

# **BROOK HOUSE INQUIRY**

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## **First Witness Statement of Steven Mark Ashby**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006. I have been authorised by West Sussex County Council Adult Services located at Durban House, Durban Road, Bognor Regis PO22 9RE to provide this witness statement.

I, Steven Mark Ashby, of Durban House, Durban Road, Bognor Regis PO22 9RE will say as follows:

### **Introduction**

1. I am Steven Mark Ashby, Interim Service Manager, Western Area Adult Operations, West Sussex County Council.
2. I am a registered Social Worker, having qualified in 1998, and have practiced in a variety of settings and roles.
3. I have been asked to give a statement in relation to the work that my team was involved with in respect to the safeguarding concerns for Brook House that came to our attention in 2017.

### **Evidence**

#### ***Background***

4. The work undertaken with Brook House was from the 31.08.17 to the 12.10.17
5. Safeguarding concerns were raised by the BBC as part of a Panorama programme, against a number of officers working in Brook House. Eight staff were suspended, and two were placed on non-detainee contact duties.
6. Consequently, Brook House then raised 16 safeguarding concerns with West Sussex County Council [WSCC]. At that time, 2 of the 16 detainees remained in Brook House.

***Work Undertaken by WSCC Adult Services, in response to the 16 referrals received from G4S on or around 22 August 2017***

7. The 16 names were linked to an OSAR [overarching safeguarding] record via personal relationships on Mosaic, which is the recording system used by West Sussex County Council. This was to ensure that the 16 names were linked and in one place.
8. We initially set up a multi-disciplinary safeguarding meeting for the 13.09.17 and began to identify the status of those mentioned in the concerns. Section A safeguarding concern forms were completed. At the time of receiving the safeguarding concerns there were two detainees remaining at the detention centre. These were **D865** and **D1275**
9. 14 detainees were no longer at Brook House. These are listed below:
  - D313** – bailed on the 29-6-17 to London
  - D343** – HMP IRC Verne in Portland Bill on the 18-6-17
  - D687** – Wormwood Scrubs on the 19-6-17
  - D612** – IRC Lincolnshire Malvern Hall on the 15-7-17
  - D1527** – Private address in London on the 15-6-17
  - D87** – Wormwood Scrubs on the 14-7-17
  - D728** – Malvern Hall on the 11-7-17
  - D197** – Campsfield IRC on the 20-6-17
  - D311** – Bail Hostel in Wakefield – 16-5-17
  - D2812** – deported to Spain on the 18-5-17
  - DX** – Deported to Tunisia on the 26-5-17
  - D2951** – Deported to Albania on the 31-8-17
  - D1914** – Under HO restrictions in Stafford from the 8-8-17
  - D180** – Deported to Jamaica on the 16-5-17

10. This left two detainees remaining:

a. **D1275**

Mr James Begg, Customer Detainee Manager, in Brook House undertook a welfare visit on the 4-9-17 and our copy of their records of this visit are as follows in italics. It

is the usual practice for us to case record any information that is passed through to us by other agencies, and that is what we did in these cases.

(i) Spoke with [D1275] who said he is called [D1275] and some people call him [D1275] and was happy to be referred to as [D1275]. He was feeling well and said he has no issues at Brook House and feels safe. The information I had from the RMN Karen Churcher indicated to me he has toothache currently, so I asked him about this, and he said he has two teeth that the doctor said one needs to be filled and the other taken out. He showed me a slip he has and it's when to collect his medication and I explained to him that he needed to go to healthcare for 7:45 in the evening to get his prescribed anti-biotic. I also explained where healthcare was and that the date on the slip from healthcare is for today.

(ii) We spoke about a solicitor and he said he hasn't got one and would like a solicitor for his case. I have spoken to Terisha, staff member at Brook House, who will book him a legal aid solicitor. Spent around half hour speaking to him and he said he is still able to eat ok despite being in pain. He asked questions about the meal list and why the lists are sometimes different. He asked me to explain the letter to him from Home Office that was from March, gave me the impression that he may not be able to read English as he said to me that his first language is Farsi. The letter was regarding a deportation order and that was needed to be served to him as was signed back on 20th October 2016. He said he didn't need any support but would like to speak with me again and chat to him as he enjoyed speaking to me. He maintained eye contact and was focussed at all times with the conversation, the room he was in was fairly tidy and certainly not messy or dirty.

