

APPG on Refugees and APPG on Migration Joint Parliamentary Inquiry into the Use of Immigration Detention

1st Oral Evidence Session.

JULY 17TH 2014

10.30am-1pm

Boothroyd Room. Portcullis House.

Panel Members Present

Sarah Teather MP (Chair)

Paul Blomfield MP

David Burrowes MP

Julian Huppert MP

Jon Cruddas MP

Lord Anthony Lloyd of Berwick

Oral evidence taken from:

Shami Chakrabarti, Director, Liberty and **Jerome Phelps**, Director, Detention Action

C, M and A, current immigration detainees, via phone link

Souleymane, ex-detainee, **J**, ex-detainee and **Alice**, ex-detainee

Dr Katy Robjant, Royal Society of Psychiatrists and **Professor Cornelius Katona**, Royal Society of Psychiatrists

Sarah Teather: Good morning everybody, thank you so much for coming and I'm sorry you're such a long way away from us. We needed a room big enough to get all the people who wanted to watch but it does mean that our witnesses feel as if they're on another planet. You may have to speak up to make sure we can hear you properly in the microphone.

Just to introduce myself I'm Sarah Teather, I'm Chair of the All-Party Parliamentary Group on Refugees, and I'm chairing this inquiry into detention. It's a joint all-party parliamentary group inquiry, the All-Party Parliamentary Group on Migration and the All-Party Parliamentary Group on Refugees have come together in order to run this inquiry into detention and Paul Blomfield MP, who is to my right, chairs the All-Party Parliamentary Group on Migration.

We haven't got everybody who is part of the panel today. It's inevitable that in parliament you get around half of everybody. So if you come to our later hearings, which I hope some of you might, you

may see a slightly different panel. But just to let you know who's on the panel, I've just introduced Paul Blomfield, Lord Anthony of Berwick who is just here on my left, Jon Cruddas MP, David Burrowes MP, Julian Huppert MP. We've also got on our panel Baroness Sally Hamwee, Caroline Spelman MP, Baroness Ruth Lister, Lord David Ramsbotham and Richard Fuller MP. For various personal reasons, including a funeral and a couple of other things, they weren't all able to be with us today but they are all very keen to be part of the panel later.

Our terms of reference are really to try and look at detention and to look at the current nature of immigration detention including how long people have to stay, people's access to health services, legal services, and how vulnerable groups in particular are treated. We'll be looking at the longer term impacts of detention on individual detainees and their families, the wider financial and social consequences of the use of detention, and the future role of detention within the immigration system and looking to see whether or not we can find any alternatives to the use of detention.

Today is our first oral evidence session. We will have two more oral evidence sessions in the autumn. If you're part of a group or an individual who wishes to submit evidence we'd be delighted to hear from you and please do submit written evidence and encourage as many people as possible to submit written evidence to us over the summer. The deadline for written evidence is the first of October. And we're particularly keen to hear from people who direct experience of detention themselves. If you run an organisation perhaps that works with detainees or former detainees, please find methods of gaining new, fresh evidence and new, fresh hearings from people who have direct access, because direct personal experience is really important to us as a panel and not just to get the usual policy input.

So that's my kind of just brief introduction so that you know what we're doing today and we also encourage to tweet, I personally don't tweet, so somebody needs to tweet. The hashtag is behind me. It's hashtag [detentioninquiry](#) to see if can get a bit more interest going.

But I'm delighted today that we have opening our first session Shami Chakrabarti from Liberty and Jerome Phelps from Detention Action. Thank you so much for being with us. I think you both wanted to make a very brief opening statement so, perhaps Shami if I can invite you to kick-off for us.

Shami Chakrabarti: Well thank you Chair. It's a great privilege to be here if an unhappy one. The reason why I'm here on behalf of Liberty, the National Council for Civil Liberties, which as you know is this country's domestic human rights campaign in the round, is the treatment of refugees and asylum seekers in this country in recent years is probably one of the biggest human rights scandals in the country. That treatment over the last decade or two has worsened considerably and one of the ways in which it has worsened is the increase of the use of detention which is now so much more detention of refugees and asylum seekers than there was a decade ago, or 15 or 20 years ago. It's now become routine, where once it really was once exceptional. We detain far too many people, more than in other European countries, and this has been part of the denigration of the whole concept of the refugee. When I was a young person a refugee was a rather noble idea of someone who perhaps had come from the former Soviet Bloc and made us feel rather good about ourselves in the west — romantic ideas about ballet dancers and defecting spies and so on.

But of course at some point in the 80s, perhaps with the greater access to international aircraft travel, and perhaps some people say under Home Office folklore the first plane of Tamil refugees touching down at Heathrow airport, the Home Office's attitude, of course it's now the Border Agency as well, the attitude to that concept of the refugee or the asylum seeker really changed.

In detention we have far too many people in general, far too many vulnerable people including some children notwithstanding the Coalition Government's ambition of having all children out of detention, there are far too many women, including women who have been subject to considerable abuse and cruelty in their own countries, who often feel that that cruelty and that denigration and that abuse continues when they come to the country of refugee which is the United Kingdom.

I wanted to pay tribute to an organisation called Women for Refugee Women, who I know you're going to hear from, and you're going to hear some testimony from people who have actually been in detention. It's an absolute scandal that so many women have been detained, in Yarl's Wood in particular, often in very unpleasant conditions and often supervised, including in quite intimate circumstances, by male custodians, which is really completely unacceptable.

In short, too many people detained, including vulnerable people; detained for far too long; detained in circumstances where it isn't necessary because removal is far from imminent, which is often suggested but not always the reality; the use of force by the border agency and contractors is a cause of great concern to us and Liberty has litigated particular examples of brutal and lethal force in the courts; fast tracking of the detention process has of course been found unlawful in courts just last week; legal advice is not readily available; and bail hearings are not automatic; and in a country like ours, that ought to care about the rule of law and fundamental rights and freedoms — notwithstanding the latest noise from very senior cabinet ministers about their desire to pull Britain out of the convention on Human Rights — ours ought to be a country where we care about human rights, particularly those who have fled lesser democracies and non-democracies and bail hearings and legal advice ought to be automatic and routine and not something that people have to fight for themselves and even without legal advice.

That is essentially the nub of our concern and an attempt at a summary. Too many people in detention; not decent conditions; unnecessarily detained, including still some children and vulnerable people including victims of torture and sexual abuse, especially women; detained for far too long and in a system that has, at least in part, been found to be unlawful.

Sarah Teather: Thank you very much Shami. Jerome, a brief statement if you will, especially if there's anything that Shami has not covered that you think the panel should know from the outset.

Jerome Phelps: Thank you so much Sarah for the opportunity to be here. It's now 10.39am in Colnbrook Immigration Removal Centre, that's outside Heathrow. Nightly lock-up has finished, everyone has had their hour out for breakfast and made a decision about whether to be escorted to activities for the day or whether to spend the morning hanging around the high security prison of the wings, or just lying on their beds staring at the ceiling, thinking.

Time in detention is quite different to time for you and I. It's something that newly arrived asylum seekers experience when they arrive seeking safety and are taken straight to a high security detention centre, and then spend on average a week waiting for something to happen, wondering what's going on, wondering when they will get access to a lawyer. Somebody will explain what is happening to them before they then taken to meet somebody they are told is their lawyer, given half an hour to tell their whole story, and then taken straight into an asylum interview which might last all day, and then refused 99 percent of the time.

But detention time is also the days, weeks, months that people spend in indefinite detention without time-limit waiting to find out whether they will be released or deported. It's time that can turn into three and a half years of a man's life — of my colleague Souleymane's life — just gone, just like that, as if in a moment of carelessness by the Border Agency.

But I think today that time is a bit different. It's different for people in Colnbrook because some of them on the fast track know that Detention Action's lawyers eleven minutes ago in the High Court of the Royal Courts of Justice down the road started negotiating an order following last week's ruling that the detained fast track was operating unlawfully. An order that might yet lead to those people in Colnbrook being released.

But it's also different for the people in Colnbrook watching the minutes go waiting to speak to this room, to this parliamentary panel, to tell their experiences of detention in parliament for the first time. That this panel has committed their time over the next six months to give really unprecedented parliamentary scrutiny to the way that the British detention system has expanded, become evermore grossly inefficient, and evermore damaging to the people going through it.

Some of those people in detention, like me, will be hoping that we're one day closer to the day when the UK follows every other developed country in putting a time limit to how long migrants can be locked up. But I think today is the day when detention time and parliament time intersect. It's now 10.42 in Colnbrook and I'll stop.

Sarah Teather: Thank you Jerome. You both mentioned time limit. Julian, you wanted to ask about that.

Julian Huppert: Thank you Sarah, it's good to be here. Can I just apologise, I'm going to have to leave slightly earlier for other things in this place. I should also probably also declare, well one interest I used to be on the national council of Liberty, which was a great privilege, but on a more personal note, one of the reasons that I'm interested is that my mother was born in a refugee camp so I have some sympathy. Her worst treatment was not in the UK, but that doesn't mean that what is happening in the UK is acceptable. Having visited one centre in particular I have seen all the problems. But if I can pick up this issue about time limits, I think we are almost unique in the world at having no time limit to how long people can be detained for. I presume you think that ought to change, what should it change to and what tools do we have to make sure that it changes quickly?

Jerome Phelps: Detention Forum is calling for a time limit of 28 days, which follows recent best practice in the European Union. France until very recently had a time limit of 28 days, it's since been extended to 45 days but if you look at the returns statistics there is virtually zero impact in terms of increases of returns by making that extension. So we think 28 days is a reasonable time.

But I think it's also important to draw attention to potentially even better practice in the UK. The Family Returns Process assumes that in the vast majority of cases detention should only be necessary as a last resort, after dialogue with the person, after all else has failed, maybe for 72 hours. It may or may not be working perfectly, but that principle, there is no reason why that's not applicable to single adults as well. Returning families is a particularly difficult aspect of immigration control.

I think it's really important to have a time limit. It's really important also that government, the Home Office, uses detention as a last resort for the shortest time necessary. And it's important that we move away from this warehousing for months, years, of people who can't be returned, will never be returned, and it's simply a waste of taxpayer's money and human lives.

Sarah Teather: Shami?

