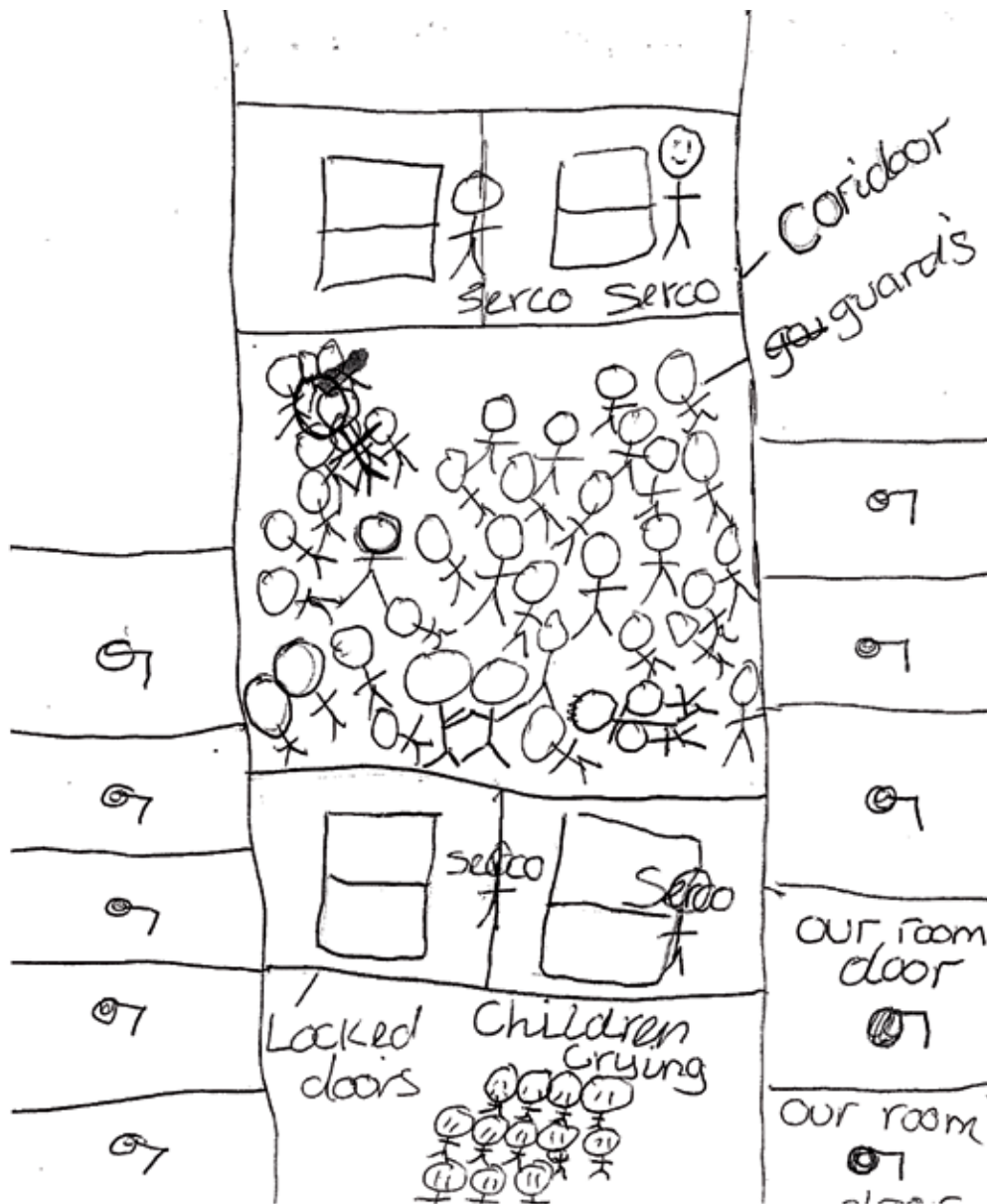


# 'State Sponsored Cruelty'

## Children in immigration detention

### Summary Report



Jon Burnett, Judith Carter, Jon Evershed, Maya Bell Kohli, Claire Powell, and Gervase de Wilde

## Summary report

This is the summary of *'State Sponsored Cruelty': Children in immigration detention*. The full report can be obtained from [www.medicaljustice.org.uk](http://www.medicaljustice.org.uk)

## Background

According to Deputy Prime Minister Nick Clegg the detention of children is a form of 'state sponsored cruelty'. This report provides the evidence needed to reinforce this claim.

