. **Mr Wilson:** There is no MOU. The MOU is an interesting one. What we want is to have as much access as we can so that we can support them as best as we can. If an MOU helps protect that, then fine, but we don’t want one for the sake of it.
219. They haven’t changed their rule about us not seeing people more than once, but we occasionally ask for an exception for that, and they have on the two or three occasions I have asked in the last few months, they have agreed to it, which was a contrast to it being just refused blankly over the summer. It feels that the dynamic has changed subtly.
220. **Ms Pincus:** However, we haven’t been allowed our focus group.
221. **Mr Wilson:** We try to run regular focus groups for people that we are working with in detention to get feedback for funders, and for us, as a Charity, which hasn’t been problematic in the past and they haven’t been back to set that up. They haven’t been particularly responsive.
222. **Ms Pincus:** There was a Director in the past, Chris Milliken, who allowed it. We were given a room in the Centre and we were allowed to invite people and we did a focus group, but since he left it has always been refused.
223. **Mr Wilson:** Yes.
224. **Mr Marsden:** What did the focus group cover?
225. **Ms Pincus:** It was entirely for us, saying are we providing a service? Is there anything we should be doing that we should be doing better? Are you happy with the visitor –?
226. **Mr Marsden:** It was having detainees give their views about it?
227. **Ms Pincus:** Yes.
228. **Ms Lampard:** Can we move onto the IMB, because it is quite interesting about your discussions about the IMB, and I think you were going to have a further meeting with them. Did you have a further meeting with them?
229. **Mr Wilson:** Was it October when we met?
230. **Mr Marsden:** 24 October.

231. **Ms Lampard:** Yes.
232. **Mr Wilson:** We met with the IMB in November here. I think, and maybe Anna will have more to say regarding the history, going back.
233. **Ms Pincus:** Yes.
234. **Mr Wilson:** I think it is fair to say that we have a friendly relationship with the IMB, it is not always clear how independent they actually are from the Centre. The feeling is that they are a little too close perhaps to Management, and that's reflected in their reports.
235. We arranged a meeting in the wake of *Panorama* with the IMB in November. Most of the IMB came to that, and we had a very friendly meeting.
236. **Mr Marsden:** Did that view of them continue from the -?
237. **Mr Wilson:** I hoped that in the wake of *Panorama* and the shocking scenes that were captured on *Panorama* that the IMB might have done some reflecting on, clearly, not everything is being picked up here. We completely respect that the IMB are also independent from us and they are meant to be. If they are to be independent they are not there to advocate for detainees. They are particularly there to monitor the Centre in as neutral and as impartial way as they can. We thought they might want to build closer links with us and be more open to referrals from us so that they could maximise the concerns that were raised to them, they could make sure that they look into things when they happen, and that wasn't the impression we got from that meeting. I can send you some notes if it is useful, because we do have some.
238. **Ms Lampard:** Yes, that would be helpful.
239. **Mr Wilson:** ~~The general points were that~~ To say that they were defensive of G4S is perhaps strong, but they certainly referred to *Panorama* and said that they thought that it gave a distorted picture. They referred to the incident where an officer is strangling a detainee on the ground. They referred to that as being clearly unacceptable, but they said, "if you look at the rest of the programme it has been over-dramatised. It is news that has been very selective from months of footage, and it doesn't show a real picture of the Centre."
240. They don't mind receiving referrals from us, but they were much more focused on getting referrals directly from detainees, and they felt that some of the cases we had raised with them in recent months prior to November, they hadn't been sure what to do with.
241. One of the things they referred to in my August meeting with Brook Management was somebody who we flagged up to IMB and the Centre Management weren't happy with us having raised this with IMB and they read out our email that we had sent to IMB. It was about an age dispute case. We had said to IMB, "we are concerned about this person." IMB had referred it straight back to us, and said, "we think this is beyond our remit -". There is no indication here that G4S are doing anything wrong."
242. **Mr Marsden:** James, your point about the - too close to G4S, you could look at their view about *Panorama* as they are just being independent minded, but are there other examples where you think they have been partial, or where they have turned a blind eye to something that has happened, or simply not been challenging enough with G4S about something?
243. **Mr Wilson:** I am sure we do have examples -.