Shami Chakrabarti: I would agree with all of that. If anything, I would say that 28 days is actually a very long time. Maybe as an absolute back stop, and I'm reminded that 28 days is the maximum pre-charge detention limit for terror suspects and that these people are not suspects of any crime. They

have committed the crime of coming to the UK to claim asylum. And whether they eventually succeed in persuading the very sceptical authorities in this country that they should qualify as convention refugees they are not criminals, and so to detain them for even 28 days is a long time. I think Jerome makes a crucial point that this kind of detention should really be a last resort, it ought to be the shortest time necessary to effect a removal. That could be hours or just a couple of days. And then if that removal is not effected, for example because there's a further appeal, people want to be let go, they should not be warehoused.

A lot of people who are at the top end, who have been detained for months, are not the majority, but nonetheless are a significant number who have been detained. In 2013 that's 50 people who had been detained for more than 2 years. A high percentage of those people will eventually stay in the UK, in which case they would have been held for months and years and end up staying in the UK because they are granted some kind of permanent leave. So even 28 days is a long time for a backstop, but the crucial point is that it's not to be used a last resort.

Sarah Teather: I'll bring John in, just because you picked up the point about terror suspects and I know John wants to ask about authorisation then I know Julian wanted to have a supplementary.

Jon Cruddas: Thanks. I just want to go through some of the details about the decision making process itself, in terms of who decides whether or not people should be detained and the suitability of those arrangements. As I understand it, it's individual immigration officers who decide. Do you just want to walk me through the process?

Jerome Phelps: It's an individual, low level civil servant who makes that non-judicial decision to detain someone. There's no automatic judicial scrutiny at all. The circumstances will depend whether, maybe somebody arriving and claiming asylum, asylum seekers and irregular migrants report often every week and can be detained when they turn up at the Home Office or to the reporting station, or they can be picked up in an enforcement raid. So the decision to detain has very little oversight and is often arbitrary, it depends on...

Lord Anthony Lloyd of Berwick: there is no review of that process?

Jerome Phelps: No. They have the right to apply for bail which will be limited under the new act to every month, but for some people, for most vulnerable people, it's not a right that's accessible. If you're lying on your bed in full psychological collapse you're not in a position to even instruct a solicitor, let alone make a bail application, argue why you should be released.

Other countries have automatic bail hearings. In France you have to be brought in front a judge within two days to review whether your detention is appropriate and lawful, no such safeguards here.

Sarah Teather: Shami, can you comment on how this is different for terror suspects?

Shami Chakrabarti: Well terror suspects, and all criminal suspects for that matter, are within a regime which means there is automatic judicial scrutiny. People will be brought before a magistrates court at regular intervals and a magistrate will demand of the police and prosecutors why this person is still being held on remand and that should be the position for these people who are not accused of any criminal offence, but who are potentially conventional refugees and whether they eventually qualify that status or not they are inherently vulnerable people. They are being subject to administrative detention, they are not accused of doing anything wrong, they're not getting automatic bail hearings, nor automatic access to legal advice to make a proactive bail application. That's really quite scandalous for the land of Magna Carta.

Julian Huppert: Just very quickly, we were talking about the length of time. It's always struck me as a very expensive thing for the state to do at a time when budgets are having to be trimmed and the Home Office is having to spend less money, we're spending a huge amount of money on detaining for two years and then releasing them. It strikes me as an unusual thing to continue doing. Have you tried presenting that to the Home Office and what kind of reaction have you had to those cost arguments?

Jerome Phelps: We actually commissioned independent research a couple of years ago that costed not just, I mean the £47,000 per person per year that it costs is well established, many would say that it's necessary and worth it, what we costed was the amount that's wasted on long term detention, people who are then released to no benefit whatsoever to immigration control. That came to almost £76million a year. So there are huge costs implications here. At a time when the Home Office is making cuts, it's bizarre that they are cutting the staffing who can improve the quality of their much criticised work and yet keep pouring taxpayers money into these bricks and mortar that actually don't achieve any of even their own purposes.

Sarah Teather: Paul.

Paul Blomfield: Thanks Sarah. You've clearly made a very powerful case in relation to the problems of the detention system. But clearly you've also got to look at the alternatives. And in your evidence to us Jerome, you talk first about the UK and I'd like to explore that a little bit more. You talked about a system your organisation has led on, so perhaps you could tell us about that but also any other alternatives from which we can learn within the UK.

Jerome Phelps: So I think alternatives to detention are any process or system that meets the states objectives for using detention but without detaining. Inevitably they're far cheaper than detention, far less harmful. My organisation, Detention Action's project, is addressing the legitimate concerns of the Home Office around risks of absconding, reoffending of ex-offenders, who are overwhelmingly those who are detained for the longest periods. The Home Office evidence has shown that the Home Office repeatedly oppose release on grounds that the person will abscond or reoffend without any evidence so we're trying to get some evidence of what actually happens to these people if they access the sorts of support from my organisation, from other organisations in the community, from the hugely strong community migrants sector around the country, that can both help the person to integrate and reduce risks to the public. We've been working with some ex-very long term detainees over the last couple of years who have been working with us on that campaign, some of them are here today. And none of them have absconded and none of them have re-offended, despite being detained up to 3 or 4 years.

So we're developing a model of intensive support, case management, that will help those people to readapt to life in the community, meeting their own objectives but also government's concerns around reoffending and absconding.

This model is very much based on international good practice. The Australian government in the mid-noughties moved away from mandatory indefinite detention and invested instead in — for in country migrants not boat arrivals — case management working with individuals to resolve their cases without detention. And they found the vast majority did not abscond and very high rates of those refused, about two thirds, took voluntary return.

This is a model that has been implemented around the world. In the US at the moment the US government is working with two charities to refer people in detention to community support in

order to release them in a sustainable way. We're calling on the Home Office to work with us, work with our colleagues here today, to find cheaper, less harmful alternatives to detention.

Paul Blomfield: You've touched on my next question, which is about what we can learn from other countries. You cited Australia in your written evidence, you also cited Sweden and I wonder if you could not only look at the more humane aspects of operations in Sweden but to reflect its effectiveness.

Jerome Phelps: I think the Swedish system involves each asylum seeker is given a case manager at the start of the process who is the point of the contact, not the decision maker, throughout the asylum process. And this actually touches on parts of your last question about UK practice. The UK has explored early legal advice, it has explored community key workers that take bits of this good practice, but it's not pursuing them at the moment.

The point of this caseworker is to ensure that the basic practical needs – the needs for legal advice, the needs for psychological support, the needs for somewhere to live – are met, so that the person can engage with the immigration system, the asylum system, they understand what's happening; if they're refused they understand why they've been refused; they perceive they've been through a fair system whether or not it actually gives them what they want.

I think the contrast to the Home Office which assumes that everyone, that every migrant, will be fighting them for all they can get is stark and what the Swedish system shows is that most migrants, most asylum seekers, if they go through a fair system and understand why they've been refused, they return voluntarily. Again this requires high quality decision making, getting decisions right not trying to return people to torture in Sri Lanka, for example.

So it is potentially a shift of mind-set but it's one that's eminently achievable, it's one that similar countries do.

Paul Blomfield: Thanks Jerome. We probably haven't got enough time now to explore this in as much depth as we might like but I wonder if you could provide us with a supplementary note perhaps as written evidence looking at both other schemes and other experience within the UK, but also countries beyond Sweden and Australia from which might learn.

Sarah Teather: That would be very helpful. A number of members of the panel who are not here today have expressed a particular interest in what other countries do and whether we can learn from that. Shami, do you have anything you want to add to that?

Shami Chakrabarti: No.

Sarah Teather: Anthony, you wanted to move onto access to legal services.

Lord Anthony Lloyd of Berwick: Well first may I say I entirely agree that there ought to be a fixed limit for detention in these cases. What slightly concerns me is that by going for as low a limit as 28 days, you may actually be making it less likely that there's any limit at all and that possibly it might be wiser to go for a longer limit. That's my first question.

Secondly, could you perhaps confirm what the current legal test is, which as I understand it is that in deportation cases there can, detention is only lawful if there's a reasonable prospect of deportation within a reasonable time. The problem, as I see it, is that the judges who have interpreted that have arrived at very long periods of what they regard as reasonable, and in one case they regard it as, I think I'm right in saying, 41 months as reasonable. I won't mention the name of the case. In another three years and nine months. Therefore, simply applying that test and relying on the judges we're

not going to get down to anything like the 28 days which you would like. On a slightly and more general point, would you just tell us what ways of access to legal proceedings do the detainees have and are they aware that their cases can be called before the courts? And that there are people who will handle the cases for them? Perhaps you could tell us a bit more about that?

Jerome Phelps: The point about the longer time limit certainly, we're very conscious that even within our alliance there are different perspectives on this and within parliament certainly there will be different views on this. The 28 days is a broad, common denominator that at Detention Forum we've agreed on, but we're very open to discussing different approaches with allies in parliament and civil society. I think we're certainly very cautious about putting off potential allies who might be convinced by a longer limit.

I think your point around not relying on the judges is absolutely correct. What we've seen with the proliferating unlawful detention litigation over the last five years is judges initially being horrified that migrants are being detained for administrative convenience for these periods and then becoming increasingly inured to it. The 41 months judgment that you cited, the first line is: "this is yet another case of a long term detention". The judges are reluctant to, it's becoming normalised, this is precisely why we need a clear lead from parliament about what parliament considers acceptable. We can't simply rely on the very vague case law that makes it impossible in any given case to be sure, either for the Home Office or for the lawyers, whether detention has become unlawful.

Access to legal procedures, much depends on the quality of the lawyer. Detainees can access legal advice in detention, there are legal surgeries so if they don't have a solicitor they can make an appointment and they should, in most cases, be taken on by a lawyer there. Some of these lawyers are excellent and are very prolific in bringing cases to the High Court to challenge the lawfulness of detention, get as full as scrutiny as possible in a bail hearing. Other lawyers are less active, have less expertise in this area of law, and like I say people with serious mental problems may not even access the legal surgeries. So it's a very uneven and haphazard picture.

Shami Chakrabarti: If I could just come back on those two points and the first is about the time limit and the second point is about legal advice. I hear what you say Lord Lloyd when you say maybe one should argue for a time limit in order to get one at all, but I would say two things about that.

