

Confidential

Independent Investigation into Brook House

Monday 8 January 2018

**Interview with
Dominic Aitken**

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Dominic Aitken

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

1. **Ms Lampard:** Dominic, thank you for very much indeed for coming to see us. For the record, we have explained the basis on which we operate and the fact that you will get a transcript, and if you could just sign it and return it to us with any amendments you want to make, that would be very helpful. Could you begin, Dominic, just by telling us your background, what you do, what it is that has led us to want to talk to you about Brook House.
2. **A.** Yes: my name is Dominic Aitken, I'm a 30 year-old doctorate student at Oxford University, in the Centre for Criminology, and I'm supervised by Professor Mary Bosworth. My background is in law - I studied law at Edinburgh University and I have a Masters, and I'm now doing a PhD. The specific research that I did in Brook House was part of a broader research project which is into response to deaths in custody and to prevention of suicide and self-harm in custodial settings.
3. When I was in Brook House specifically, where I was for about a month, I did a mixture of observations and semi-structured qualitative interviews with staff, which focused not just on issues to do with self-harm and suicide but also more generally about the work that they did, the sort of place that Brook House was, so they were fairly wide-ranging interviews. Also because I did a period of observations there, I had a feel for what Brook House is like: I spoke to senior managers, DCMs, DCOs, healthcare, and spoke to an awful lot of detainees as well.
4. I have also done similar kinds of research in Harmondsworth and Colnbrook, which are collectively known as Heathrow IRC, and I spent a bit of time in a couple of other IRCs, but Brook House is the most recent, and the one that I would probably say I -
5. **Mr Marsden:** Which centres?
6. **A.** I did a tiny bit at Campsfield House, and also a tiny bit at Morton Hall, but the three that I know best are Brook House, Harmondsworth and Colnbrook.
7. **Ms Lampard:** Did you go to Tinsley House?
8. **A.** I did, sorry, I forgot to mention that – yes, very, very briefly. I was shown around, and I attended a meeting which was held in Tinsley House, but I wouldn't say that I know it. The main thing that I would say about Tinsley House is that there is a very, very striking contrast to Brook House – I don't know if you've had a chance to go into either yet, but if you get the chance have a look into Tinsley House, purely to see the contrast with Brook.

9. Q. That's exactly what we plan to do. Dominic, when was your month in Brook House?
10. A. It was shortly before *Panorama*, 25 June was the first day proper of the research, till about 25 July, so it was early July 2017 predominantly, when I was in there.
11. Q. So you were there when the filming was going on?
12. A. Is that right? I wasn't sure if I was -
13. Q. Yes, it's clear from the investigation report that the incident that causes the most shocking film is the incident of the choking of **D1527** and that happens on 25 April. The film is clearly filmed around that time, and the incidents suggest that it was up until about the end of July -
14. A. Really? Because just out of curiosity, I remember when I watched the programme, when I heard it, I remember being terrified that I was going to be in it, and then also wondering who the person was and if it was someone that I had spoken to. I recognised one or two staff faces, recognised one or two detainees' voices, but I hadn't realised I was there at the time, so that's very interesting.
15. **Mr Marsden:** Dominic, when you were there, what did you actually do - how did you spend your time?
16. A. The first couple of weeks I did -
17. **Ms Lampard:** Did you do every day, or did you take time off?
18. A. No, the first week I was there I did five days, then subsequent to that I was usually there for four or three days a week, I would be there approximately eight hours a day.
19. **Mr Marsden:** In the day?
20. A. Yes, I didn't go in overnight, I didn't sleep there or anything like that, I wasn't in on a weekend. Broadly speaking, what I did when I was there, for the first couple of weeks, the simplest way is just hanging around the centre, so I spent at least a full day on each wing, chatting to anyone and everyone I could speak to -
21. **Ms Lampard:** Did you draw keys?
22. A. I did draw keys, yes. I didn't have a radio but I did have keys, and I was basically given free rein to go anywhere. I ended up spending a lot of time on E wing, because there is a lot of action there, that's the wing where vulnerable detainees are taken, but also sometimes people whose behaviour is difficult are often there. Of the wings I was on, I was on E wing quite a lot. I spent a bit of time sometimes just in the courtyards or in the recreation rooms and things, and when I was doing the observations I spent quite a lot of time with detainees and just speaking to anyone and everyone.
23. I spent quite a lot of time just with staff in the staff rooms, chatting to them or occasionally shadowing individual members of staff for the day, and then towards the end I was more focused on doing formalised interviews, a bit like this, with a Dictaphone, and sitting down with people. In those later stages, I was there, but I was there primarily to do interviews, I wasn't learning a great deal new about Brook House from wandering around, but I was learning it from doing interviews.