(iii) He told me he wants to live his life and would like to remain in the UK, he says he has friends in UK but lost contact with them. Spoke to [Name (relevant)] and he said he will talk with him and see if the British Red Cross could help him trace friends. His mother, brother and father are in Iran and he does speak with them regularly in particular his mother. He says he done something very bad in Iran and wouldn't say any more on that.

(iv) Speaking to Karen Churcher the RMN she said that he has complained of toothache and is due to get anti-biotic today for the pain. He had been given eight appointments to see the mental health team and did not attend any of them. I have spoken to Karen Churcher from the Mental Health team and spoke with her to give another appointment and on the day to explain to her where and when in case he cannot read and this has been the issue. Karen said she is trained with learning difficulties too and see if there is anything in this field too

(v) An observation on our DAT system appears to suggest an officer feels he may have mental health issues. I would like to give him another opportunity to see mental health team. He was also noted as being under the influence of PS on two occasions in June 8th and 14th and no further reports of being under influence of an unknown substance. Luke Innes of the Home Office from Brook House has said that his case is

*a bit static with just monthly reports currently and has a deportation order against him that is signed but hasn't progressed likely to be due to country he is from. He is not mentioned on the Adults at risk list received today from healthcare. I also spoke to Broghan Kosa-Rule and she said he was referred to the Forward team and refused to engage with the team. Date: 01.09.2017 Time: 12:30 -13:00*

(vi) Stuart Povey Meier, safeguarding lead at Brook House, visited him on the 5-9-17 and our copy of their records note:

*'remains in BH. No social care issues. RMN's are aware of this detainee - no diagnosed MH issues. Has literacy issues and has been linked into education services in BH.' Entered on Mosaic 06/09/2017 at 13:08 by Mark Ashby.*

(vii) Senior Social Work Practitioner, WSCC, Mr Luke Evans, visited [D1275] on the 06/09/2017 at 14:21. Our record of this meeting are as follows:

[D1275] welcomed me into his room, stated that he was well aware of the programme last night but missed it as he was unable to operate his remote to watch the programme on BBC 1 so ended up watching a film. I gave [D1275] some guidance with how to operate the remote so that if he wished to he could watch it when it is aired again on BB2 later in the week. [D1275] said that he had, had no issues today with anyone and was keeping busy by playing football and speaking to his mother on his phone whom he has not made aware of the documentary.

No social care needs were identified, and the safeguarding was closed without enquiry. This is reflected on the safeguarding form AS009a [APPENDIX 1] that was used at this time.

WSCC had further involvement with this gentleman from the 22-3-18 when a social care assessment was requested by [D1275] legal representative at the time. The assessment was duly undertaken, and no social care needs were identified.

b. [D865]

The safeguarding lead from Brook House, Stuart Povey Meier, undertook a welfare visit on the 1-9-17 and our copy of their records note:

(i) 'Spoke with [D865] who said that he is ok, and has a solicitor helping him on his case who he is in contact with. Stated he doesn't require any support from us currently as he feels safe and there are no issues currently, he has within Brook House. He went to Eid celebrations today and said he enjoyed the celebrations.

(ii)RMN Karen Churcher spoke with me about [D865] and said that the last time he was seen was on the 27th August in relation to food and fluid refusal. He was discharged from the mental health team as he didn't turn up to his appointments, was not engaging. Has stopped taking his medication which is a low level mild anti-depressant, but she has no concerns over this and would believe it's because he doesn't require this.

(iii)Home office Luke Innes said [D865] had a bail hearing on 15th March 2017 but withdrew his application and hasn't been one since. He was given a deportation order and the appeal rights on 14th August and there is yet to be any response from his representatives.

(iv)[D865] was calm throughout the conversation and was happy to talk to myself; he did say he works sometimes but not all the time. When I overlooked A-wing as a residential Detainee Custody Manager [D865] used to be a wing orderly and clean the landings.

I spoke to Forward team Broghan Kosa-Rule and she doesn't believe [D865] has ever had any referral or engagement with the team. He is not mentioned on the Adults at risk list received today from healthcare.