The first is, just because the judiciary has been for the most part respectful the fact that this tradition and this system is governmental and administrative doesn't mean that we should arguing for a time limit that sits in accordance with quite generous deference that the judiciary has given to the executive on its prerogative of immigration control in general and administrative detention specifically, because of course despite the protestations and claims of ministers the judges are very deferential of the Home Secretary's prerogative over immigration matters. To look at what a sensible time limit might be according to practice, I'm told that in 2013 there were about 30,000 people who left detention, and of those 30,000 people just under 2,000, that's 6%, had been detained for more than 4 months. And then, horrifically, 249 had been detained for more than a year, and 50 had been in detention for more than 2 years.

But if you look then at them, so 6% for more than 4 months, so that means 94% had been detained for less than 4 months, and I don't know how that would break down to less than 28 days, but I don't think 28 days on that context is such an outrageous time limit to be considering, particularly when you set it alongside the parallels in the criminal justice system, where people are actually accused of committing offences and they get the benefit of the automatic bail hearings and

independent reviews from the magistracy. So I would still argue that these judicial reviews notwithstanding, 28 days is actually a relatively modest demand for those you care about the human rights of refugees and asylum seekers.

In relation to access to legal advice, I just think it's far too patchy. It's far too patchy and accidental. I'm not an on the ground expert like Jerome but I was in Colnbrook, as I know you were Chair, earlier this year and I walked into Colnbrook and was immediately bombarded with pieces of paper and requests for help from inmates – that's effectively what, these places feel like prison, let's be clear about that, you can call them whatever you like these places are places of custody and they feel like prison, and these people are prisoners who do not have automatic or constant access legal advice and they want it and they're desperate for it.

And there's now of course also the residence test which has horrifically been introduced into legal provision which makes it very difficult for people to get access to advice and representation if they want to challenge their conditions and that would for example include perhaps women who feel they have been subject to intimate scrutiny by male guards and so on. So the access to advice is far too patchy and it ought to be blanket and automatic given that this is detention.

Lord Anthony Lloyd of Berwick: Thank you very much.

Sarah Teather: Well I understand the residence test was ruled *ultra vires* just a few days ago so let's see what happens with the residence test, watch this space. David, do you want to move onto health?

David Burrowes: Yes, it's a pleasure to be part of this important inquiry. In terms of health needs can you just give your views in terms of how health needs are being met for those in detention and particularly comparing with those in the criminal justice system and also outside. We talk about parity of esteem when it comes to those with mental health needs and where is the parity and where is the esteem in relation to those in detention.

Jerome Phelps: This is a huge issue. This is something that everyone in detention, I'm sure everyone you'll be hearing from will have strong views on this. There are real concerns around quality of health care in detention, the phenomenon of diagnosing paracetamol for a wide variety of complaints, perhaps on the basis of people will be deported soon anyway.

There's been a series of very strong High Court rulings around the treatment of people with very serious mental health problems where the High Court six times in the last three years called them inhuman or degrading treatments of people in full psychological collapse in detention who were simply not taken seriously by the Home Office and not taken seriously in any case by the contracted health care staff who were meant to be looking after them.

There's a real fundamental problem, I think, in addressing the health care needs, particularly these people whose health care needs are such that they can't actually be looked after properly in detention anyway, so there's this intersection of inadequate healthcare and the genuine dilemma of how you possibly provide healthcare for someone in a detention environment which is firstly unsuitable and secondly a primary cause of their mental health problem in the first place.

David Burrowes: And are there particular areas where there can be improvements apart from just a systemic problem. Perhaps just talk to let me understand in terms of who is accountable for that problem, in terms of perhaps there's different accountability in prisons and those who commission health services in prisons.

Jerome Phelps: It's a good question. The healthcare is being transferred to the NHS this year so we're hopeful that that will have a positive impact. I think it's something that will be very valuable for yourselves to monitor in the submissions in the coming months. But what we're not seeing from the Home Office is any response to these series of judgments that people who cannot be effectively looked after in detention are being routinely held for long periods.

David Burrowes: And just finally, your understanding of the understanding of detainees of what is available to them in relation to healthcare. What's your view about that?

Jerome Phelps: They have an induction on arrival in detention so they meet a doctor, they're examined, it's explained to them that they can seek an appointment with a doctor at anytime. Generally people are aware, I think they are not necessarily trusting of the quality of the healthcare they receive, partly because they're aware that the healthcare contractors are employed by the same people detaining them, so there is a dilemma there, it's not easy to resolve. But I think the scale of the concerns that detainees and the courts have found suggest that it goes much further than that.

Sarah Teather: I want to ask a supplementary on that actually because from my own experience of going into detention centres suggests that when you ask the management about access to healthcare they say "24 hour access to health services, it's absolutely fine" and then when you speak quietly to detainees they say something quite different. And it's quite difficult to get at the disparity between what we're told by management and what people are telling us who are actually in detention. And I just wondered if you could comment on that, although it may be something we explore in detail with the detainees.

Shami Chakrabarti: Well I'm sure that you're going to do your own visits and so on and I think that would be a really good area to concentrate on. At Colnbrook I found this great disparity as well. You get a story from the contractors and the management about how great it all is and then alongside the lack of access to legal advice the other complaint is that they can't see the doctor or the councillor and they've all got stories about the person who's been repeatedly trying to commit suicide or the friend or fellow inmate who is a suicide risk and isn't getting the help and you've got this contrast between the culture of disbelief amongst management and I'm afraid the inevitable reality that being in detention and being an asylum seeker makes you a vulnerable person in the context of mental health per se. There's no point being sceptical about "well they would say that wouldn't they because they want to complain." If you are someone who fled a war zone or claimed ill-treatment in your country of origin you are vulnerable per se. And then being detained makes you vulnerable again. These people are going to need, I would argue, more access to mental health services than the rest of the population, but that of course is not necessarily politically the most attractive argument to be making to our current policy in the current circumstances. But it's a common-sense logic that refugees and asylum seekers are vulnerable to mental health problems and detained people even-more-so, which takes us back to the central question, detain fewer people, detain them for much shorter periods of time, and you won't have the self-harm and the suicide risk in the same degree.

Jon Cruddas: Sarah mentioned in her introduction that we're also looking at some of the wider social consequences of the detention system so I just wanted to invite you to make some comments on it. As a London MP your experience is really their families are all part of the wider community. So do you want to talk through your views on the effects of the detention system on wider patterns of family structures, on social networks, on wider communities?

Jerome Phelps: I think this is a really important aspect of it and one that's been neglected, the impacts of detention on integration, and every government is rightly concerned about how new migrants get on in society. And what is ignored is the overlap between those the government want to integrate and those who are to be returned – those who are subject of enforcement. A significant, around 30% of people in detention, are released. Many of them will go on to be granted leave to remain in the country.

There has been a real lack of focus on the long term prospects of these people of integrating, of the impact on their families, the impact on their abilities to form new social ties, to work, to contribute, all of those aspects that are really tough for any migrant arriving in a new society but for somebody who's had this appalling experience of being locked up, in their view unjustly, to then move past that and to start to think of themselves as a member of British society is a real challenge. Again, this is something that we're thinking in our alternatives to detention model. I think there is a real need for more study of how detention affects people after release, their families, their future social and professional interactions.

Shami Chakrabarti: I would agree with that but I would also say there's an impact upon the wider community. I'm the daughter of migrants myself, they weren't refugees, but I know how important it is for the wider community's attitude to strangers and migrants to actually rub alongside them, to have them living in their street and I don't see any reason why we shouldn't go back to the situation where more new migrants, including asylum seekers, are literally in communities, with their children going to same schools and I think it's very, very good for society as a whole and their attitude to stranger and refugees. I would go further and say that this increase in the detention estate was never necessary for effecting more removals but was part of deeper political tendencies to separate the refugees and asylum seekers.

There are asylum seekers who are highly qualified, who are doctors and architects and teachers and everything else in their home countries – I don't see why they shouldn't be working while they're waiting for decisions to be made. I don't see why their children shouldn't be going to the same schools as other children. You will find a change in people's attitudes. When refugees and asylum seekers are statistics and numbers, they are not human and they are a problem per se. But when they're rubbing alongside you and your family in the community then they are people and you have a very different attitude. That is my experience both from growing up as the daughter of migrants and from talking to people about human rights issues at public meetings up and down the country.

Jon Cruddas: There's a whole series of issues that come out of that – turning strangers into citizens in terms of the character of the country.

Sarah Teather: We've got time for one more question, I'm afraid I can't ask the audience on this occasion.

I just wondered whether you'd comment on the treatment of those with particular vulnerabilities, like pregnant women, young adults, those with disabilities and how the detention system is managing to support them.

Jerome Phelps: I think generally detention doesn't take account of the needs of people with additional vulnerabilities and it also doesn't take account of the way in which simply being locked up without time limit makes everyone vulnerable. The detained fast track asylum process is a good example of the way that people, particularly vulnerable people, are simply not just traumatised by detention but the assumptions that detention makes of them as people who are able to make their asylum case or able to provide for bail, people with additional vulnerabilities are simply not able to

act on their own behalf and defend their own rights in the same way as everyone else. There are real equalities questions around whether detention can ever be, certainly as currently operated, can ever respect the needs of people with additional vulnerabilities given the shortcomings of healthcare, given the physical environment of high security detention centres.

Shami Chakrabarti: These people should not be detained at all. Pregnant women, the elderly, children, people with serious mental health and indeed physical health problems, there's no reason for them to be in the detention estate at all.

Sarah Teather: I had a constituent who was eleven weeks pregnant and they refused to release her on the basis that it didn't count until she'd reached twelve weeks, which I found extraordinary.

Thank you both very much for coming, giving up your time, we're extremely grateful to you. We're going to move on to our next session. We're now going to attempt to do something that's never been done before, so we're going to attempt to take evidence from detainees in detention down a phone-line. Whether this will work we will have to see.

I'm hoping we're about to hear from C. We will phone, he is expecting us to call. What we really wanted to do was to get in and have a proper panel hearing in detention, but we thought that would talk a whole other lot of time to organise. So it's going to be like who wants to be a millionaire. Will they answer.

[phone rings]

C: Hello?

Sarah Teather: Hello C. Can you hear me?

C: Yes, but I think faintly.

Sarah Teather: Ok, shall I speak more loudly?

C: Hello?

Sarah Teather: Can you hear me now? Can you hear me ok?

C: Yeah, I can hear you.