24. Q. What is the purpose of your PhD? What is your research aiming to –
25. A. What I'm looking at is to try and understand how suicide and self-harm are prevented in a custodial context, and how that fits into the broader organisational and cultural context of institutions which are coercive, in this case an immigration removal centre, but analogously, prisons. I've also done a lot of interviews and research with professionals who do investigations or who write reports on deaths in custody, so that includes coroners, the Prisons and Probation Ombudsman and various people who have done *ad hoc* investigations into deaths in custody. I've done a mixture of primary institutional fieldwork in Brook House, and then I've also done what is referred to as "elite" interviews, with professionals.
26. Mr Marsden: And your interest in Brook House is everything from how they identify people, everyone who is at risk of harming themselves, as well as how they then manage that?
27. A. Yes, I looked at that, but it was also to try and place it in the context of what they do in their everyday work, because one of the important insights I think is - of course self-harm and suicide prevention are very important, staff have a huge number of other competing demands on their time and identifying risk is a very imperfect science, and so when you are actually there, seeing a "live operation", as it's referred to, unfold, you notice all of the constraints the staff are under and the difficulties that they have in identifying risks and things. That was why when I was interviewing them I was asking them more broadly about their working life, about their working conditions, about what they thought about Brook House, what they thought about detainees, etc. It was to try and get a broader perspective and then zoom in on that particular issue.
28. Ms Lampard: What were, in your view, the issues at Brook House when you were there? What were, first of all, the big impressions you had of the place; and secondly, how do you account for – if you have given thought to it - what happened in relation to *Panorama* and what we saw about behaviours there?
29. A. I should probably say that when I was there my impression to it was very different from having now watched *Panorama*, and I would worry that having seen that programme I've gone back and doubted everything I saw when I was there, because I must have been missing so much stuff, or I was so naïve to think that things seemed okay when I was there.
30. The main impression that I have about Brook House, which is similar to other IRCs - I don't think this is something that is distinctive to Brook House really - is that fundamentally detainees do not want to be there, and that detention is very fundamentally opposed to their interests, and they are very vocal about how angry they are, specifically with the Home Office, less so with G4S, was my impression. Specifically they were very angry about the Home Office, they were angry often about the circumstances in which they were arrested and brought to Brook House, or were brought to another centre and then brought to Brook House.
31. If people had been in prison they were very angry about the circumstances of being told that they were going to be detained, because that, they said, came very near the end of their sentence. They had a lot of issues to do with their family, missing their family, concern about where they were being returned to, and feeling a bit disempowered, not knowing when they were going to be

released, and a very acute sense of powerlessness - the pain that they felt was very acute, and they were very, very clear about that.

32. I heard a lot of quite different complaints about healthcare, I don't know if I'm really in a position to judge these, but I heard a lot of people complaining about healthcare, specifically about access to medicine on arrival. They told me that they came with medicine and it was confiscated from them until it was re-prescribed by a doctor at Brook House, and my impression was that that was one of the things that they got off on the wrong foot, basically, with staff there, they felt they couldn't trust the place, they felt it was excessively securitised, I suppose, and the fact that people felt like they were in prison. Brook House is a Category B prison building, and you feel that as you walk around, and as I say, as distinct to somewhere like Tinsley House the difference is very striking.
33. **Mr Marsden:** Was taking the medication off them a symbol of that disempowerment, is that why it's such an issue?
34. **A.** That is my reading of it, yes, that that was just a feeling that they were not in control, that the minutiae of their life were being decided by someone else, and that they couldn't even trust what they would think of as doctors or nurses, so a trustworthy caring profession, they feel that they can't trust those people. I heard quite a lot of, as I say, quite different complaints, but there was a lot of unhappiness about healthcare.
35. Broadly speaking, from my discussions with detainees, I didn't hear a great deal of complaint about the way staff behaved; it certainly doesn't surprise me that in a closed institution like that you could have staff behaving inappropriately though their words or actions. I think it would be naïve to think that that didn't happen, but when I was there that wasn't the detainees' primary complaint, in my opinion. That is looking at what detainees said to me.
36. My own impressions: a thing that I was quite concerned by was on issues to do with self-harm and suicide prevention, I heard a lot of people speak about self-harm in particular as manipulative, or as being in some way sort of instrumental, and that struck me as not a very caring or professional way to speak about an issue that is so serious –
37. **Q.** As in, it's contrived, it's being used to obtain some kind of relief –
38. **A.** No, more that it was being used to try and influence members of staff, being used to try and influence the outcome of someone's case, despite the detainees being told that it wouldn't have that effect; that people didn't mean it, or that they were faking it, or any number of other things. I think that was quite concerning and I feel that there are many ways that that kind of attitude can go wrong and that that can lead to any number of –
39. **Q.** Is that staff who are saying that, or was that Home Office as well?
40. **A.** No, I don't know about Home Office, I didn't speak to that many Home Office people. I did hear staff saying, and I would also probably stress that I heard that, this idea of self-harm as manipulation in one way or another, I heard that from Detainee Custody Officers, so people on the wing. I also heard it from some managers, and I also heard it from some senior managers, and I think that is what concerns me most maybe, because I would perhaps expect that DCOs who work long shifts, deal with detainees regularly, it's tiring, it's

emotional work, it's quite physical work sometimes, they might say things like that. I think it was more concerning when I heard a couple of senior managers or ex-senior managers saying similar things, I thought that was quite concerning.

41. One specific thing that I saw – which was actually on my first day there – there was a nurse, who I believe was on a sort of probationary period at Brook House, who I heard say at least one very inappropriate thing to a detainee, and also privately to me was making lots of very inappropriate remarks. I believe that that person, during the course of my fieldwork - he's no longer employed there - but what I heard him say I thought was very concerning, and very, very unprofessional.
42. **Ms Lampard:** What sort of things was he saying?
43. **A.** This man's name was Chris – I could find his surname in my notes, his surname escapes me just now – this was when I had just first arrived, so I was going to go anywhere and speak to anyone who would speak to me, so shadowed him for quite a lot of the day, and he was doing an initial screening of a gentleman who had just come into Brook House, I think this man might have come from prison, I can't remember. It was a fairly routine screening, I don't think there were any particular concerns about this man, so it was pretty run-of-the-mill –
44. **Mr Marsden:** This is in reception?
45. **A.** Yes, but it was in a private room. One of the questions I think is something along the lines of "Have you had thoughts of suicide or have you ever harmed yourself", questions of that nature, and I remember that the man said no. There were no particular concerns about drug use or anything like that, so it was pretty standard, it seemed, or low risk, low concern, but he said to him something along the lines of – after he's asked this question about suicide and self-harm – "okay, just don't kill yourself in the meantime, think of the paperwork, it's very bad for the trees".
46. Then also privately, the rest of the day, there was a man who was on the netting on one of the wings and was clearly very, very distressed, so this time this nurse I was with was supposed to be doing an assessment of him, but other members of staff were dealing with him immediately, so he was just talking to me and explaining what was going on. I said, what happens, when people are on the netting, how long do they stay there for, could this go on for hours, what might happen? He was telling me all about it, and at one point he said, "I've got a paracetamol here in case he jumps off and has a sore head", or something like that, as in, "if he falls head first and severely hurts himself I could give him a pill". He made lots of very trivialising comments like that.
47. There was something else which he said to me, which has gone out of my head. In terms of unprofessional conduct, that person, who as I say, happens to be on the very first day and I think left the company or was sacked or something during the time that I was there, that was the most individually concerning thing that I heard or saw. Broadly speaking, the staff that I encountered were perfectly good at what they did. As I say, there were some slightly unprofessional attitudes about things like self-harm and suicide, but they weren't really, really concerning.