Despite Nick Clegg's 22 July 2010 commitment to end child detention, saying that 'Yarl's Wood detention centre family unit will be closed for child and family detention', there have been a number of reports that children have continued to be detained there including one child detained at the time of writing. This raises serious questions about the consistency between government statements and the actions of UKBA. The government needs to show it is in control of UKBA.

Confusion has been heightened by UKBA setting up a series of pilot projects which seek to remove children from the UK without the use of detention. However, they do not seem to actually exclude the detention of children. These projects have been subjected to little public scrutiny, and portend the continuation of various damaging practices.

In Australia, a similar pledge was made some years ago to end the detention of children but they are again detaining children. It appears that something similar may happen here.

Detaining children costs around £120-£130 a day, providing an industry for the private companies who run detention centres. As a means of removing people from the UK it is largely ineffective, and over half of those children who are detained are released back into the community.

This summary report presents the key findings from the UK's first large scale investigation into the harms caused by detaining children for immigration purposes. The evidence collected brings to light the extent to which detaining children causes harm, suffering, and anguish. Children have attempted to end their own lives, and have been left seriously physically and psychologically damaged.

The report sets out why the detention of children must be abolished immediately, and subjects to scrutiny harmful measures which be used to remove children in the future.

## About Medical Justice

Medical Justice is a small charity which arranges for independent doctors to visit detainees, provide them with independent medical advice and write medico-legal reports documenting scars of torture and/or medical conditions. Medical Justice is the only organisation visiting detainees who report detainees being subjected to inadequate healthcare provision by doctors and nurses in Immigration Removal Centres (IRCs).

## Foreword

It gives me no pleasure to write this foreword. It is almost inconceivable that in Britain, in 2010, a report should have to be written not merely about the detention of children, but about the abuse and mistreatment these children have suffered or seen – allegedly carried out by individuals directly employed by, or working on behalf of the British government.

If you were to ask a person in the street about New Labour's most disappointing policy decisions, you might get a wide range of answers, many to do with civil liberties and the disastrous invasion of Iraq. Less likely would be an answer to do with the detention of children for immigration purposes. Yet there is no clearer indication that New Labour – who started so brightly on human rights – had lost their way. I am proud that this report has taken its title from Nick Clegg's description of the detention of children as 'state-sponsored cruelty'. Anyone who reads this report will surely agree with him.

In producing this report, as well as in their previous work, Medical Justice has performed an essential role in exposing the way in which human rights in the United Kingdom have been trampled underfoot over the last decade. Their findings are shocking, and their recommendations compelling. Their work deserves as wide an audience as possible. For I am convinced that the more people read it, the less likely such a report will ever be needed again.

**Julian Huppert MP**

## Introduction

On 13th October 2009 David Wood, the Strategic Director of the Criminality and Detention Group of the UK Border Agency (UKBA), responded to claims made in a research paper, written by seven independent medical professionals, that the administrative detention of children both causes and exacerbates significant deteriorations in mental and physical health.<sup>1</sup> According to Wood this carefully written study was limited.<sup>2</sup>

Two days after he made this claim a screaming 10 year old girl was detained after being taken from her aunt's house in a 'dawn raid'. The girl, terrified of detention and, according to her family, at risk of female genital mutilation if she was to be removed from the UK, was described by her mother as having 'completely broken down'.<sup>3</sup> Three days later, in Tinsley House Immigration Removal Centre, she was caught trying to strangle herself.