Sarah Teather: Ok, we can hear you beautifully. C, I'm Sarah Teather, I'm chairing the inquiry into detention and we're really grateful that you've been able to speak to us today. We have a number of MPs and a Lord who are here who want to ask you some questions. There's quite a lot of people in the room who are all supporting the inquiry and are all here listening, so we're really, really grateful to you.

Can I ask you to tell us first a little bit about yourself, why you came to the UK and what was your experience when you first got to a detention centre?

C: First and foremost, I didn't really choose the UK to come but because of the circumstances that happened, or the things that happened to me, that is why I was asked to come to the UK. I was trafficked at the age of 16 to Hungary. There I was put in a basement, beaten, raped and tortured and I don't think that... so when someone who I don't know from there took me to escape from there and then to stay somewhere. So when I stayed there he said to me "I can't keep you in my house because the language, you don't speak Spanish, but you speak a bit of English so the only place you can go where they speak English which will ok will be England."

So he gave me the I.D., it was a false I.D. which allowed me to go work for them. He hands me the I.D. and on my way back they pick it up for me. So he took it gave it to me, put me on the plane and then I came to the UK. And that's how I came to the UK.

So, I did not know anybody in this country. I got to Heathrow, but I don't what terminal. Now I know it has terminal 1, 2, terminal 5. So I came out and went to somebody, a man, a white man, and said "I'm going to London."

He said "Where in London?" and I said "Central", because I don't know anywhere. He said "Central, North or somewhere else?". Then he said "Ok, do you know anybody?" I said "No, I have come alone."

Then I followed him in. Where we go to by the carpark, he asked me "do you have a ticket?" I said "I don't". Then I gave him the money that was in my pocket, I brought out the money the man gave to me, then I showed it to him, so he took one of the pounds then he bought the ticket for me. And that's how I got to central London, somewhere named King's Cross. That's how I came to the UK.

Sarah Teather: C, how long have you been in detention, tell us?

C: Umm, I've been in detention, nearly about three years now.

ST: So you've been in detention for three years? Nearly three years?

C: Three years, next month it will be three years.

ST: And you left home when you were 16 to go to Hungary? And how old are you now?

C: Pardon?

ST: How old are you now?

C: I think I will be 28 now.

Sarah Teather: So you left home when you were 16, you were trafficked.

C: Yes, in 2003.

Sarah Teather: And then eventually you found your way to the UK and you've been detention for three years since. I've got that right? Yeah.

C: Yes. I was actually arrested before I leave my passport was checked in this country, I was arrested at the airport in 2010. Then I was sent to prison for false passport.

Sarah Teather: So have they been trying to remove you, is that correct?

C: Yes, they've tried to remove me about eight times.

Sarah Teather: And they can't remove you presumably. Tell us why they can't remove you.

C: Well, I come from the boundary between Nigeria and Cameroon, which is Bakassi peninsula. So the place has been a disputed area for over 10 years now or thereabouts. And when I left the place was Nigeria, then I think in 2002 or 2003, I'm not sure, it was handed over to Cameroon by the international court of justice. Then when I was taken from Bakassi peninsula I was, not from my own knowledge because my mother told me that the men would take me to have a better life because there were war crimes going on there. I would have to go to school. So the whole thing came for me to go to school.

Sarah Teather: So the place you come from, just so I've understood, the place where you from has changed hands between Cameroon and Nigeria several times, is that correct?

C: Pardon?

Sarah Teather: The place where you come from is on the border between Cameroon and Nigeria and it has changed hands between Nigeria and Cameroon, is that correct?

C: Yes

Sarah Teather: So is that why they can't remove you, because nobody is sure what your nationality is?

C: Yes, and actually Nigeria has spoken to immigration because Cameroon has told them they can't take me because I don't have proof of identity and not certainly from there.

Sarah Teather: Thank you C. I'm going to ask some of my colleagues who want to ask you some questions about the conditions in which you're held. Is that ok?

C: Conditions about?

Sarah Teather: The condition in the detention centre. I'm just going to ask David to speak now, he's one of the other people on the panel.

David Burrowes: Good morning, David Burrowes, Member of Parliament. Can you tell us what are the conditions like in your room where you are detained?

C: The conditions are not great.

David Burrowes: Can you just describe that? In what way is it not great? How long are detained in your room?

C: Because of my worry I don't even come out of my room because of my health. In terms of the environment, it's not ok. The rooms are not locked, there's no windows. It's a bit stuffy in the room, the place is stuffy. It become, how do I say, like autocratic. Like something being forced on you to do and if you don't do that then they take you to isolation. Locked, where you be isolated for so you might be there for a couple of days alone.

David Burrowes: And do you have contact with other people?

C: Pardon?

David Burrowes: Do you have much contact with other people?

C: When you're in the fort you don't have contact with anybody, you can't contact anybody, your phone is taken away from you.

David Burrowes: So have you had contact with your family, or any friends, any other people?

C: Well, friends and family are aware of where I am at the moment. But the friends I have now are the people who come to visit.

David Burrowes: Just repeat that again?

Sarah Teather: Speak up for us, who comes to visit you?

C: The people who come to visit us are from JRS, Jesuit Refugee Service, and an NGO as well, they come regularly here. So somebody, one of their visitors, comes regularly to visit me. Which I really appreciate that.

Sarah Teather: But do you have any contact with your family?

C: I haven't got no contact with my family. The British Red Cross have tried to trace my family for about two years now. I'm the only child of my family, of my parents. They've been trying to trace them, and they don't where they are so I don't know if they are dead or alive. Since 2003, since I was taken from there I don't have no contact with them.

Paul Blomfield: Morning C, my name is Paul, I'm also a member of parliament on the panel. I want to ask you about your expectations when you first went to the detention centre. What did you think you were going to? And what did you expect to find there? And how did the reality match up to that?

C: Well, when I first came to detention I came from prison, because I was sentenced for false I.D. for 18 months, so I spent 9 months and I had never been in prison before, I had never done any crime or stolen anything from anybody before, so it was a shock to me to go to prison for the first time which I couldn't cope with prison. At the point I was, you know, try to harm myself or kill myself in prison. So when I finished my prison sentence I think 2 weeks or 3 weeks later I was moved to detention.

They said, "ok, in detention you will be ok, detention is like a house. You'll go wherever you want to and you come back alone." So I thought that I would be ok, because I haven't been in prison before.... So when I came to detention, it was like a prison as well. I tried to meet new people and then I tried to get the move, for months, months, months, then I I was in a way, I don't how to say this, because the impact

Sarah Teather: C, take your time, it's ok.

C: Pardon?

Sarah Teather: Take your time, it's ok, it's fine. We were going to ask you, actually, about the impact on your health, if you can talk to us about that?

C: I've been diagnosed with Post-Traumatic Stress Disorder by two doctors, two psychiatric doctors now, one was an expert doctor whose speciality was ... came to assess me. Then the doctor also wrote a report and they also wrote to the Home Office, that I'm not, that it's not good to keep me in detention because of my health and then they recommended, because of what happened, CBT treatment last year. Then I had no service at all. Nothing happened. The recommendation went ... the Home Office after this, then this year again they continue that my situation they came to assess and they keep saying that my situation is getting worse all the time.

So they went back again and the ... recommended CBT again, for the second time. And it never happened, then the ... contacted again a third time.

Sarah Teather: C, I'm just going to check because we can only hear some bits of what you were saying there. So I'm just going to check back what I think you just said. You said that somebody had assessed you and said you needed some CBT because of your mental health.

C: Yes because of my mental health.

Sarah Teather: But you didn't have a solicitor and so you weren't able to get them to release you. Is that correct, is that what you just said?

C: Yes, because I didn't have a solicitor when it was documented the first time. Then when I had a section 4 ..., which I was told that if I the Home Office I got to contact the embassy healthcare then they will be able to Send me the area hospital or where I ... that is where I'll be able to get the treatment. Because they told them I had not had the treatment while I was in detention, they not treating me. So they recommended it second and third time now and also they gave me medication which I am taking and the psychiatric doctor told me that he cannot increase, that they have increased my dosage, I am on the highest dosage of medication in this place. And that they cannot give me overdose, they cannot overdose. Because the higher dose which I am taking, I'm take olanzapine, I'm taking 15mg at night, then during the day I take 5mg, one in the morning and one in the afternoon. Then I take mirtazapine. I take 15mg at night. These are the medications I am on and this place, because of the long time detention and conditions we were talking about, I don't really come out of my room because the noise around it makes me think I'm going to go mad. It's like, any noise I think, I am on suicide watch in this place too. I tried to use a sheet, my bedding, to stop my breathing. Days I wake up I don't want to wake up, I just want to carry me out in carrier bag and take me out of this place. That one day they will put in a carrier bag and take me out of this place.

Sarah Teather: C, thank you so much for talking to us, we're really, really grateful to you. It was very powerful testimony and I'm grateful to you for doing that. Thank you.

Ok, bye bye.

C: Bye.

Sarah Teather: I kind of wanted to keep that going but we had promised we would speak to another gentleman as well. Gosh.

[phone rings]

M: Hello?

Sarah Teather: Hello, is that M?

M: Yes.

Sarah Teather: I'm Sarah, Sarah Teather, from the detention inquiry. Thank you so much for agreeing to talk to us, we're really grateful.

M: Yes, but I can't hear you properly please.

Sarah Teather: Yes, unfortunately, you're on a speaker phone so that the other members of the panel can hear you. If we speak slowly is that better?

Can you hear us ok?

M?

M? Can you hear?

M: Yes, hello.

Sarah Teather: We'll have a go and see how we get on. M, tell us a bit about yourself and when you came to the UK and how long you've been in detention.

[phone drops out]

Sarah Teather: We'll try again. We knew this was always a risk.

AUTOMATIC MESSAGE: This phone is currently unavailable.

Sarah Teather: Alright, do we want to try one of the other people we've got? Do you want to try A?

[phone rings]

A: Hello.

Sarah Teather: Hello? Is that A?

A: Yes.

Sarah Teather: It's Sarah Teather here from the detention inquiry.

A: Hello.

Sarah Teather: Thank you so much for agreeing to talk to us.

A: Yeah, I'm here in Colnbrook.

Sarah Teather: We've got, in the room, we've got a number of MPs, and a member of the House of Lords, and quite a lot of supporters as well.

A: Hello, good morning.

[applause]

Sarah Teather: That's their appreciation to you for giving your time. A, could you tell us a bit about yourself and how long you've been in detention?

A: I've been in here exactly 99 days.