48. One thing which I did hear a lot at the time, and which, having watched *Panorama* I now feel I should have been asking more about: I heard an awful lot of staff say to me, there are some people that worked here that think it's all about fighting people and it's all about control and restraint, and they love that side of the job, and those are people that are here for the wrong reasons. What they were always saying is that's a minority of staff, it's not me, and they would never name the person or the people that they had in mind, but a lot of different members of staff said that to me, suggesting that there is at least a minority of staff – it might be a very small minority of staff – who do that, who restrain detainees too easily, who enjoy the kind of conflict and bravado. A lot of the things that were exposed on *Panorama*, not just the choking but the incident where, I can't remember the man's name, where he's using these sort of racist slurs and they're preparing to go in and do a –
49. Q. John Connelly.
50. A. John Connelly, that's it.
51. Q. To **D275**
52. A. **D275** yes. In the end they don't do it, but there was this whole kind of horrible posturing beforehand about how this is conflict that we're about to go into, and all that. I heard a lot of people allude to that sort of behaviour or sub-culture - as I say, they were never saying, it's me that does it, or it's my friends who do it, and they never said specifically who it was, but I heard about that. As I say, now, if I were to do my research again, I feel I should have asked more about that. I did hear quite a few people say things like that.
53. Q. Were people saying it to you as in, this is a cause of concern to me and we need to do something about it?
54. A. Yes. To give you a sense of how that sort of conversation would come up, I would often ask, what makes somebody a good member of staff, what sort of qualities do experienced staff have, I would ask what then makes a bad member of staff? One of the first things people who often say was, people who are lazy or people who don't work as part of a team, but also people who are here for the wrong reasons: that would usually mean that they enjoy the kind of power that they have over detainees, they enjoy wearing uniform and carrying keys, and big heavy boots, and the fact that occasionally they have to wear protective equipment and do removals, they loved the kind of physical side of it. It would be in that context that people would sometimes speak about that. Those were all issues that came up –
55. **Ms Lampard:** I suppose you could take that two ways, can't you? It's good that they are aware that there are people who are like that, and they accept shouldn't be like that, but equally, the fact is they've identified that that is a bit of a sub-culture in the organisation. Then the next question is, to what extent do you have to have some people like that when you are dealing with such a challenging population? I don't know the answer.
56. A. Yes, there definitely was a sense that it takes different types to work here, because they had people who were very good at listening, who were very, very patient, very calm, very good communicators, and these people tended to be a little bit older, quite often they were women; and then unsurprisingly they had the big blokes who did the C&R, did the removals, although I was told that that varied according to the nationality or ethnicity of detainees. There was a belief that Jamaican men are very chivalrous and therefore they would have women do removals, or they would try to have that, whereas

Muslim men were believed to be very disrespectful of women, therefore they would have men doing that kind of work. There were some informal stereotypes about the different nationalities, religions or ethnicities of men in Brook House that I heard about, which I should say, I have heard replicated in other IRCs.

57. Q. You've talked to us about what you found in terms of the population and how they felt about being there, and staff too. What did you find in terms of the management of the institutions, was there anything that particularly struck you there?
58. A. There was a bit of a gulf between particularly senior management and those who were DCOs. I suppose that's to be expected in any institution, that there's a perception that the people right at the top don't understand what the people right at the bottom are doing.
59. **Mr Marsden:** Could you have recognised senior management?
60. A. Yes, I spoke to quite a few senior managers.
61. Q. In terms of their visibility, when you were there –
62. A. The senior manager who, from my recollection, was by a long way the most involved in the day-to-day running of the centre, was Michelle Brown, who is now the Head of Security but has had a variety of different posts. When I was there, I spent a lot of time speaking to her and she was very, very open and remarkably transparent about things, and was very, very kind to me personally, but was able to tell me an awful lot about the organisation and I think seemed quite involved.
63. As I recall, Ben Saunders, who was at the time the Director, was a bit aloof, and I suspect DCOs wouldn't have even recognised him if they saw him, or anything like that. Steve Skitt, who was the Deputy Director, I think was fairly involved in things.
64. Q. Did you talk to Ben?
65. A. Yes, I did.
66. Q. What did you make of him?
67. A. What I had been told by some people was that he was not especially involved in the running of the organisation, that he was, I think, a lot more involved in meetings with people in other centres, or was the kind of brand face of Brook House, or G4S, or something like that, rather than somebody who was –
68. **Ms Lampard:** Who told you that?
69. A. I think it was Michelle Brown said something along those lines.
70. Q. Viewing the interaction between Michelle and Steve, who were obviously more engaged with the staff, how did you characterise that relationship at that time?
71. A. As I say, I got to know Michelle a lot better, Michelle struck me as very professional, really, really knew what was going on, and when I, for instance, disclosed to her towards the end, before I was finishing my fieldwork, this issue that I had had with the nurse who I thought behaved inappropriately, she was genuinely very shocked by that, so she struck me as a very serious professional who did her job very well. I didn't know Steve Skitt very much, I spoke to him a bit, but –