244. **Ms Chambers:** I want to say that the piece of work that I did for the second Shaw review traces a lack of reporting ~~regarding, and there are~~ medical concerns, and to the Home Office. ~~There are clear case studies of~~ There is a complete dearth of information about the context in which somebody may have been deteriorating, potentially deteriorating quite rapidly in detention. There are ~~definite~~ clear examples of the Centre providing where there will be information provided to the Home Office about an individual's behaviour, often at times aggressive behaviour, which will give a particular security context to the way that individual is being managed. ~~This then impacts on, and potentially~~ the way Home Office decisions are being-made on ~~their-that~~ case, and-including the decision to keep the ~~personm~~ person in detention. ~~B,~~ but no clinical information is being-given about their ~~mental illness~~ diagnosis or the fact that they are becoming more unwell. There is a complete disparity between what the Home Office is seeing, which is aggressive behaviour, ~~with-and~~ none of the ~~clinical~~ context in which to explain that behaviour.
245. **Mr Marsden:** Is that because Healthcare aren't providing information?
246. **Ms Chambers:** ~~W/it is hard to say, because what we~~ have access to the are-seeing is-the medical records ~~and they provide no evidence that this information is shared.~~
247. **Mr Marsden:** Yes, and what do you think the IMB's role in that is?
248. **Ms Chambers:** I think it is difficult, because I think a lot of this comes down to management of information and the paperwork. IMB potentially can seek access to these kinds of documents, but there is no easily accessible independent body with access to this information as a right.
249. If you think about how people are managed under the Mental Health Act, that there are all sorts of independent advocates, etc., who have a strategic ~~policyy~~ role to protect and safeguard the rights of people who are mentally ill and can't advocate ~~for~~ themselves. There is a complete lack of that kind of structure around safeguards in ~~immigration~~ detention. ~~This, -and-that~~ is when, ~~I think, quite often~~ you get this quite stark gap between evidence about what is actually happening and ~~the-yet impartial-lack of~~ evidence being provided ~~to the Home Office~~ and ~~the this then adversely affecting~~ decisions to detain passed.
250. **Mr Marsden:** The IMB has a role that it feels more organisational in its function?
251. **Ms Lampard:** Having said that, if the case of the individual who you think is an age dispute case comes to you, that is an organisational issue, isn't it, in the sense that you would not, as a Detention Centre, wish to have an individual under-aged person in your Adult Immigration Removal Centre, and the IMB. I think, probably is duty-bound to ask itself are the right steps being taken to ensure that we are not housing somebody who should not be here? That is a slightly different thing to championing the case of an individual and saying, "this is necessarily an age dispute case, and this person must be let out."
252. I think they may have made the wrong call.
253. The IMB, I think what you are telling us is rather accepting of the status quo. That would seem to me to be as high as you are putting it. Do you think it is over-influenced by individual members? Have you identified that as a particular issue?