A further visit was undertaken by Brook House staff on the 5-9-17. This was instigated by Brook House. Our copy of their records show:

(v) 'Requested a move to E Wing [more vulnerable detainees]. seen on the 4-9-17 and the 5-9-17. settled in there well. No MHS concerns at this stage. has had self harming behaviours previously - was flagged up to RMN in BH but does not wish to engage with them. engages with Mosque and other activities in BH.'

On the 06/09/2017 at 14:17 Mr Luke Evans, Senior Social Work Practitioner, visited [D865] and our records show the recording of this:

(vi)[He] Welcomed me into his room where he was sitting on his bed. I asked [D865] how he was and he stated that he was upset as other detainees said that they saw him on the Panorama documentary last night. As [D865] did not watch the programme he asked if I saw him.

explained that it was hard to identify him as his face was blurred. I advised [D865] that the staff are always here to talk to and support your through this difficult time.

No social care needs were identified, and the safeguarding enquiry was closed with no further action. This is recorded on the AS009a safeguarding form that was used at the time.

*In relation to the specific question raised by the enquiry – are there any documents that are relevant to the response of WSCC to the 16 referrals received from G4S on or around 22 August 2017 –*

11. I attach two S009a forms [APPENDIX 1 and APPENDIX 2] otherwise known as safeguarding concern forms. These forms are not used in this format now.

Subsequent changes in safeguarding processes in West Sussex.

12. In 2019, following a Serious Case Review, and subsequent Safeguarding Adult Review, it was identified that unnecessary drift and delay was being caused by the complexities of our previous safeguarding pathway (such as the multiple handoffs) which impacted on the immediacy of the support that adults required.
13. This resulted in adult social care significantly changing our safeguarding model and reporting mechanisms and worked with Partners to change the culture of how safeguarding concerns are reported to West Sussex County Council.
14. A new single front door access point for West Sussex County Council was developed to receive all Adult safeguarding concerns. The team also created a new web based online adult Safeguarding referral form, which supported by the West Sussex Safeguarding Adult Board threshold guidance, provides information to Partners on when a safeguarding concern should be reported.
15. The team researched other council single front door access points. To inform WSCC process and practice. This included London Borough of Kingston, Oxfordshire, Hampshire, Surrey, Brighton, and East Sussex and decided that a single front door model would be the most effective way of managing the projected increased volume of safeguarding referrals.
16. Our performance data was forecasting a 77.9% increase in safeguarding referrals since 2017 with no additional resources. We therefore needed to act and change the model to be able to undertake this activity effectively.
17. Prior to this change in design, safeguarding concerns came to our adult services' contact point via a variety of routes [email, phone, fax, letter and online] and did not have the same standardised framework to ascertain safeguarding concerns.
18. We found that further practice needed to be developed which would require practitioners asking more consistent questions to be able to robustly triage safeguarding concerns and the adults' desired safeguarding outcomes were not being consistently recorded.

19. Partner agencies were reporting all issues as safeguarding concerns and not considering whether the safeguarding was necessarily the most appropriate pathway to address the issues identified.
20. The Safeguarding Ault Hub, developed in 2019, works closely with a range of agencies, including mental health services, district councils, NHS and the police and prior to the current pandemic, was co-located on the same floor as the children's MASH and a domestic abuse service. It encourages staff dealing with safeguarding referrals to liaise with different teams and co-location has helped to ensure we have a rapid response to the referrals.
21. We also now have a Safeguarding Enquiries team in place working alongside the safeguarding hub and the locality social work teams. They work with what is now called Provider Concerns as well as a number of devolved cases, which are essentially cases where other local authorities or health authorities are involved or where the provider has been asked to undertake enquiries. It is likely that if a scenario like Brook House were to occur again, it would be managed under the provider concerns framework. This gives consistency and oversight of the issues and process by a specialised team.
22. There are also number of multi-agency meetings that are now in place to enable to the sharing of safeguarding information between agencies including a multi-agency Strategic Provider Concerns meeting. If a scenario such as Brook House re-occurred then the situation would be discussed and monitored in this meeting in addition to it being held under the Provider Concerns Framework as outlined above.

<b><u>Statement of Truth</u></b>	
I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.	
I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.	
Name	Steven Mark Ashby
Signature	<b>Signature</b>
Date	04.02.22

Witness Name: Steven Mark Ashby  
Statement No: 1  
Exhibits: None

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Exhibits: None