Immigration detention is indefinite. In 2001 the New Labour government made a decision to detain families for immigration purposes, in the same way as single adults. This culminated in the detention of as many as 1,000 children a year in three Immigration Removal Centres (IRCs); Yarl's Wood near Bedford, Tinsley House at Gatwick Airport, and Dungavel near Strathaven, Scotland. In 2010 the coalition government pledged to end the detention of children. Prime Minister David Cameron said 'after the Labour Government failed to act for so many years, we will end the incarceration of children for immigration purposes once and for all'.<sup>4</sup> However, the power to detain children still remains along with continued 'dawn raids', taking children into temporary care, and the separation of family members in order to force them to leave the UK.

## Key findings of this report

141 cases are featured in this report, from 87 different families, involving children detained between 2004 and April 2010. These children spent a mean average of 26 days each in immigration detention. One child had spent 166 days in detention, over numerous separate periods, before her third birthday. 48% of the children in this report were born in the UK. 62% of the children were released from detention back into the community. The report found that:

- 61 children were reported to have been arrested in dawn raids and 44 later exhibited behavioural changes including increased anxiety, food refusal, and self-harming.
- 18 children, or their parents, voiced concerns about the food they were receiving in detention. 23 children would not eat food for a period of time. It was verified that some detainees were being offered food that had gone beyond its 'best before' date.<sup>5</sup> Some children lost significant amounts of weight.
- 48 children were reported to have witnessed violence against other detainees. In the vast majority of cases these incidents were said to be perpetrated by individuals acting on behalf of the British government. Most of these incidents occurred during attempted removals but other cases, alleged to be perpetrated by Detention Custody Officers, occurred after detainees complained about conditions in detention. 13 children were physically harmed as a result of violence in detention.
- 74 children were psychologically harmed as a result of immigration detention. Symptoms included bed wetting and loss of bowel control, heightened anxiety, food refusal, withdrawal and disinterest, and persistent crying. 34 children exhibited signs of developmental regression, and six children expressed suicidal ideation either whilst in or after they were detained. Three girls attempted to end their own lives.
- 92 children had physical health problems which were exacerbated, or caused by immigration detention. These problems included fever, vomiting, abdominal pains, diarrhoea, musculoskeletal pain, coughing up blood, and injuries as a result of violence. 50 of these children were reported to have received inadequate medical care including failures by clinicians in detention centres to recognise medical needs, failures to make appropriate referrals, and delays in treating. Some children were left in severe pain.
- Despite official guidelines that children should be immunised against, for example, malaria, tuberculosis, and yellow fever, in 50 cases there were concerns about failures in the provision of medical care. In some cases it is alleged that children were administered inappropriate and dangerous malarial prophylaxis in attempts to ensure their removal from the country.
- 73 adults were reported to have been suffering to such an extent that it was affecting their ability to care for their children. Many of these parents were assessed by independent doctors who verified injuries consistent with claims of torture. Numerous parents expressed suicidal ideation and were self-harming.
- 38 children were separated from their families as a result of the detention process. Many of these separations occurred after parents were put in

1 Lorek, A. Ehntholt, K. Nesbitt, A. Wey, E. Githinji, C. Rossor, E. and Wickramasinghe, R. (2009) 'The mental and physical health difficulties of children held within a British immigration detention center: A pilot study', *Child Abuse & Neglect*, 33, pp. 577-585.

2 BBC (2009) 'Asylum children health concerns', *BBC News Online*, 13 October, <http://news.bbc.co.uk/go/pr/fr/-/1/hi/england/beds/bucks/herts/8304137.stm>; the research in question was based on medical assessments made between February and August 2006.

3 Taylor, D. (2009) 'Detained Nigerian girl found trying to strangle herself', *The Guardian*, 21 October, <http://www.guardian.co.uk/uk/2009/oct/21/detained-nigerian-girl-strangle-immigration/print>

4 Hansard, HC 25 May 2010, Col: 49

5 UKBA (2009) Report of the UKBA investigation into the circumstances surrounding the allegations raised by Birnberg Peirce Solicitors about the treatment of several families and children at Yarl's Wood Immigration Removal Centre during a period of protest between 14 June 2009 – 17 June 2009, London: UK Border Agency, Paras. 2.3.1-4.

isolation having voiced concerns about the way their children were being treated. Some children were removed from their parents and taken into care whilst their parents were detained. Some parents were separated from their children for several weeks.