72. Q. Did you get to hear from the staff what they thought of the senior staff – apart from their visibility?
73. A. I did hear from some people that they thought Michelle was great, and also that Stewart Povey, who is a manager but he's not a full manager –
74. **Mr Marsden:** He's a DCM.
75. A. Yes, he was very good with supporting staff; but generally what I heard – and this is an important thing about what the staff said to me, particularly DCOs - was that they quite often said if they have problems they wouldn't go to that level, not only that they felt they weren't understood by them but that they wouldn't be listened to. I seem to recall that there was one member of staff who, he didn't say what it was, but he said he had a really big gripe with the senior managers, but I don't know what it was.
76. **Ms Lampard:** Can I just run past what we are seeing –
77. A. Yes.
78. Q. Just in case any of it rings a bell for you, or doesn't, which is this: it's been a very unstable senior management team, and probably quite unhappy between itself. There has been poor management of staff, a largely absent senior management team, gaps in the senior management team, a lack of capacity and capability amongst the DCMs, who are over-worked and frankly haven't been trained to manage the workload or to exhibit the behaviours that need to be exhibited. That it's all very hierarchical - that point you make about they wouldn't go up the chain - and there has possibly been a bit of a bullying style, perhaps bullying is too strong, but hierarchical, it's show and discipline as opposed to engagement and bringing people along.
79. A. I certainly heard a whiff of each of those things; again, some of them I don't really feel confident enough to say that x or y was definitely the case. I certainly heard the thing about middle managers, DCMs, weren't empowered to do their job properly, I heard people say things about bullying from senior managers, although they –
80. **Mr Marsden:** Didn't want to say.
81. A. Yes, they didn't want to say to me or it was a slightly nebulous complaint, although I would obviously believe someone if they said that to me, but I wasn't sure the exact content of those sorts of complaint.
82. Q. Did you pick up anything about relationships between the management team, one with another?
83. A. I honestly don't think I saw enough of that.
84. Q. That doesn't surprise me.
85. **Ms Lampard:** What we are beginning think about this management arrangement is that it engenders a grievance culture rather than an engaging, openness one, problems aren't addressed and therefore people don't have some of their poor behaviours sorted out until it's too late, and the arrangements don't allow for appropriate behaviours and responses to incidents to be disseminated back into the organisation, to learn from things. That's reinforced by the fact that in some cases employment and development reviews don't happen, there's no supervision, the appraisal system is poor, and generally that leaves

- the staff feeling unsupported, disaffected, because they're not learning, they're just stuck in that place.
86. A. Yes. One thing about staffing very broadly that I heard about - and I'm sure you'll hear about when you're there - was, I heard quite a few complaints about staffing levels, and particularly at night, that they were concerned that there were dangerously low staffing levels, because one important point here is that Brook House, as I understand it, uses constant watches for people on ACDT quite liberally, so at any one time, there was almost always at least one constant watch happening.
87. Q. On each wing?
88. A. Not on each wing, but –
89. Q. Down in the CSU –
90. A. Yes, so if at night, I think somebody told me, let's say 10 members of staff for the whole centre overnight, if they had a couple of constant watches and if there was also a planned removal, that's really, really low staffing levels because obviously constant watches are very labour intensive. I heard lots of complaints about the staffing levels. What I also heard a lot about was retaining staff: a lot of people said to me that people were leaving their posts, particularly people who were quite experienced, who'd worked there for quite a while, and taking a lower paid position or a less senior position, or that they were just going to take any other job.
91. The reasons for that that I heard people sort of suggest were, quite often they would say that they're not able to do their job properly, the long hours and the fact it can be quite exhausting work, and then particularly people who were DCOs were leaving because they felt that they weren't empowered to deal with detainees' behaviour. A lot of people said to me that that was a big problem. The point of staffing retention seemed to be an issue – I didn't get a chance to look at figures for how that has changed over time.
92. Mr Marsden: When you were there, what were the numbers like? Do you have any sense of what it should have been and what it was when you were there?
93. A. As in the staffing on any day?
94. Q. Yes, did you see days when it was particularly good, particularly bad?
95. A. One of the things that's just characteristic of an environment like that is that you can nominally have, say, four DCOs on a wing, but *de facto* what happens is, somebody needs to go out on an escort, somebody needs to be called to an incident in E wing, and someone gets called to healthcare, or whatever it might be, so in reality what you have is one or two people on the wing. I certainly heard a lot of DCOs say to me, particularly if they were quite young or quite new to the job, that low staffing levels like that – nominally that is fulfilling the requirements of the contract, but in fact that's not really happening – that frightened them, and they were just worried that, as they would say, if it all kicks off, what am I going to do?
96. Ms Lampard: Did they express fear?
97. A. Yes, I think some of them did, and particularly if they had a team of people who they really, really trusted, and who they worked with every day that might have been fine, but I think they were also saying that they mixed the teams a bit more, they didn't have the same four people always working in a wing together. I think they mixed them up a little bit more, and their trust is very

intimate with a very small number of people around them. As I say, it doesn't go high up, their trust is with those immediately around them.