254. **Mr Wilson:** Individual members of the IMB who I wouldn't be able to pick out. I wouldn't be able to –
255. **Ms Lampard:** Say that, okay.
256. **Mr Wilson:** In the meeting in November we talked a bit about our sometimes challenging relationship with Centre Management and the things that had happened earlier in the year, and the response from the IMB was to actually try and advise us on how we could get on better with Centre Management. They very much sounded the same sorts of concerns about our casework. They said, "G4S feel you are stepping over the line in terms of the casework you do and the advocacy you give people. You need to think about sticking more to your core work and convincing them of that." It was very sincere. It was advice on how you can have a closer relationship with Centre Management.
257. **Mr Marsden:** Which is, get your tanks off their lawn as they see it.
258. **Mr Wilson:** Yes.
259. **Ms Lampard:** Which is slightly to misunderstand your role.
260. **Mr Wilson:** Yes, we want –
261. **Ms Lampard:** Possibly to misunderstand their own.
262. **Mr Wilson:** Yes. We possibly want a good working relationship with all the parties as we can. Having a close working relationship with Centre Management as its own end is not our aim. We want to support as many vulnerable people as best we can.
263. **Ms Lampard:** That is very helpful. Would you be able to share with us the notes that you made of that meeting?
264. **Mr Wilson:** Yes.
265. **Ms Lampard:** That would be helpful. Just some other issues, please. What would you say about the searching arrangement? Do you ever get searched? Everybody who goes into the visits hall gets searched.
266. **Ms Pincus:** You are searched every time you go into Centre.
267. **Mr Wilson:** Yes.
268. **Ms Lampard:** Would you describe it as a thorough search?
269. **Ms Pincus:** To be honest, it probably varies according to different individuals. There are some people who have probably known me for ten years and there is probably an element of trust, so it is probably –
270. **Ms Lampard:** What sort of search do you have? You just have a pat down, do you?
271. **Ms Pincus:** You have a pat-down search. It is like a search that you would have at an airport.
272. **Ms Lampard:** Yes.
273. **Mr Wilson:** You go through a metal detector.
274. **Ms Pincus:** You go through a metal detector. They take your coat off, look in the pockets. They go through your paperwork that you are taking in, make sure there is nothing hidden in it. It used to be the case that they would look in your mouth and your ears and take your shoes off, but they don't do that anymore.

275. **Mr Marsden:** That is slightly more intrusive.
276. **Ms Pincus:** They used to go through your hair, lift up your hair. They don't do that now. I think it is probably as thorough as it needs to be.
277. **Mr Marsden:** That is every time you have been in?
278. **Ms Pincus:** Every time, yes.
279. **Mr Marsden:** That is interesting.
280. **Ms Lampard:** For all visitors, yes.
281. **Ms Pincus:** Even going to the drop-in in the morning. The same thing happens for representatives and solicitors. They also go through it. We took someone in once and they got to the stage of the search, and, as you know, you sometimes have a spare button in a pocket of a coat. They had one of those, and they were sent back to put the button in the locker, so it is quite thorough.
282. **Ms Lampard:** When was that, quite recently?
283. **Ms Pincus:** No. That was about three-and-a-half years ago.
284. **Ms Lampard:** Okay, and the other thing I wanted to ask you about is the presence of officers in the visits hall. How many officers are there usually in the visits hall?
285. **Ms Pincus:** Usually there are two sitting at the desk.
286. **Ms Lampard:** Do they patrol the room regularly?
287. **Mr Wilson:** It varies, doesn't it?
288. **Ms Pincus:** Yes.
289. **Mr Wilson:** They might sometimes have two or one people just sitting down at the desk and it varies.
290. **Ms Pincus:** They have to walk around generally to let people in and to let people out, so they are patrolling by default, but I wouldn't say it is oppressive at all.
291. **Ms Lampard:** It is not oppressive? Does it feel well managed and safe in the sense of are there volatile scenes of people behaving in a volatile manner?
292. **Ms Pincus:** Not usually. It does feel safe. Very, very occasionally the officers will try to keep people apart. Someone visiting their loved one will want to hold hands, it can make people distressed and sometimes people can get angry.
293. **Ms Lampard:** Do they not let them hold hands?
294. **Ms Pincus:** I have known on occasion for it not be allowed, but I know that they do not want people to pass drugs in the visits room, and apparently that has happened. Therefore, I can understand why they are edgy.
295. **Ms Lampard:** The other issue is staffing levels generally. Do people talk to you about that?
296. **Ms Pincus:** They do. The officers talk to us about it. They are very, very understaffed and obviously that can make staff quite fearful and that doesn't help them to react calmly to situations.
297. **Ms Lampard:** Do detainees talk to you about that ever?
298. **Ms Pincus:** No, they don't, but staff talk to us about it and very often there are delays getting into the Centre because there aren't enough staff to open the visits room or there might be one person on when there should be two people