### Methodology

This report uses evidence gathered from casework carried out by Medical Justice. This includes legal documents such as ‘reasons for refusal’ letters, witness statements, the transcripts of asylum interviews, appeals, and evidence submitted for fresh claims. Information is also taken from civil claims and complaints.

Medical information generated by independent doctors, volunteering for Medical Justice, is used as is medical evidence used by lawyers, such as reports obtained for civil claims. 15 independent expert clinicians provided medical evidence we have used.

In certain cases detainees and ex-detainees have filled in questionnaires asking for further information about their experiences in detention. 16 cases are presented as case studies in the full report. Case studies are only presented where there is medical or legal evidence to support the study.

### Dawn Raids

61 children were subjected to dawn raids. Frequently, these children exhibited signs of distress; reactions included sobbing, weeping, and hiding. Six children witnessed or experienced violence during a dawn raid. Ten children witnessed ill-treatment which did not amount to physical violence. For example, one woman explained that she, along with her son, was transported in a van after a dawn raid but was not allowed a toilet break. Consequently, she was forced to do so in a plastic bag with her child looking on.

Figure 1 – Dawn raids, fear, and violence

Effects of dawn raids	Number of children experiencing particular concerns (NB some children were recorded as having experienced more than one ‘effect’ of a dawn raid)	Percentage of the 61 children
Reports of being particularly traumatised during dawn raid	48	79%
Witnessed or experienced violence in dawn raid <sup>6</sup>	6	10%
Witnessed ill-treatment not amounting to physical violence in dawn raid	10	16%
Separated from family during dawn raid	5	8%

Of the 61 children who were known to have experienced dawn raids, 44 were reported to display signs of trauma, and behavioural changes whilst in detention; 32 were reported to be frightened and nervous after their release.

6 In one case, a child was injured along with their parents whilst a dawn raid took place.

**Figure 2 – Examples of behavioural changes noted after dawn raids had taken place**

Changes in behaviour	Changes in behaviour whilst detained	Changes in behaviour after release
Panic attacks	✓	✓
Bed wetting and other regressive behaviours	✓	✓
Food refusal	✓	✓
Nightmares	✓	✓
Aggressive behaviour	✓	✓
Rudeness and obnoxious behaviour	-	✓
Nervousness of situations which did not cause fear prior to dawn raid	-	✓
Depression and withdrawal	✓	✓
Separation anxiety	✓	✓
Hyperactivity	✓	-
Self-harm	✓	✓
Watching out the window at the time the dawn raid took place	-	✓
Lack of interest in physical appearance	✓	-
Frequent visits to the toilet	-	✓
Lack of concentration	✓	✓
Persistent crying	✓	-
Avoiding situations/people which are reminders of detention	-	✓
Playing less	✓	✓

## Conditions in detention

49 children, or their parents, whose cases are featured in this report had concerns relating to food in the detention estate. In 23 cases, it was reported that a child would not eat the food in detention for a period of time. Four children were reported to be attempting to eat the food they were offered, in Yarl's Wood, but vomiting after doing so. In three cases concerns were raised that a child had not been able to feed, due to the actions of staff (including claims that breastfeeding children had been separated from the mother for an inordinate period of time, and that a mother's treatment had been detrimental to such an extent that she was no longer able to breastfeed). One breastfeeding child was separated from his mother for a period of nearly two weeks.