98. **Mr Marsden:** There is a sort of loyalty to the group of people you work with, even when it comes to the DCOs, it's specifically to –
99. **A.** That's the sense –
100. **Ms Lampard:** And of course, it won't be with DCMs, because they don't see enough of the DCMs, the DCMs are too stretched, and anyway, frankly, don't have the training to provide that support that they need.
101. **Mr Marsden:** You know how on the wings they had somebody on the door to check the identity of people as they pass through, what did you make of that? Did you observe it?
102. **A.** The main thing that I remember, just as an observer being there, is that this system of having to check ID constantly really makes the wings feel tense, because what that means is, in a big, booming wing with a void in the middle of it, there are doors constantly being rattled, so it makes the wing feel like a bit of a pressure cooker. That was the main thing.
103. **Q.** The noise it generates.
104. **A.** Yes, it makes it very noisy and it makes it very tense, and there are times where you sort of feel –
105. **Q.** Tense being, the challenge to who you are, people gathering at the door to get out –
106. **A.** Yes, and just generally it probably seems like a needless process, it probably seems like meaningless bureaucracy to a lot of the detainees, and just the fact that people really rattle those doors, and the really booming noise, and if the DCOs are busy - say the phone's going and someone is asking to use the fax machine, somebody is asking for something else, and the door keeps going - I think that makes the place feel stressed and tense. My understanding is that at Harmondsworth and Colnbrook they have a much more open regime. Brook House is reasonably open in some respects, but that thing about the doors, the main thing I remember about that is that it just makes the place feel tense.
107. **Q.** It's interesting that one of the things that Lee said Stephen Shaw when he visited, is, why is Brook House always so noisy? It's that, isn't it, it's that sort of –
108. **A.** That's certainly one of the reasons, yes.
109. **Ms Lampard:** People aren't able to move around it freely, so they are congregating in places, which adds to hubbub, and they're trying to bang on doors the whole time, which adds to hubbub. I'm afraid it comes back to the fact that it's very crowded, it's a crowded place.
110. **A.** And there's nowhere that has very open space, because things like the central spine is quite tight, particularly on the ground floor, and even upstairs where you have the gym and stuff, considering how many people are there, that's really not very big.
111. **Q.** Part of the reason why they have to have that system is, they don't have the physical space which allows people to congregate, and when they didn't have

- it people were congregating in ways that were threatening and probably were dangerous, so they have to introduce this system, which is not satisfactory.
112. A. I seem to also recall that the healthcare as well, because healthcare is situated next to the welfare section, it can be quite noisy there, and if you're going to see a doctor or whatever you want somewhere kind of calm and peaceful, and people could be banging – it's quite noticeable when you get any place in the centre you can find it's quieter, it's really quite noticeable how much your shoulders kind of drop and you think, oh, finally some kind of peace and quiet. The courtyards also, because they have the netting and stuff, they feel quite enclosed as well.
113. Another thing, just going back to some issues that I saw: this doesn't happen all the time but I certainly saw a couple of ACDT reviews that took place in the E wing office, which is quite cramped - E wing is quite stuffy, and a bit hot, although I was also told that in winter it gets really cold as well, so when you're going in there it may be different to what I saw in July. ACDT reviews were taking place in these very enclosed offices with lots of staff in them, phones going off, the alarms going off, radios are going off, people keep walking in and out, and it's just not an appropriate place to be conducting an interview about thoughts of ending your life. It's another illustration of a place that's just a bit tense and it's hard to find peace.
114. **Mr Marsden:** An incongruous, inappropriate setting.
115. A. Yes, it doesn't feel confidential.
116. **Ms Lampard:** These were the ACDT reviews being done with the detainees themselves present?
117. A. Yes.
118. Q. As they should be, but they shouldn't have been done in that sort of environment.
119. A. Also because you can hear all the noise of the wing on there, never mind people walking in and out and the radio and alarm going off, which you actually can't hear when you're on the wing, that's something you only get when you're in the office. Just on this point about, just the feeling of the place was just a bit tense.
120. Q. Do you think that staff and G4S have enough of a perception of Brook House as an IRC, rather than just another custodial setting? Is there differentiation in quite the right way? Do you think staff are given that understanding?
121. A. That's a very good question. A lot of staff said to me that they basically wanted it to be more like a prison – it looks like a prison, it feels like a prison, but we can't punish them like a prison. I heard a lot of people say that they wanted the formalised incentives and privileges structure that they have in prisons, and specifically the reason that they wanted that is to put people on basic. They never said they wanted that because you could reward good behaviour, it was always because you could properly punish bad behaviour, that was a big thing, and they always said, they have that in the prisons, but we don't have that here. Some staff who were ex-prison staff had a slightly more balanced view on that, and they said, it's not as simple as that –
122. **Mr Marsden:** It's not the be-all and end-all.
123. A. Yes, and it's part of a much bigger disciplinary structure in prisons, and yes, it's not as simple as that. I certainly heard quite a few people say - IEP was

one example – but they wanted it to basically be more like a prison: a prison is more structured, has a more determinate, concrete purpose, whereas IRCs are so, it's so indeterminate, it's so vague, what exactly is our relationship with these people, what are we supposed to do with them, they don't know when they're going to be released, they don't have an end date, etc.