- so that both sexes can be searched. Sometimes visits are delayed, aren't they, James?
299. **Mr Wilson:** Yes.
300. **Ms Pincus:** I think understaffing is a huge part of the problem by the admission of the officers who work in the Centre. For example, if there is a situation where they need to get people dressed in riot gear, taking on that role is very stressful for staff, sometimes people can be pulled off a duty when they wouldn't expect to have that role and asked to fulfil that role, and that means that they are always on high alert. I think they must suffer terrible anxiety, a lot of the staff in the Centre.
301. **Ms Lampard:** I don't have any more questions. Do you have anything to ask, Ed?
302. **Mr Marsden:** Views about Healthcare, just generally what you pick up? Give us your two-penneth' worth on that subject, or hour's worth.
303. **Mr Wilson:** Hannah can give more examples from medical records and things that she found during her research over the last year.
304. Anecdotally, Healthcare is limited and stretched. People find it difficult to get appointments. I am sure you have heard this before, because it is such a common thing raised by detainees, but detainees report, and, literally, it happened twice the last time I was in drop-in last week. A detainee told us of going to Healthcare with a particular condition and being given painkillers. Healthcare said, "here is some Paracetamol or Ibuprofen", and the detainee said, "no, I need this prescription or cream, e.g., and this is not enough", that being all that was provided.
305. **Mr Marsden:** Do you know any of the individuals who are working there? Do you know Sandra who is there?
306. **Mr Wilson:** No, I don't.
307. **Mr Marsden:** Okay, but generally, access and appropriateness of treatment, as in, "have an Ibuprofen" rather than it being more focused on the individual's needs as they see it?
308. **Ms Chambers:** I think there are a number of systemic issues. I think one of them is that screening isn't very effective, so the notion that people are supposed to be seen within 24 hours: it, that is clear from the medical records that it doesn't happen. S, so you will have people who are overtly vulnerable, clearly, with a complex history coming into detention. They are not seen within the 24 hours, so none of that continuity of care is put together -
309. **Ms Pincus:** Of a particular medication.
310. **Ms Chambers:** Therefore, just that vague platform of basics focussed and planned care isn't happening.
311. **Mr Marsden:** Do we know is it clear whether they declined to participate?
312. **Ms Chambers:** There is no record in the medical records of didn't attend an appointment, or declined, or anything else. It is just the first appointment is scheduled clearly well after 24 hours after the individual has arrived.
313. **Mr Marsden:** Yes.
314. **Ms Chambers:** Therefore, there is a platform of problems there, but there are also further difficulties in the sense of this notion of Rule 35 and the idea of Healthcare reporting vulnerabilities, and reporting not just a medical condition, but fluctuation in moderate vulnerability. That just doesn't happen. There are

plenty of examples from the medical records that we have that Rule 35 doesn't really operate at all with regards to mental health issues. It occasionally kicks in with people who fit a very specific form of traumatic history such as of victim of torture. T, ~~and there~~ has been all sorts of litigation around what that the definition of a victim of torture means, which complicates the picture. B, ~~but~~ the notion that Rule 35 requires medical practitioners to tell the Home Office that somebody's health is being adversely affected in detention, there is plenty of examples that this simply doesn't happen. O, ~~or~~ clinicians they will give an indication that the person is fit to fly, which is a very different test to assessing the impact of detention. It is basically there's a question of whether or not that individual will have a problem with the flight, or whether or not they have a medical condition that means they will be acutely affected within the period of the flight. That is nothing to do with how they an individual isare coping in detention, whether or not they are deteriorating in detention.

315. **Mr Marsden:** Are there any other reflections on Healthcare?

316. **Ms Chambers:** You will have a better sense of this, Anna, but, clearly, the GPs – you see the same things time and time again. The GPs are clearly overstretched, but I haven't seen any evidence that even when people have been becoming acutely psychotic that there is any evidence of advocacy to the Home Office, or those charged with decisions about detention, even in the most acute cases they don't fulfil the Rule 35 requirement. There is no suggestion of additional letters or additional clinical information about a person deteriorating in detention being sent to those with the decisions about detention.

317. **Ms Lampard:** Would you necessarily see that, though, on the medical records?