**Figure 3 – Concerns about food in the detention estate**

Concerns relating to food in the detention estate	Number of detainees with concerns	Percentage of sample who identified concerns about food in the detention estate
Complaints that food is substandard	18	37%
Child will not eat the food	23	47%
Child cannot eat food in the detention estate without vomiting	4	8%
Child developed food allergies	1	2%
Child has gone without food because of the treatment of their mother	3	6%

Complaints that food was of poor standard have been looked into as part of a wider investigation, by UKBA, into the circumstances surrounding the Yarl's Wood family protests in June 2009 (discussed in more detail in the full report). This investigation drew attention to: detainees being served out of date dairy products; concerns raised internally by staff that children were not being offered healthy food (resulting in 'occasional' breaches of contract); food being sold to detainees from the Yarl's Wood shop that had gone beyond its 'best before' date; chicken served that still had feathers attached to the skin.<sup>7</sup>

There were complaints focused on schooling. According to one parent, schooling in Yarl's Wood had a specific disciplinary function that was tied to the removal of families. As she explained:

Schools? Rooms that are so-called schools where they mentally prepare kids that they are going back. My kids were told that 'your mum is not well, so maybe she can't travel with you both and dad. But once her baby is born and your mum gets better she will be sent back to join you all'. My kids got scared and worried. They did not go to the school after two days.<sup>8</sup>

## Violence, assaults and witnessing violence

48 children were reported to have witnessed violence or people being physically harmed during dawn raids, within the confines of IRCs, and in attempted removals en route to, or at an airport. Some of these incidents were accompanied by racist abuse and taunting. In one case a girl reports that escorts threatened to harm her in the

<sup>7</sup> UKBA (2009) Report of the UKBA investigation into the circumstances surrounding the allegations raised by Birnberg Peirce Solicitors about the treatment of several families and children at Yarl's Wood Immigration Removal Centre during a period of protest between 14 June 2009 – 17 June 2009, London: UK Border Agency, Paras. 2.3.1-4.

<sup>8</sup> Case Number: 13.

same way they were harming her mother. In another, a child witnessed his mother being assaulted whilst escorts called her a ‘monkey’, an ‘animal’, and a ‘thief’.

## Figure 4 – children witnessing violence throughout the detention process

Form of violence or abuse witnessed	Number of children who witnessed such incidences	Percentage of sample who witnessed violence
Violence carried out on parents during a dawn raid	6	12.5%
Violence on another detainee in an attempt to remove them from an IRC	7	15%
Assault/violence on parent(s) or other family members during removal attempt	20	42%
Assault/violence on detainees (including their own parents) during the June 2009 Yarl’s Wood hunger-strike	6	12.5%
Assault/violence on parent within an IRC (unrelated to removal attempts)	1	2%
Assault/violence on detainees within an IRC (unrelated to removal attempts)	3	6%
Violence (perpetrated by a father, on a child’s mother)	1	2%
Another detainee self-harming	4	8%

In over 90% of the incidents where children witnessed violence against other detainees, the alleged perpetrator was someone employed by, or working directly on behalf of, the government. In five cases children were harmed by their parents, and in each of these cases there had already been documented concerns about the ability of the adult to cope in detention. In six cases children were reported to have been injured by immigration officers or detention custody officers. Following one such incident, the children who had been harmed were so traumatised that when visited by an independent doctor, he had to teach them to breathe in and out of brown paper bags in order to control their panic attacks.

### Case Study 1 – Witnessing and experiencing violence

MU and his wife and son, DV, fled from Nigeria after his wife was threatened with female genital mutilation. Before they managed to leave the country they were attacked by a search party with machetes. MU’s wife, JL, was sexually abused by an agent en route to the UK.

After arrival in the UK the family had another child. They were detained in 2008 and 2009, at Yarl’s Wood and

Tinsley House respectively, and released both times. However, in the summer of 2009 they were subjected to a dawn raid, and detained at Yarl’s Wood again. Within a few weeks after arrival, MU and his wife took part in the protests against the conditions within Yarl’s Wood, and the continued detention of children. When the protest was broken up, MU and his family allege that force was used against him. And according to his son:

I remember when my daddy was thrown to the floor and hit the radiator. There were lots of officers and they were pulling his hair and kicking him. They also kept blocking his nose and it looked like he couldn’t breathe. They were shouting bad things at him and I was scared.<sup>9</sup>

The family also maintain that the daughter – at that time still a baby – was also injured in the incident and according to JL:

I tried to release an officer’s hand from [my husband’s] mouth so [he] could breathe and while I was trying to do this I heard [my son] screaming: ‘Please don’t take my sister’. [My daughter] had fallen off my back and then I heard [another detainee] scream ‘you stepped on my baby’. The officer replied ‘where’s your proof?’ [My son] also says he saw one of the men step on [his sister]. That’s when they took [her] away. They took her but I didn’t know where they had taken her.<sup>10</sup>

Whilst her daughter was brought back to her within a few hours, MU was initially segregated and then, after being told that he was a purported ringleader of the protests, was moved to Colnbrook IRC at approximately 11pm. In the meantime, his daughter allegedly began vomiting and developed a high temperature. According to JL, the response to this by staff at Yarl’s Wood was to give her paracetamol and instructions to ‘just put her to sleep’.<sup>11</sup> When she asked a member of staff at Yarl’s Wood where her husband had been taken to, she was initially provided with no answer.

## The psychological impacts of detention

Many of the children whose cases are featured in this report were noted by parents to be displaying high levels of trauma, depression, and anxiety whilst they were detained. Initial information provided when cases were referred to Medical Justice noted that concerns had been raised about 74 children – or 52 per cent of the overall number of children in this report – with regard to their mental health. The fears that were raised by parents, about the emotional well-being and health of their children, were explored by independent doctors, psychologists, psychotherapists, and social workers in 32 separate cases.

9 Signed statement.

10 Ibid.

11 Ibid.

In all 32 of these cases, concerns were noted about the effects of detention.

## Figure 4 – Noted symptoms and behavioural changes after children were assessed by independent experts

Noted symptoms of detention after children were assessed by independent experts	Number of children	Percentage of cases
Detrimental impact on the well being of the child	32	100%
Behavioural changes	31	97%
Afraid (of return, of uniformed figures, of their own and their family's future, anxious and distressed, having panic attacks and palpitations)	25	78%
Problems sleeping (nightmares, interrupted sleep, wakes up crying/ screaming)	12	37.5%
Withdrawn (will not speak or communicate, will not play, less interest in surrounding events, quiet)	17	53%
Anger and irritability	8	25%
Low in mood (sad, depressed)	30	94%

Of these 32 children, 19 (59%) were observed to be exhibiting signs of developmental regression. Some children were noted to be experiencing such extreme levels of stress and anxiety that they were unable to cope. Of the 19 cases, developmental concerns included: enuresis/soiling when this previously did not happen; speech regression; and acting as if they were a much younger child.

Three children attempted to end their own life either whilst detained, or after they were released. Three other children expressed suicidal ideation. All six were girls aged: 8; 10; 11; 12; 14; and 16. Two were reported to have been sexually assaulted prior to arrival in the UK. Four of the six girls had been subjected to dawn raids. In all cases there had either been a considerable deterioration in the ability of the girl's parent, or parents, to look after their daughter and care for them, or a perception by the girl that their parent would not be able to look after them. In two of these cases, girls had been forced to look on as their parents were allegedly assaulted in detention. In two cases, the girls had been separated from their parent(s) as a result of the detention process.

Many children whose cases are featured in this report were released from detention feeling angry about their treatment, confused, anxious, and in some cases physically ill. In 39 cases parents reported that after leaving detention their children continued to suffer. 26 were seen by an independent expert to assess the longer-term effects of

detention. Outcomes from these assessments included: fear of people in uniforms; disturbed sleep, regressive behaviour, suicidal ideation, and changes in relationships with parents.

## Case Study 2 – immigration detention and emotional and behavioural difficulties

OM, a Nigerian woman, and her son, SM, were arrested the day after SM's ninth birthday, in a dawn raid. OM reports that en route to Yarl's Wood IRC their medication was taken from them, and they were told that they were going to be removed from the UK. They arrived at Yarl's Wood later that evening, having only had a sandwich to eat all day.