124. What I think also happened – this is perhaps slightly more of a specialism on my part - because they are not very clearly defined, because an IRC is not institutionally a very clearly defined thing, other than a kind of holding zone prior to deportation or release, staff then seek to find boundaries, they seek to set limits on things. They spoke to me a lot about how important it is to be able to say no to people, how important it is to know boundaries, how important it is not to get too close to detainees, not to believe everything they say, and not to be conditioned by them, etc.
125. They constantly balanced care and suspicion, because it's an intimate environment where you spend an awful lot of time with people, and so they would say, you need to be sure you don't get too close to them. I think that's another way in which, because IRCs are not institutionally clearly defined, staff improvised a definition of it, and they made up what they thought an IRC should be. The differentiation from a prison I think could be clearer.
126. **Ms Lampard:** It speaks to me to sort out this business of privileges, to have a consistent and well-understood privileges system. They talk a lot about how there's no scope for that, what can you do, but actually, there is quite a lot of scope, I think. One could remove certain activities, and make sure that everybody understands that.
127. **Mr Marsden:** And interestingly, the Home Office would be welcoming of individual institutions working on that, so I think there is a feeling within Brook House that somehow it's not in their gift to control the regime, but actually, talking to the Home Office, it sounds more authoritative. Just going back to the prison flavour, did you go to any training?
128. **A.** I didn't go to any training, no. People spoke to me a bit about training, but no, I didn't attend any training, although I spoke to several people who give the training to new recruits.
129. **Q.** Just from your experience, what's your view about flavours that would we given at training?
130. **A.** I heard a general story that most members of staff told me, and then I heard two very, very different stories. Generally speaking, what I heard people say, and the official story would be, that you train people to become good communicators, to resolve conflicts and to understand the legal framework for detention and to understand how the place works, and it's all fairly benign and straightforward. Then of course really you learn on the job, there's very much the primacy of practical experience, and specifically if you have to deal with unpredictable chaotic situations, whether they are violence, self-harm, protests, riots, whatever it might be, then you really know what you're talking about.
131. I heard two slightly different accounts of that, though, one that really sticks in my mind, and this was someone who is not a DCO, this is someone who was employed in another capacity in the centre. They told me that they felt that in training they really learned to think of detainees as the enemy, to be

suspicious of them, to not really believe them or to think that they can always be leading you the wrong way, or whatever. They weren't saying that they were explicitly being taught that, but they were saying that that is the impression that you got from training – the detainees can be difficult, they're risky, they're dangerous, "detainees are the enemy", was the phrase that they used. So, I don't know what to believe! Certainly that idea of constant vigilance and suspicion about detainees I think is quite clear, that staff do have that in the back of their mind.

132. Q. Appropriately so? Or did you think –

133. A. Sometimes it was perfectly understandable, but there were certain people who I thought it was really unnecessary, the way that they would speculate about what detainees had done or say, oh, he was convicted of this offence, or you can't believe what he says, or he's faking it, and that kind of stuff, that was where the suspicion, I thought, becomes a bit dangerous. One example of this that somebody told me about in an interview was that, they said that somebody had been put on ACDT, I think, and that the staff thought it was fairly superficial self-harm, so it wasn't really cause for concern. The detainee, whose room had presumably been near the office or the detainee had been standing near the office and overheard some staff talking about him and saying, he's faking it, or saying, he doesn't really mean it, or he's not going to do anything, or whatever, it's manipulative, having heard that, went on to a slightly more concerted effort to end his life, or more serious self-harm. I don't know who the person was, I don't know much about the detail, I remember hearing that and thinking, that's the danger of this –

134. Q. Disbelieving culture.

135. A. Yes, that can so easily go wrong. Even if you are right 99 per cent of the time, it only takes one case for that to go really, really badly wrong. Another example I heard - from the same person who had spoken about being trained into thinking that detainees were the enemy - was that they had gone to E wing and said that they were very concerned about a man who was down there and had said, is he on ACDT, he seems really low and I've noticed a big change in his mood, so is anyone looking after him? They said, oh, what are you concerned about, everyone here feels sad and upset, what's the difference? Something like that. So again, just a slightly dismissive comment about somebody they had expressly raised concerns about. As I say, these are not things I directly witnessed, but they are things that I heard people say to me.

136. Ms Lampard: I only have one more question - it's about generally your work, and when we last saw Mary and we were talking about the detainee quality of life surveys and the staff quality of life surveys, it's noticeable that they don't do staff quality of life surveys in Brook House, which I think might have revealed an awful lot of what happened in *Panorama*. What's your experience of those surveys? I think they've been taken in-house now, to the Home Office, so there's a sense that they might not be quite as effective as they were.

137. A. Yes. The finding particularly from Harmondsworth, which was the most recent one that we did, and the detainee quality of life was very, very low, and there was lots of concerning evidence about a whole host of different issues. Had there been a staff one in Brook House, I'm not entirely sure what it would have found. I found the staff at Brook House – this is just a very general observation – to be not as welcoming or friendly as they had been, for instance, at Harmondsworth, although I think there were lots and lots of

problems at Harmondsworth, undoubtedly. The staff there were very nice to me and they didn't mind that I was there, they were quite happy to have me sitting around, but in Brook House it was just a slightly colder atmosphere, I found it a bit harder to find out what staff thought about things, a lot of people seemed a bit more tight-lipped than they did at Harmondsworth. I'm not entirely sure why that is, people didn't seem very forthcoming – some did, but quite a lot of people I just couldn't really, I tried to chat to –

138. **Mr Marsden:** Making you feel unwelcome, or just –

139. **A.** Not actively so, but they certainly didn't - some people will come out initially, instantly want to talk to me about whatever, whether good or bad, or show me how things work, or whatever it might be, but I just found it a bit hard to –

140. **Ms Lampard:** A trust issue?

141. **A.** Yes, I suppose that is what it is. I just found it a little bit difficult at Brook House, so although I did all the interviews that I did, I should say that as I mentioned earlier – the formal, structured interviews that were recorded – they were all with staff. At the same time I feel that I didn't know what staff thought there.