Sarah Teather: How many days? 99 days did you say?

A: nine nine.

Sarah Teather: 99 days.

A: Yeah, 99 days today. I had been signing in for 15 months and then when I went to my last report, I was detained from the report.

Sarah Teather: What did you do in your home country?

A: I'm a medical doctor.

Sarah Teather: And how long have you been in the UK?

A: I've been here since December 2012.

Sarah Teather: One of my colleagues is going to ask you a bit about the conditions you're living in.

A: Sorry say that again, I didn't hear you clearly.

Sarah Teather: My colleague Paul wants to ask you a question.

Paul Blomfield: Good morning, my name's Paul I'm also a member of parliament on this panel. Thank you very much for your time. We want to understand your experience in detention. What were your expectations when you were told you were being taken to a detention centre? What did you expect to find there?

A: I was astonished. I wasn't expecting this to happen and I was, at that moment, very sad, very low. The things that I've been through since I've been in detention till now, it's getting worse every day. Because the healthcare facilities, I don't know what's going to happen and it's the worst thing I've ever been through. and then I'm struggling because of my fear. Because I've got my problems, I managed to flee my country and then I thought I'd be safe. But the thing is that, what I'm waiting for, to be handed again to those... in my country.

Paul Blomfield: I realise this is difficult to talk about but we want to understand your experience. You say that things are getting worse. Could you explain that a little bit more?

A: The things are getting worse in terms of my mental health and in terms of my future

Paul Blomfield: And what support have you had in the centre in terms of access to doctors and medical help?

A: There is a healthcare unit here but it's quite difficult to get an appointment with the doctor and you have to wait for a long time. For example, I've been with a councillor for quite a long period and she suggested that I should be seen by a mental health nurse or psychiatrist, which is so odd because they are different, the mental health nurse and the psychiatrist. They are far from each other. But anyway I was waiting for almost 10 weeks to get an appointment.

Paul Blomfield: 10 weeks to get an appointment.

A: Yeah. And I was telling them to get my appointment, to sort my mental health issues out. At least I get some comfort by doing that. I've got other problems, I'm a diabetic person.

Paul Blomfield: And you've had the appointment now and were they able to offer help?

A: I got an appointment luckily last Saturday.

Paul Blomfield: And has that appointment led you to being offered help?

A: No it was very quick appointment and I was feel like they were rushing me a lot. They said that I should just go and try these tablets and they will see me again. I wasn't happy with the service.

Sarah Teather: We've got one more question from Anthony.

Lord Anthony Lloyd of Berwick: Hello, just one question. Do you have access to a lawyer at Colnbrook and if so have you considered applying for bail on the grounds of your ill health?

A: Unfortunately not because my lawyer is engaged with me before I was detained. And he said that the merits of my case are very good. Having said that, he said that I need some luck because the results are not that good for me. I don't really understand why not, because I've got And everything. Regarding bail, I didn't apply for bail because I saw the people here, anyone who applied for bail they get tickets, removal directions, and this is very psychological abuse and is real mental torture. So I don't want to get removal directions, which is why I did not apply for bail.

Lord Anthony Lloyd of Berwick: Thank you.

Sarah Teather: Thank you very much for talking to us today. We're really grateful to you for giving us your time.

[applause]

Sarah Teather: We're now going to hear from some people who've been in detention. Souleymane, Maimunu and Alice. Do you want to come forward?

Do you want to introduce yourselves so that we all know who each of you are?

Souleymane: Good morning ladies and gentleman, my name is Souleymane. I'm originally from West Africa.

J: My name is 'J', originally from the Gambia.

Alice: My name is Alice, I'm from Cameroon.

Sarah Teather: Thank you very much, we really appreciate you coming today, particularly having sat through the earlier evidence I suspect it probably upset you a bit and brought back some memories. We're grateful to you for coming. Perhaps you could each tell us a little bit about yourself and how long you were detained. Tell us whatever you would like to tell us. Souleymane shall I start with you?

Souleymane: I think the ladies first.

Sarah Teather: The ladies first, ok. Tell us when you when you were detained and how long you were detained. Just tell us a bit. Whatever you'd like to say.

J: My name is J, as I told you I'm from the Gambia. I was trained as a cutter, FGM cutter, by my mum and my grandmother. In our family we are the cutters there. I had being doing this for so long, since I was twelve. I don't support cutting, I don't support the system of FGM so that's why I came to this country.

Coming to this country, I came here in 2009. I sought asylum in 2012. Why my time was wasted a lot before I sought asylum because I didn't know anything about the process. I knew nothing about asylum, I knew nothing about that. Through talking to people about my situation I was advised to go and seek asylum so when I went to Croydon on the 2 February to seek asylum I did my screening interview and they said that there are going to detain me. That's when they detained me.

Sarah Teather: Tell us how you found it, you were in Yarl's Wood is that correct? How long were you in Yarl's Wood for?

J: I was there for five months.

Sarah Teather: And how did you find Yarl's Wood? What was your experience?

J: I starting have my experience in the van ever before reaching Yarl's Wood. Because in the van, when got into the van for the first time I was thinking, everything I lost, everything. But then I realised that "no, I think criminals should be in this van. Did I commit any crime?" So that's when I started asking myself did I commit any crime. I then realised that "no, I don't think seeking asylum is a crime."

So I was scared for the first time. I was very scared. Until when I got to Yarl's Wood. So getting inside Yarl's Wood, the process before you even reach inside Yarl's Wood, showed me that this place you are going to, I don't think it will be easy to come out from here because it was very tough to get in. So in that case you always think it will not be very easy to come out. And then I start thinking of what happened, why am I in this prison, then all that fear and all those thoughts came back to me as anger. I was so angry in detention.

The thing is, why I was angry is I always think that I hadn't committed a crime in this country. Only thing I was asking was for protection. But I ended up seeing myself in prison. People call it Yarl's Wood detention, it's not detention, it's prison. They just want to make the name beautiful from outside but it's not a detention, it's a prison.

Sarah Teather: Alice, were you also in Yarl's Wood? Is that correct?

Alice: Yes.

Sarah Teather: How long were you in Yarl's Wood for?

Alice: Four months.

Sarah Teather: And what was your experience at Yarl's Wood?

Alice: My experience was very difficult. I don't know where to start.

Sarah Teather: Ok, I'll come to you in a moment, I'm going to ask Souleymane a little bit about how long he was detained and then we'll some you some questions about the conditions and we'll ask you something quite specific. Souleymane, you were in more than one detention centre, have I got that right?

Souleymane: Yes.

Sarah Teather: Tell us about that.

Souleymane: I was detained for three and a half years. I was working illegally in this country. I got my sentence of six months. So they took to me to Colnbrook. I was allowed to work in Colnbrook as an assistant chef from 9 o'clock to 7 o'clock in the evening, seven days a week, one pound an hour.

Sarah Teather: So you were put in prison for working illegally and then you were allowed to work for one pound an hour in Colnbrook, for three and a half years.

Souleymane: As assistant chef. To feed 300 people in Colnbrook.

Sarah Teather: I think we can all see the irony in that. Was it just Colnbrook or did you spend time in any detention centre?

Souleymane: Yeah, I spent it in Dungavel, Colnbrook, Colnbrook, Dungavel, I was moving like furniture.

Sarah Teather: And how many times did they try and deport you?

Souleymane: I didn't have any travel documents because my father is a Guinean, my mother is a Gambian, that is the problem. They took me to the Gambian embassy, they refused me as a Gambian. They took me the Guinean embassy, they said my mother is a Gambian, so they recognise me as a Gambian.

Sarah Teather: Alice tell us about the conditions of the room, tell us what you found in Yarl's Wood, what was it like being there in your room?

Alice: They just say that it is detention is easy. Everything inside is bad. They treat people like we are animals. They always lock us, sometime if you want something they refuse to book an appointment like the others say, it is difficult.

Sarah Teather: Is that an appointment with a doctor?

Alice: Yes, it's very difficult. You don't have access to anything.

Sarah Teather: How long did you have to wait typically to get access to a doctor?

Alice: It depends. I have a mental issue and sometimes it might take one week, or one week and a half.

Sarah Teather: J, what was your experience?

J: My experience of the mental health care or any experience?

Sarah Teather: About health care, what was your experience of access to healthcare?

J: It's very bad because I lost the use of my finger, this is one of the important fingers in your hand, but I lost it in detention. I wounded myself one week before I went to detention, my finger was cut. I was cutting fish and the knife cut into my finger so I had to pull it out and the vein was cut. But until this finger was healed, I paralysed like this. I was taking only paracetamol in detention. I never had any other medication, even a plaster to put on my wound. All I was having was paracetamol which they would put in the water for you. I don't know what the name is of that paracetamol, that's all that I was given.

The health experience in detention, I think is the most worst experience because I used to see a doctor in detention. What they care about is you are fit to fly. When it comes to you are fit to fly, they are happy to write it. But if you are sick, you are pretending. If you are pregnant, and you are in labour, you are pretending. If you have mental health, you are pretending.

Any sickness that you have in detention they don't look at it like a sickness, they just say that you are pretending. Sometimes if you have those headaches and you're feeling dizzy, you're just looked like a little issue. Because you see somebody who is going to die, and they just say that the person is pretending. So if you have those kind of things, you just say that, no, it doesn't even warrant me to go to the healthcare and talk about it.

Sarah Teather: We want to ask you a bit about the fast track, because I think you went through the fast track process?

J: Yes, I was fast track.

Sarah Teather: Did you feel that you were given a fair hearing by the judge?

J: Not at all. I was in fast track, I have my interview, my screening interview was in Croydon, that's when they detained me. So I have my big interview after two days when I was in detention, I have my big interview without a lawyer, without an interpreter. I asked for an interpreter with three different languages in my country because I can speak those languages very comfortably, Mandinka, Sunna and Wolof. But I didn't have any of those interpreters. They said that my English is good so that I can go on with my screening. I know one hundred percent that it's not good for me to go for a screening. It's getting better because I'm talking a lot and I'm having English classes.

The legal process in detention is just bad because I think fast track they just made fast track just to get rid of people but not to, I cannot even imagine how fast track is, because when they say you are in fast track they are not interested in your case. They are not interested about what will happen to you if you go back, they are not interested about anything, about your healthcare, about nothing. All they want is you going to your interview so quickly, after that you have a refusal, after that refusal you have a flight and removal directions. That is fast track.