318. **Ms Chambers:** You would expect if it's a clinical issue for it to be in the medical records. It should be something that should be accessible to each individual, and if there were other channels of information about an individual, a Data Protection Act request, which is what we do, should provide that information.

319. I know we are talking an awful lot about mental health, but there is also the issue of suicidal feelings. T, ~~that~~ is another requirement where Healthcare should be providing information to the Home Office about that, ~~and~~, again, simply the systems that are set-up, there is no evidence on the medical file that that happens. If somebody is very seriously engaging in self-harm there is no Rule 35 report about that. I don't know if it is a training issue, but there is no suggestion that the GPs in the Centre seem to see that as part of their role. They are happy to write reports in a limited context when there is maybe an issue about history of torture, but that won't include, for example, people who may have had sexual abuse on their journey to the UK. That won't be seen as torture, even though it is hugely traumatising for the individual, and there is no record of that to the Home Office.

320. **Ms Lampard:** I have no further questions. Ed, do you?

321. **Mr Marsden:** No.

322. **Ms Lampard:** Thank you very much indeed, all of you.

323. **Mr Wilson:** I would like to add a comment while I think of it. I mentioned this briefly. I wanted to mention in terms of the Welfare teams in both Centres, I would underline that our impressions of the Welfare officers across both Centres,

- but particularly Brook are very positive, but then that is the Centre where we have more contact.
324. **Ms Pincus:** Yes.
325. **Mr Wilson:** Welfare officers seem genuinely dedicated to doing everything they can to help detainees, but they seem incredibly over-stretched. There is an echo of the staffing, that our impression is of literally queues of people waiting to see those people.
326. **At one point - w**We would like more access to the Centre so that we could reach people and support more. At one point a few months back we were discussing the possibility of having a desk right next to the Welfare team further into the Centre where we would sit and work quite closely with them.
327. **Mr Marsden:** Do you know who?
328. **Mr Wilson:** I would have to check back who that was, but I could find out. However, it is notable that the Welfare officers themselves were extremely positive about that idea of us being there.
329. **Mr Marsden:** Yes. I think in the time that we have been in the Centre, being down to Welfare, it is usually pretty busy.
330. **Mr Wilson:** Yes.
331. **Ms Lampard:** Do you have anything you wanted to say, Anna?
332. **Ms Pincus:** I wondered whether we should mention that drugs are an increasing problem in the Centre, and I think it is probably a matter of time before someone dies from using Spice.
333. **Mr Wilson:** Yes.
334. **Ms Pincus:** I am certainly hearing of how many times Paramedics are being called, and I spoke to someone last week who was told last week by the Paramedics he was lucky to be alive.
335. **Ms Lampard:** Did you want to add anything, Hannah?
336. **Ms Chambers:** No. Certainly, the medical records confirm plenty of information about specific drug overdose issues, and that will then impact on mental health, but beyond that, no.
337. Certainly, I have a question for you, which is if we want to give you more written information, then would it be useful to have it?
338. **Ms Lampard:** As soon as possible is the answer to that.
339. **Ms Chambers:** It is half term!
340. **Mr Marsden:** If you send things to us in the next two to four weeks, that's fine.
341. **Ms Chambers:** Okay.
342. **Mr Marsden:** Not this week if you are on half term. We have quite a lot more interviewing to do, and quite a lot of other work to do, so we won't be writing. We are reading all the material as it comes to us, but we won't be writing for a while.
343. **Ms Chambers:** There was also a suggestion that we might be able to point some ex-detainees towards you who have been recently detained who may feel safe enough to actually have a private conversation with you. Is that something that you are interested in?



344. **Ms Lampard:** Absolutely.
345. **Ms Chambers:** If you are, would you be able to give us some written information that we could pass on to those detainees, so we can talk to them about what the parameters will be before they get in touch with you?
346. **Mr Marsden:** We did something similar for BID, didn't we?
347. **Ms Lampard:** We did, yes, except that in the end, the BID people decided that they would –
348. **Mr Marsden:** We provided something to them.
349. **Ms Lampard:** We did, the sort of questions we wanted to ask.
350. **Mr Marsden:** Yes.

*[Interview concluded]*