142. **Mr Marsden:** Did you observe when things went awry, there was an incident, did you see evidence of reflection about that by managers and staff? People asking, how did that go, why did we do it that way?

143. **A.** I think there was certainly some of that. Again, Michelle Brown is somebody who seemed really quite reflective and also made a conscious effort to follow up and ask people how they were doing, and things like that. What DCOs tended to say to me was that if they had had something that had really concerned them at work, they really hadn't felt supported or that they hadn't been asked how they were doing.

144. Just a couple of examples: a thing that really annoyed a couple of staff was that if they had been assaulted by a detainee and then the detainee was on the same wing as them the next day, or that CPS said that it failed a public interest test so there wasn't going to be a prosecution, after things like that, that really angered some staff. They felt that those sorts of incidents hadn't been dealt with and they hadn't been checked on to see if they were okay.

145. There was one guy in particular that had clearly just destroyed his trust in the company, but that struck me as something that other DCOs might have felt, if they were struggling at work they wouldn't quite know who to turn to. That also makes me think the whistleblowing and things like that, I really wonder how willing people would have been to do that, not just because of not necessarily trusting the people above you, but also because of that kind of camaraderie which presumably says that you don't grass on your colleagues.

146. **Q.** Yes, you're loyal to your colleagues.

147. **A.** Yes. A stark illustration of that is that in *Panorama*, when the guy Jan is choking the detainee, no-one bats his hand away, you can hear the narrator saying "Stop!", or Callum saying "Stop!", but he doesn't shout at him, or scream at him "What are you doing?" or whatever, or remove his hand, and you sort of think, if even in that circumstance people won't - I don't know if any of the other staff there reported that - but I wonder what it would take for staff to use formal channels to report things, or to say that they had concerns about their colleagues. I really don't know what it would take to do that.

148. Q. Did you observe any of their set piece, planned interventions, like no notice removals?
149. A. No, I didn't. I sat in on a couple of big meetings before a charter flight, but they were doing that at midnight that night or something, and I wasn't there. I think I witnessed what is formally a use of force, a detainee had thrown a tiny bit of food at me, not a detainee who I was speaking to, and he had been held and taken to his room, but it was not a concerning use of force in any way. I didn't see anything like that, I didn't see anyone in personal protective equipment, or anything like that, or "kitted up", as they kept saying. No, I didn't see anything like that, and I didn't see any videos of that, either.
150. When I was there, there was apparently what you'd describe as a brawl, I think there were four or so people directly involved, but it ended up an awful lot of people had piled in a big fight outside one of the wings, so there was an extremely tense atmosphere in the courtyard after that, and I was standing there for that, but nothing subsequently came of that. That was the main incident when I was there, as I recall.
151. **Ms Lampard:** Did you form a view that it was a violent place?
152. A. Not especially, and I thought that it was quite noticeable how much staff spoke about C&R, violence, the kind of extremities and drama of the place, and of course, some of that does happen, but I sometimes wonder if they overdid that side of it, and if that puts them into that slightly combative mindset, that everything could suddenly go awry at any time. I suppose they have to be vigilant, but I think having that in the back of their mind seems like a slightly dangerous thing, and generally speaking, the staff who I spoke to who I thought were the most experienced and composed struck me as people who were quite good at their job, were people who were able to say, "I'm not going to be assaulted today, I've worked here for x many years, somebody once shoved me, or whatever, I'm actually going to be okay, I'm just as much trouble when I go out on a Saturday night", whereas there were other staff who would use phrases like, "detainees verbally abuse us", and they kind of perhaps slightly dramatised what they went through. I doubt it's very different to what someone working in A&E or somebody who is a ticket inspector on a train – lots of people are subject to insults and comments from people, and very, very occasionally might get assaulted at their work, but the way that they spoke about it –
153. **Mr Marsden:** As though it was imminent –
154. A. Yes. Some people had been assaulted, I don't want to trivialise that, but I wonder if that was slightly dramatised, and that was also connected to seeing this place as this really unusual and unpredictable, chaotic environment.
155. Q. Do you think there was a degree to which people quite like saying, it's unpredictable, it's –
156. A. Oh yes.
157. Q. Slightly macho dramatising –
158. A. Yes, definitely.
159. Q. We're at the airport, we deal with all these difficult people who are going to be removed.

160. A. Yes. One thing that I did hear was when G4S had the escort contracts – although that subsequently changed after the **D3489** case – the people who did the escorts, there was definitely a culture of that there, and that was in very unregulated circumstances. There certainly seems to be a bit of that at Brook House. I should be clear: plenty of people I met, and the majority of staff, were not like that at all, but this constant motif about how it could all kick off, and suddenly the place will be in flames, is a very dramatised way of speaking about it, and in some ways my sense was that the biggest risks that they faced had nothing to do with that, the biggest risk that they faced would be that someone would kill themselves. The fact that they had detainees who were on drug and alcohol withdrawal and they don't have staff who were trained to deal with that, or they have people who are paranoid schizophrenic and they don't have a proper comprehensive psychiatric and mental health team, those are the kind of risks that I was concerned about when I was there; less so whether they would –
161. Q. Get a boot in the face.
162. A. Yes, exactly. Of course, there are other risks, as per *Panorama*, of, as you were asking about, removals take place, stuff that happens at night, stuff that happens in the heat of a scuffle with a detainee who is behaving erratically - who knows what happens in all of those circumstances?
163. Q. I know I've asked you this already, but I just want to go back a bit: in your time there, the influence and the sort of evidence of the presence of the Home Office was what, in so far as you were able to judge?
164. A. From the detainees' perspective, they didn't know what was going on and they were very poorly informed. The Home Office was this kind of "thing" out there that was giving them all this grief and they never spoke to someone from it, they never saw a representative. Staff quite often said to me that they to a certain extent shielded the Home Office, because they had to deliver bad news. The local Home Office team - the guy's name I can't remember - the staff seemed to have quite a good relationship with them, they seemed to be quite happy, but the case managers and things and people making decisions in Croydon, they didn't seem to think very much of them, didn't think very highly of them.
165. There was also some concern about the Healthcare Manager and people on the Adults at Risk policy - a couple of people who had been there for a very long time, what was happening with their case, it seemed very unclear. Just as an example, there was a young man there when I was there, I don't know if he's still there – I hope not – called **D1531** who had been detained for, people were saying it was almost two years. He had come straight from prison or from Feltham YOI, I think, and there was this, what is happening to this young man, he's just drifting here, and he was an Adults at Risk at 3, and then he was taken down to 2, and no-one knew why that had happened. I remember sitting in a meeting and there was this sense of confusion about what is happening with this, and why is no-one pressing for this to change?
166. Q. **D1531**?
167. A. **D1531** Just as one example, somebody I remember, I'd spoken to a couple of times, who had been there for a long time, there was a sense of, he was this person who was –
168. Q. Just stuck.