Sarah Teather: Anthony you wanted to ask a question.

Lord Anthony Lloyd of Berwick: A question for J. I understand that you made a fresh application and you're waiting for a decision. When did you make the application?

J: It was made in March.

Lord Anthony Lloyd of Berwick: How long?

J: March.

Lord Anthony Lloyd of Berwick: What was the grounds of your fresh application?

J: What was the?

Lord Anthony Lloyd of Berwick: The grounds on which you applied for asylum the second time around.

Natasha Walter: Do you mind me coming in? I'm from Women for Refugee Women. J because she'd been in the detained fast track wasn't able to collect sufficient evidence but for her fresh application she managed to get a lot more evidence from The Gambia and also J's case was actually a subject of a report on BBC Newsnight where a journalist travelled to her home, visited and talked to her family and so some of that evidence from back home could be used about the danger that she faced if she was returned which was not possible to present in the original application. Does that help?

Lord Anthony Lloyd of Berwick: So a question for Souleymane. I think I'm right in saying that you have both been in prison and in detention centres, can you give us an idea of the difference between the two? Where were you happy?

Souleymane: Ok, the difference between prison and detention. In prison, you count your days down, but in detention you count your days up.

Sarah Teather: Alice, I wonder if you could tell us – for a period you were on suicide watch when you were in Yarl's Wood. Tell us about what that experience was like. We've been told that you had some difficulties with some male guards watching. Do you want to talk us through that?

Alice: I'd been in prison one time for three months. And when they arrest me, I didn't know, because I went to sign in and they were there waiting for me. There was five, tall and big and they asked my name. And I said yes I am that person. We want just to talk to you. I said please can you just tell that to me here. And they said no, let's go there, in that room. We want just to ask you a few questions. I said who are you? They said, no problem we're going to tell you. I said ok.

When I just went out, they were all over me every place. Even in my bag. I went inside. When I was inside they said we are immigration, you are under arrest, this is your flight, you are going back. They arrested me on Saturday, it was on the 22nd, they said this is your ticket for flying you're going back on the 27th. I said ok. After this they said to remove everything and they started to search me and they said that in my file it has that I have mental issues and they said "no problem, we're going to look after you, you're going to a safe place." I said "you are telling me that I have a flight to go back to my country, now you're saying that you're going look after me." They just hold me, one here, one here and they put me in handcuffs. And they took me to prison. Because they arrested me. They brought me to a prison first.

When they put me in the handcuff, oh my head was dancing, because for me I know that prison in my country is very bad. I thought this is going to happen again. That I was screaming and shouting, I

said I want to get out. They just hold me. When we were inside the prison, they went to see, in the reception, the way I was screaming and shouting the person there said that they can't keep me here, this is a prison, they can't keep me here, they have to take me back. And they called a doctor to come and give me some medicine. I said "I don't want to take any medicine, I want to get out of here."

They refused to keep me there, in that prison, but the officers said that because I have to stay there until any immigration official comes and picks me up, they just left me in the waiting room. And one of the immigration officers said that because you have mental health condition, it's not good for her to be locked inside the cell. I should stay in the holding room. When they arrested me it was 10 o'clock and they come to pick me up at 12am in the night. They said we were going to Yarl's Wood.

When I entered there I wasn't myself. I was messed up. I started to remove my clothes, I didn't know what I was doing at that time and I found out I have some problem. When I entered the reception, they have a book there of People and they found out that I was so agitated and they bring me to the room and I was lying in the bed. There was two officers in front of me, watching me. If I wanted to go to the toilet they would be around me. And I said to them, "I don't want male guards". That night there was only male guards in Yarl's Wood. The way I was screaming, shouting, they said ok we're going to go to another section to look to see if there's a woman, then she will come and stay with you. After that they say, we don't care if you want to shout that's not our business. Then I scream and shout, I shout, I shout, I shout, I shout until I fell asleep.

After my condition started to get worse, I didn't know what I was doing and they found out. Now they were watching me every second. If I wanted to go and eat, if I wanted to do anything they were watching me. My solicitor told them that I have a mental health condition. They said no I'm pretending because I don't want to go back home, that's why I'm doing all of this, I'm going to stay there until they remove me.

The day they said I'm going to go back home and I have a flight, the psychiatrist in Yarl's Wood said to them that "I think she's not well, we need to keep her here because I need more assessment with her." She wrote to the director of Yarl's Wood. I don't know what happened. After that they didn't come to take me to the airport that Thursday. Then my condition was getting worse, worse, worse, worse, worse, and they weren't allowing me anything – no clothes – they were watching me like a baby.

After, my solicitor again said "ok, you say she's not sick, she's pretending. One of your psychiatrists looked after her and said she is sick. Let us do this. You bring your psychiatrist and I'll bring my psychiatrist." Because there is a psychiatrist there in Yarl's Wood. I met the psychiatrist of the Home Office, and I met the psychiatrist that my solicitor brought and I met the psychiatrist from Yarl's Wood. The three psychiatrists said that I'm not well, I'm someone who can kill myself at anytime. They gave me a second flight that I need to go.

Sarah Teather: So even the Home Office's own psychiatrist has said...

Alice: Yeah, they give a good report. But they said no, they don't believe that. I'm pretending. After they give me the second flight the psychiatrist comforted me there and she explained that she didn't know why the Home Office didn't believe me because they brought their own psychiatrist and this is the report they made. They don't know why. My solicitor said that I should know that even if they bring me back home they're going to return me, she's going to fight for me because this is not normal.

Sarah Teather: Have you got refugee status now?

Alice: Yes.

Sarah Teather: After all of that. Paul I know you wanted to ask some questions to Souleymane.

Paul Blomfield: Just want to thank Alice for her powerful words that you shared with us. But I wanted to explore the issue of legal representation because J has said that you were denied access to a lawyer at a crucial stage of the fast track, but I wanted to ask Souleymane your experience of how you understood the legal process that you were going through and how you were supported in it, and how far you felt that you had proper legal representation.

Souleymane: Thank you very much. The time I was in Dungavel I didn't have a representative. I was trying to take my case. He came on a Thursday and took my case and said on the Friday I'm going to take your statements. That Thursday night the UK Border Agency sent me off. They said I'm going for an interview in Colnbrook.

So they sent me in the night to Colnbrook. I was stuck, there was no interview for two years. So I was stuck, I was isolated, there's no friend. I called my solicitor in Scotland. He said to me "the only thing, you have to come back to Scotland and I can represent you because the Scottish law and the English law is different. While you are there you have to find your own solicitor." So luckily I had just been to the library in Colnbrook and I saw the flyer for Detention Action, so that's the way I saw them and they came to visit me. They found me a solicitor, found me section 4, and then I was released from detention.

But inside, there is a queue in the library. It is very, very hard. You don't have emotional support. Because of the conditions in detention – it's a concrete jungle. Only the strong, you have to be strong to survive because people are having mental issues, mental problems, and you live together. You cannot have friends because, if you're going to friends two days they seek other people because I was isolated in detention. Only Detention Action was assisting me, coming to visit me in detention. It's easy to find your way in, but a concrete jungle, it's hard.

Sarah Teather: I was just going to ask whether or not you could perhaps tell us what it's like now for you having been in detention and how do you think the experience of being in detention affects your life now. Actually I'll bring in J.

J: Can you repeat your question?

Sarah Teather: How does the experience of being in detention affect your life now? Has it had any affect? Have you recovered completely? Do you think about it all?

J: Yeah, I definitely recover because I can remember the first time I was released and I was taken to Barry House. And the second day I wanted to do my shopping, so I went to a Sainsbury's near Barry House. To be honest, I just stood at the door like that because I didn't know where to start. I couldn't even do my shopping by that time. So I have to think and look at the people at the way they are doing their shopping until I understand it then I start doing my shopping.

And in detention I never had a lawyer, never had access to any lawyer. Any lawyer that I tried they all said that my case is weak and they cannot take me. So they were dropping me. So I was so stressed in Barry House because by then I was always thinking that I could go back to detention any minute or that I could be deported at any minute because I do have anything to about my case.

That was when I met somebody who asked me “did you have any organisation?” I said, “no, I don’t know about organisations.” I didn’t even know that organisations exist in this country. So she sent me to Movement for Justice. She said I could go there and talk to them. That’s when I went to them and I talked to them and they found me a lawyer which I was never thinking that I could have before. And the lawyer was from Asylum Aid.

She helped a lot to change my case. She helped me a lot, a lot, a lot, to put in a fresh claim. It takes a long time, I know. But all that time she was taking her time to make my case a very strong case so that’s when I put in a fresh claim.

Sorry if I can say a bit about the suicide watch? Because I’m very angry about the suicide watch so I have to say a little bit about it. Suicide watch, I think, they just made it to put you under even more mental torture. If you’re on suicide watch and your health is not good, but it’s not that bad, suicide watch can make it more bad. And I can tell you, anybody who is suicide watch has sexual harassment in Yarl’s Wood, because those male guards they sit in there watching you at night, sleeping and being naked. You can hear them talking it. So, that suicide watch, people who are on suicide watch don’t need officers, they need doctors, not officers sitting at their door, they need doctors or psychologists who will sit at their door and talk to them.

But not the officers sitting in front of them at the door, harassing them, “oh have you seen them”.

Sarah Teather: Thankyou, Souleymane, you just wanted to say something?

Souleymane: Yes, I’m just trying to say what J said, when you get released, you don’t know where to start. It’s happened to me. When I was released I was told that I came from the cave. I couldn’t sleep. I couldn’t talk to anybody. I was alone. Detention made me powerless and weak with mental issues. I worked very hard to forget about the mental torture in detention. It’s taken me a long time to get my confidence back, that’s why I’m here to speak to people.

Sarah Teather: Alice, what about you? What’s been the long term impact on you of being in detention?

Alice: At that time, I wasn’t myself because I when I got out My solicitor came with me to mental nurse outside because all my hair was down and my hand was still hurting me. Outside they treated me very well because I burnt my hand in detention. After getting out we went to hospital and they treated me there because inside they didn’t treat me. When I burnt myself that night, they found out they cannot handle it in the healthcare of Yarl’s Wood. They took me to Bedford Hospital for the night. In Bedford Hospital, the doctor said that “this is very serious. Please, I need to speak to her by herself.” Because the guard was always with me. The doctor said “please, can you step out.” They said no, they have orders that the guard cannot leave me for one second. The doctor said that she needs to speak to me because I had burnt myself seriously and she needed to ask me some questions. The guard said no. After that, they received a phone call and they said that they had to take me back to Yarl’s Wood and they would just give me paracetamol. My hand was getting worse, worse, worse. So a week later they released me and we went to hospital and they treated my hand there.