169. A. Yes, stuck.
170. Q. In this bureaucratic morass.
171. A. Yes, so see if he's still there. Another thing – this is not to do with G4S necessarily – I did speak to a couple of torture survivors when I was there, and that really, really concerned me, but that strikes me as a more systemic problem or an issue with the Home Office, and decision-making. It was just appalling to speak to men who, I think the Home Office had also acknowledged, were torture survivors –
172. **Ms Lampard:** Why were they there, then, because if the Home Office acknowledged it, then under their own rule they shouldn't be there, should they?
173. A. Yes, is it that they have to do that and then also prove that detention is adversely affecting – I can't remember.
174. Q. Well, there's a catch-all about whether or not it undermines the immigration system and the immigration removal system, which has been introduced as a result, and then it's given with one hand and taken with the other. What you're saying slightly proves what people have been saying, which is, it's more difficult now, rather than easier, for people who have undergone torture to establish that they shouldn't be there.
175. A. One of the two men I spoke to, I read in *The Guardian*, shortly after *Panorama*, a High Court judge had blocked someone's deportation, because of the *Panorama* exposé and also because of this person being a torture survivor, and based on the description in that article I remember thinking, I'm pretty sure I spoke to that guy, that's the person I saw. That was something that was concerning, I don't think that that's particularly a G4S problem, although there sometimes was concern that particularly the Healthcare Manager at Brook House could have done more to press those issues and to ask questions and say, what's happening with this person's case, we're concerned about this person.
176. Also generally for things like PTSD, staff were saying to me that they could do with more instruction from the Healthcare Department, they needed to be led slightly more by the Healthcare Department in areas where they have relevant expertise and staff to –
177. Q. Did you meet the Healthcare Manager, the woman with the dark hair, who has just retired? Is she called Shona or something?
178. A. I'm pretty sure it's the person I'm thinking of. I was at several meetings where she was there, but I didn't sit down and speak to her. I didn't speak to that many healthcare staff, apart from that one man who was not very good, and I wouldn't suggest was representative at all of the Healthcare Department.
179. **Mr Marsden:** Based on your experience, if you were going to do something to improve the place, that was in the gift of G4S –?
180. A. They need to have clearer institutional and ethical norms about what the place is and what it's for, and what they are there to do, and actually enforce them. The way that they speak about and interact with and treat detainees, there needs to be much clearer guidance about that. I think specifically on suicide and self-harm they need to rid themselves of any idea that this is instrumental or that it's protests or that it's whatever, they need to get rid of any of those sorts of dangerous ideas.

181. Q. Start with the assumption it's serious.
182. A. Yes, because it is serious, and make that absolutely plain.
183. Q. And your job is to prevent harm.
184. A. Yes, because I heard a lot of staff talk about how their role is care and welfare, and how their intentions were very good, but I'm just slightly sceptical that that is - I don't think you detain people to treat them wonderfully, I'm always a little bit sceptical when you hear lots and lots of people talk about care and welfare, helping people, doing everything we can, etc. - that doesn't strike me as the purpose of locking up foreign nationals, it's not to be incredibly nice to them, so I always took that with a pinch of salt.
185. Lots of staff were good at what they did, and were sincere, and did their bit, but that, I think, they need to be clearer about. This thing then also about the perhaps sub-culture of people who think that it's acceptable to enjoy conflict, or misuse their positions, I think that's -
186. Q. Bend people over -
187. A. Yes, the sort of euphemisms that were used for that, and the fact that there were so many different phrases that were used to describe restraining people - 'wrapping them up', 'getting dressed up to do' - all of these sorts of euphemism, I always felt a bit uncomfortable about that. Maybe a culture of taking more seriously what detainees say, and that if they express distress that in the first instance you would categorically believe it and you do what you can to alleviate that, I think that would go quite a long way.
188. **Ms Lampard:** I don't have any more questions - do you have any more questions?
189. **Mr Marsden:** No, that was really helpful.
190. **Ms Lampard:** It was very helpful, thank you so much, Dominic, that's very, very good of you. Where would you like us to send the transcript to?
191. A. Is it a physical copy, or just an electronic copy?
192. **Mr Marsden:** An electronic copy, password-protected.
193. A. Just the email address that I've been contacting Nicola - that's absolutely fine. I'm just trying to think if there was anything else that I wanted to say - I took some very badly-written notes before I came in. No, I think that's everything. Thank you very much.

[Interview concluded]