I wanted to add something. Yes, it’s true what J said about the guards. I didn’t want to talk about it because I feel a little bit ashamed talking about it in front of you. Yes, it’s true sometimes when you are washing, you need to remove something or, even if you need to go to the toilet, the guard will stay. After they are staying they are laughing and they are saying “she have big boobs”, “She have

big breasts". They are just laughing between themselves, they are just looking at you. I didn't want to say that before because I felt a little bit ashamed to talk about it.

Sarah Teather: Thank you. Ok, last word to Souleymane, and then we'll need to wrap up.

Souleymane: So I'm going to end about my speech. Speaking as a campaigner now. We have to put detention on trial. It's only the UK government that has no time limit on detention like all the other countries, like Sweden, Germany and France they have time limits. My three and half years was waste for me. For you, taxpayers' money, it's waste. Each person in detention costs £50,000 per year. I was there for three and half years, it was a lot of money. It's time to have limits in detention. Thank you very much.

Sarah Teather: Thank you, thank you.

J: Thank you very much for saying that it's time to have a limit on detention. But it's not time to limit, it's time to close detention. Nobody deserves to be detained. There is no one who deserves to be detained. And I'm thanking the organisations, because this other organisation who is helping you if you come back from detention just to bring back your memories. My English was not good, I never thought that I could speak English like this, or start reading for myself. But I went to Women for Refugee Women who gave me an education for free. I can write a little bit, I can understand a little bit of writing, and I can speak better English than before I was in detention. So thank you very much for this organisation and all the supporters.

Sarah Teather: Thank you very much. I'm sorry for having to cut it short because I'd like to listen to you for a lot longer, but we've got another couple of people who are coming to give evidence immediately after you so they've been waiting patiently. Thank you very much.

We're now expecting Dr Cornelius Katona and Dr Katy Robjant to come and join us.

Thank you very much and I'm sorry that we delayed you and I hope you don't mind. But we thought that the evidence we were getting, the personal testimony was really important. And I suspect that some of it you may be able to pick up on anyway from the written evidence that I've seen that you've submitted. Can you just introduce yourselves and explain so that everyone else in the room understands your particular interests in this area.

Dr Cornelius Katona: Sure. Many thanks for asking us. I'm Cornelius Katona. I'm a psychiatrist and I'm the Royal College of Psychiatrist's lead on asylum mental health and I chair a college working group on asylum mental health and my colleague Dr Katy Robjant is also a member of that group. What we also have in common is that we both work at the Helen Bamber Foundation, which is an NGO working with survivors of human rights abuses and the work that we do involves carrying out holistic assessment of needs of survivors of human rights abuse and the main pieces of work that we do are provision of therapy, provision of welfare and housing support, and writing of medico-legal reports in the context of both asylum claims and of those around unlawful detention. So in that context both Dr Robjant and I have done a lot of visits to detention centres, we've seen a lot of detainees and a lot of former detainees. And we have been involved in quite a lot of cases where there have been out of court settlements in recognition of unlawful detention.

We've submitted evidence in the form of two research articles, one which we wrote together which was a review of the available international evidence on the effects of detention on mental health. The second was a piece of work that Dr Robjant and colleagues did which was looking prospectively at the effect of such detention on mental health compared with other asylum seekers and compared with prisoners, and we're also both involved in an ongoing study looking further at similar things.

That's I hope enough for introduction. I'm going to pass to Dr Robjant now and then take over a few minutes later.

Dr Katy Robjant: Thank you very much. I just wanted to briefing talk through the research that Dr Katona has just spoken about. The research that I did first of all with colleagues at the University of Surrey and the Traumatic Stress service in South West London was a quantitative study looking at a large number of detainees and comparing the mental health of those detainees with a very similar group of asylum seekers who were living freely in the community. And what we found was very high levels of mental health problems in both groups, and indeed in another group of former prisoners.

But what was very interesting is that there were high, significantly higher, rates of post-traumatic stress disorder, anxiety in those who were detained compared to the asylum seekers who were living in the community, despite comparable levels of pre-migration trauma.

What was particularly interesting for me is that there were, within that group of asylum seekers who were detained, a particularly vulnerable group and they were those who have experienced intra-personal trauma, so trauma at the hands of somebody else, somebody deliberately inflicted cruelty. So for example, victims of torture and victims of trafficking. And what was particularly interesting is that this group was significantly more likely to have higher rates of mental health problems if they were detained for longer periods of time.

In my study, we used a cut off of 30 days and this really resonates now with what we've heard this morning from Detention Action with the idea of having a 28 day limit. In my study those who were detained for over 30 days had significantly higher mental health problems than those who were detained for under 30 days so there is a very good reason to limit it to around that time, I would argue.

In terms of the review paper which Prof Katona and I wrote together, we looked at the research from around the world and what we found was that all the studies showed that detainees had very high rates of mental health problems. There were long term implications of being detained. So there was initial improvement post-release in mental health, but the impact of being detained was long-term.

Sarah Teather: And in comparison with the group who'd never been detained but had similar levels of pre-migration trauma that's statistically significant is it?

Dr Katy Robjant: So while initial improvement happens, there are some people who have experienced mental health problems which are specific to having been detained. So for example, introducing unwanted memories of what actually happened to them in detention.

Longer detention has been shown time and time again to produce worse outcomes in terms of mental health. And finally there is an independent impact of being detained on mental health and certainly in our clinical experience as well, what we see time and time again is people find detention in itself an incredibly shaming experience, they can't make sense of it, they don't understand why they've been detained when they have done nothing wrong, and a lot of our clients, despite experiencing very significant pre-migration trauma, will cite being detained as one of the most harmful things that has happened to them, and experience nightmares about detention, flashbacks about being detained in itself.

So, what we see are very common diagnosis in detention are post-traumatic stress disorder, depression, anxiety, psychosis as well, and also mild learning difficulties. And many of the people

who we have experience of who have been detained are survivors of torture and trafficking and other various severe human rights abuses.

What these types of human rights abuses have in common is that it involves multiple, repeated trauma. Now this type of trauma leads to very elevated mental health problems. For example, rather than simple PTSD, we see a more complex clinical presentation which is referred to as complex-PTSD, which means that as well as the normal features of Post-Traumatic Stress Disorder, we see additional problems which include lack of trust, difficulties relating to others, problems with agency and autonomy, difficulties regulating emotion, higher rates of self-harm and suicide.

The stress of being interviewed in detention means that it's very, very difficult for people to tell their stories. There are obviously for people who have been tortured significant levelled reminders in the detention centre. So for example, bars and uniform, keys jangling, screams of other prisoners, being in a cell, are going to mean that there are a lot of reminders of the traumatic experiences that people have had in the past. And this means that people are more likely to experience flashbacks and induce symptoms of PTSD as a result.

I want to say a bit if I can about how PTSD actually develops. I think PTSD is banded around and a lot of people don't really understand it. We're not talking about people being stressed when they've remembered the past, we're talking about neurobiological processes which mean that when reminders are occurring people will re-experience the event as if it is happening to them again right now. This happens because of the way the brain actually works under conditions of very high stress. So stress hormones are released which effect the brain in different ways. Whilst one part of the brain which is responsible for retaining information about emotions, responses, physiological responses, is working very well, the part of the brain that tells you where you are, what day it is, where you are in time and place actually goes offline at very high levels of stress.

Now what this means is that those two parts of the memory, the experience and the emotion and physical reactions, is not connected with contextual information of time and place. So this is extremely distressing for people so when they are reminded of it they relive the experience and they have no access to the information which tells them it's in the past – it happened on this date, at this time, in this place.

Sarah Teather: This was very much what Alice was just describing to us when she had just no idea where she was.

Dr Katy Robjant: And what of course that also means is that people are unable to, because of this neuro-biological processes, they are unable to provide consistent information about specifically time and place and chronology in context. And people who have post-traumatic stress disorder need treatment before they are able to provide a consistent account in that way.

Lord Anthony Lloyd of Berwick: So what implications does that have then for things like fast-track?

Dr Cornelius Katona: Well, as we see it one of the central problems with the fast-track process is that the need, the perceived need to achieve a quick decision is at the expense of increasing risk of it not being the right decision. And if as we heard earlier the speed of the process means that people are not able to amass evidence, if in addition to that they give their own evidence at a time when, as Dr Robjant says, is a time when they are not mentally well enough to do so, and when they are further stressed by the ongoing experience of detention, being interviewed in the detention setting, the chances that they can disclose fully, consistently, credibly the terrible things that have happened

to them goes down. And therefore the chances that their case can be properly considered goes down.

Paul Blomfield: I guess you've covered a lot of the areas that we were going to ask about, but I think you've raised new questions in relation to how far mental health issues can ever be effectively managed within a detention environment, for example.

Dr Cornelius Katona: Yes, I'm so pleased you asked that because that was the bit I was going to say in the next couple of minutes. Our position in the Royal College of Psychiatrists is that it's not possible to treat people with serious mental illnesses satisfactorily in the detention setting and there are several reasons for that. I think that having guidelines that detention should only be avoided if the mental illness cannot be satisfactorily treated is a sort of false dichotomy. The idea, the underlying idea, being that those people who need to be hospitalised shouldn't be treated in detention. I would agree with that but the point is that it's only a very, very small proportion of serious mental illness which in terms of modern psychiatry require hospital treatment.

The principles of modern psychiatry include treating people in the least restrictive way possible, treating them in the community, and striving towards recovery rather than symptom control. Now the problem with the underlying and not very well spelt out Home Office notion of satisfactory treatment in detention is that it's all about symptom control and prevention of suicide. And suicide watch is moderately effective at preventing suicide in the short term, but because it doesn't deal with the underlying problems that result in the increased suicide risk, it doesn't address what needs to be addressed, and if anything as we've heard from the very eloquent stories from detainees and ex-detainees, the process of suicide watch, of being continuously observed, is itself distressing, dehumanising and increases the risk.

So one needs to move to the notion that if people have serious mental health problems, those need to be properly addressed, they need to be properly treated. The detention environment isn't designed for that, it's not therapeutic and in practice it's very difficult for the existing mental health services, which are usually very underprovided, to be able to meet even a proportion of those needs.

We see, for example, people who come from prison, and in prison mental health provision is relatively good, and people, for example with drug problems, in prison who are then transferred at the end of their sentences to the immigration detention setting and immediately relapse in their drug problems because of their increased distress and because of a lack of care that they previously received.

Even people who have illnesses so serious that they need to be hospitalised very often don't get into hospital or their hospitalisation, even though it's recommended, is postponed for long periods. There have been, and this has been mentioned before, six recent cases of people with serious mental illness in detention whose mental illnesses were so badly treated that their management breached article 3 of the Human Rights Act.

Now, I was involved in, as an independent expert, in one of those cases, and the lack of treatment and the imperfect – that's a very mild word – communication that lead to that ongoing imperfect treatment was mindboggling. One of the six cases in many ways is the most important because there wasn't an underlying mental illness, the whole of the mental illness which became so severe that the person's article 3 rights were breached, all of that was caused, not just aggravated, caused by the detention.

A couple of final points that I wanted to make. One was about fitness to fly and that was mentioned earlier and I see a lot of people who have later been released but who have been judged within detention, to be in inverted commas “fit to fly”, that assessment as far as one can see simply consists of the signing of a piece of paper by a doctor saying this person is fit to fly. There is no documented assessment underpinning that fitness to fly.

Sarah Teather: Is there any psychiatric assessment?

Dr Cornelius Katona: This is specifically in the psychiatric context and the Civil Aviation Authority provides very helpful guidelines on fitness to fly for people with psychiatric illness and they stated particularly that people whose condition is unstable and who are at risk of disrupting themselves or others in flight should not fly.

There is, I think without exception, in all the cases I’ve seen where there has been a doctor say “this person is fit to fly”, there has been a lack of documentation that in civil aviation guidance terms those people really are fit to fly.

Sarah Teather: So who is that is doing that assessment to say that there are fit to fly?

Dr Cornelius Katona: It’s usually a general practitioner who is employed by the detention centre.

Sarah Teather: And do any of them have any expertise on working with refugees, migrants, people who are victims of torture? That you’re aware of?

Dr Cornelius Katona: By virtue of working in detention centres they have some experience of doing so. Whether they have particular expertise I’m not aware of any documentation that they have any such expertise or any appropriate training. One would think that their appraisal and revalidation process would require that, but that isn’t available to external scrutiny.

Sarah Teather: And there is no routine involvement of psychiatric assessment in that? In that assessment of whether they’re fit to fly? It’s merely a general practitioner.

Dr Cornelius Katona: Occasionally I’ve seen such a decision documented, similarly very briefly documented by a psychiatrist, but in the overwhelming majority of cases that I’ve seen it’s not a psychiatrist.

Lord Anthony Lloyd of Berwick: I was very interested in the document which is referred to as the position statement by the Royal College of Psychiatrists and obviously in particular the four cases referred to where it’s been held that detention in these circumstances was in breach of the convention. At the bottom of page 1 of the document, you refer to a case in which the Secretary of State gave what was equivalent to an undertaking that she would reconsider her policy, at least take the first steps towards reconsidering her policy. Did she ever do that?

Dr Cornelius Katona: I think the short answer to that is that there is an ongoing exercise. There was quite recently, I mean much, much later than this position statement came out, there was a consultation exercise in which several bodies with some degree of expertise including the Royal College of Psychiatrists and including the Helen Bamber Foundation, did submit evidence to inform that assessment. But to the best of my knowledge there has not yet been any output from that assessment.

Lord Anthony Lloyd of Berwick: The policy as I understand it is the one which is set out on the penultimate page of the document, the current policy. You said that this was quite a long time ago, it was October 2013 that this document was published, and the policy is set out and it describes it as

being an extremely problematic policy. What are your criticisms of the policy and how would you improve it?

Dr Cornelius Katona: Well, first of all there are the, in my view, there are particular problems with the detained fast track system which have been alluded to and that's an ongoing case, but it appears clear that the judgement is that detained fast track is unlawful because it's unfair and in particular it is unfair among other vulnerable groups, it's unfair to people with mental health problems. And the fact there are now six cases at this high article 3 threshold being breached, I think is a manifestation that the policy is difficult, is problematic.

I think that the consideration of the possibility of mental health problems in screening is not adequate. It's difficult but I would argue that there needs to be much more rigorous screening for the possibility of human rights abuse and more specifically for the possibility of significant mental health problems in anybody seeking asylum where a decision is being taken, should they or should they not go through the detained fast track. And more fundamentally, should they or should they not be detained.

And given the evidence that you've heard earlier this morning about the possibility of viable, better, cheaper alternatives to detention, I would argue that those should be looked at particularly closely for people who are vulnerable and in particular people who have been subject, or allege having been subjected, to human rights abuse and most particularly with mental illness.

Sarah Teather: We touched a minute ago about training for GPs who are serving detention centres. I was interested to know what you thought about the other people who work within the detention setting, about what their knowledge and understanding of mental health is. There was something in your position paper about particularly people who may be on the autistic spectrum and the misunderstanding there of behaviour that means they're treated with ever more rigid restriction which creates an exasperation in behaviour. I just wondered if you'd just say a bit more about that and what possible training there should be.

Dr Cornelius Katona: I don't think that training will solve the problem. I think that the fundamental issue is that most of these people should not be detained and if they are going to be detained they should be detained for very short times. But the brevity of their detention should not be a barrier to full consideration of their asylum claims.

Having said that, I think there are real and particular problems with identifying people on the autistic spectrum and people with learning difficulties. Certainly in my clinical experience it is very difficult to be confident whether or not someone who has been hugely emotionally and physically deprived and who has had no education whatever, whether or not they have a degree of learning difficulty or on the autistic spectrum. And if it's difficult even to determine that it's even more difficult to determine whether those aspects should be factored in to working out what their care needs are.

So I think part of it comes back to being much more aware right at the beginning of the process, before any decision is made about detention, about the possibility that there are factors that increase vulnerability. And I suppose that if I was forced to put that into one sentence, I think the key issue is that people claiming asylum should be thought vulnerable unless it's clear that they're not, rather than the other way round.

Dr Katy Robjant: Can I add to that by saying that indicators of mental health are often not well understood. For example, people acting bizarrely, people laughing inappropriately, people acting with a large degree of hostility, are not recognised as being indications for mental health problems

and are misunderstood as people trying to deliberately frustrate the process. And of course the people who are working in the detention centres are not trained sufficiently, and neither can they be, in order to look after people with severe mental health problems.

Paul Blomfield: Katy you described very clearly the process by which the brain reacts to pressures of being detained and the way that detention therefore extenuates problems, but I wonder what you could share with us about particular conditions of detention that do that and the way in which even within that environment things could be changed to minimise the negative impact on mental health.

Dr Katy Robjant: I think that, firstly, the important thing to note is that being in captivity is a traumatic event. So no matter how nice you make it I think if you're held against your will in a captive environment then that will be traumatic for anybody. More so, however, for people who have experienced that before where terrible things such as torture or trafficking has happened to them. And of course how are people to know that this won't happen to them in a detention centre in the UK, how would you know?

In terms of what is particularly traumatic, our clients often report hearing screams of other detainees as triggering flashbacks as that's what they've heard before under conditions of torture, seeing guards in uniform, hearing the doors closing, anything which could be a reminder of a traumatic experience they've been through in the past. And finding it very distressing to see people being removed, trying to avoid being removed, is obviously going to increase the distress and genuinely impact on mental health.

Lord Anthony Lloyd of Berwick: Could I just have one last question? Does the fact that detention in the detention centre is indeterminate as we know, have any effect on those with mental health problems? In other words, could you argue that by having a fixed term for detention, whatever it might be, that would actually improve their position so that they would know when they are to come out?

Dr Katy Robjant: Certainly our clients talk about that being a major problem and increasing their sense of hopelessness and despair and wondering how on earth, when on earth there are ever going to get out of here, if they are ever going to get out of detention. And of course they may have already experienced before going into detention under torture situations where they didn't know whether they would leave the prison alive or not, so it can also act as a reminder for that.

But generally, what all of the research has shown is that the longer you detain somebody, and we're talking about, actually, low numbers in the amounts of days, as I said around 30 days, the longer that you detain somebody the worse that their mental health outcomes are.

Sarah Teather: Thank you very much. Is there anything you want to add? Anything we've not covered that you felt we should know about?

Dr Katy Robjant: One thing that I thought about when we heard earlier about the economic argument is actually the strain on the National Health Service when people are then released from detention with higher mental health problems than they went in with, and then requiring as part of their treatment a number of therapeutic sessions literally on the experience of being detained. Which obviously adds as well a strain on the National Health Service.

Sarah Teather: Would you be able to quantify that for us do you think? Would you have access to data that would help us to quantify, even if it's an estimate?

Dr Katy Robjant: No, all I know is that from working in specialist trauma centres within the NHS, a huge proportion of clients, I'd say off the top of my head at least half the clients, were asylum seekers and refugees, and of those a significant number of those had experienced detention, and that was making their problems worse.

Dr Cornelius Katona: If I could add one thing as well? There is a so-called mechanism within detention where people who have mental health problems or who allege torture or other human rights abuses can raise those concerns, the Rule 35 provisions. Now, the Home Office claim that they are currently carrying out, or have carried out, an audit of that process. There's been effectively no consultation around that process, we don't know its outcome. Our clinical impression from the cases that are referred to us is that Rule 35 works very inadequately, that very often those concerns are raised, are documented on a piece of paper but go no further. So I think the notion that there is a failsafe mechanism known as Rule 35 is a dangerous myth.

Sarah Teather: That's been hugely, hugely helpful and I'm really glad also that we had you as our last session because you were able to tie together for us and explain some of what we heard. So thank you very much, I really appreciate it and for any of the others who also came and spoke to us who've remained, thank you. I'm really very grateful, it's been very strong and thank you to the panel, especially to the two who have remained all the way through. Thank you.

Thank you ladies and gentlemen for coming. We will give you notice as soon as we can of the next oral hearings. As I just repeat what I said at the start, if you are a member of an organisation or an individual who has experience of detention either yourself or your family and wish to submit evidence, please do so and encourage, particularly people who have direct personal experience, or making sure that their experience is heard by us. Thank you very much.