The impact of detention on SM's psychological well-being was assessed after the family was released by an independent consultant clinical psychologist, Dr Sean Perrin, who is an internationally recognised expert in child traumatic stress. In his assessment it was noted that, after being detained, SM had been referred to a psychiatrist and a support group. The assessment indicated that he '[had] persistent worries about something bad happening to himself or his loved ones, and that he [engaged] in anxious behaviours to help ward off such events.' It noted that 'detention significantly exacerbated SM's pre-existing difficulties and caused a significant worsening of his functioning.' Dr Perrin drew attention to the fact that:

[SM's] detention at Yarl's Wood was an extremely upsetting experience for a very vulnerable boy with a history of learning, emotional and behavioural difficulties - and a very recent separation from his mother.

SM and his mother were released after one month. They later submitted a claim against the government on the basis that their detention constituted unlawful imprisonment.

## The physical health and care of children in detention

92 children (65% of the total sample) reported physical health problems that were understood to be either caused, or exacerbated by their experiences in detention. 30 children were reported to be experiencing sudden weight loss. Concerns about sickness and diarrhoea were articulated in 17 cases.

Some children were reported to have been coughing blood, and one child allegedly began having regular fits after he was detained. Some children reported more than one health problem.



In 55 cases, general physical health concerns were corroborated by independent clinical experts from Medical Justice. Some particular concerns included: a child with swollen testes; a child with gastroenteritis; a child with pneumonia; three children with eczema flare ups; seven children suffering from asthma attacks; and two children with chest infections.

## Substandard medical treatment

Of the 92 children whose health concerns were said to have been caused or exacerbated by detention, 50 (54%) were reported have suffered from failures in the provision of healthcare, in detention centres.

In 28 cases these allegations were corroborated by Medical Justice doctors who assessed the physical health of those children in detention. Findings from these assessments included six children who were not adequately tested, treated, or investigated in relation to sickle cell disease. And in one case investigations were discontinued even though the child's mother had sickle cell disease and investigations were already underway prior to detention.

## Case Study 3 – the wrongful attempted removal of a family, and mismanagement of a child's injury

SW, a victim of female genital mutilation (FGM), lost contact with her husband after he had been accused by the police in Sudan of working against them. SW feared that she would be targeted by the police, and that her three daughters, FA, FU, and FI, would be taken from her. She was also scared that her daughters would be subjected to FGM as she had been.

SW and her children were subjected to two separate dawn raids in the UK. Recounting SW's recollections of the first of these raids, Renee Cohen an independent psychotherapist and social worker with significant experience of writing expert reports, explained:

[Those carrying out the raid] did not knock but just broke the door. She was in bed with [her youngest daughter] and was confronted by a policeman coming into her bedroom and shouting that she had to get up and pack her things. When she reached for her clock and glass of water on the bedside table he shouted at her to stop that and she should get up and dress... She said she was paralysed and couldn't speak or do anything and so the police began packing clothes into bags. They also woke the two older girls in the same way and hurried them to get dressed. They did not allow them to wash but were just told to dress.

FU fell out of her bed in Yarl's Wood whilst sleeping, and soon after fell down a stair case in the IRC. According to the Children's Commissioner for England, after this fall 'there was an unacceptably poor nurse consultation which compounded a delay of over 24 hours before the child, who had suffered a fracture of her arm, was taken to hospital'.<sup>12</sup> Furthermore, notwithstanding her injuries, Dr Sean Perrin notes that a doctor wrote that she could still be put on a plane to be removed and that her injury was 'not a contra-indication to flying'.

A few days later the family were 'removed from association' in preparation for an attempted removal. Isolated from other detainees, the family slept together in one room as the children were afraid to be separated from each other. SW had to sleep on a mattress on the floor, with her youngest daughter, despite her fractured arm. She recounted this experience to Renee Cohen:

[The family] described the horror of being taken to a part of the prison where there were iron bars, not wooden doors, and they felt terribly alone without the comfort of other people and other children... [The children] described feeling very guilty because they could not understand the reason for being separated. They felt it must be because they were guilty of something.

The following day, as they were being transported to Heathrow Airport, the family were told that their removal had been cancelled. Yet, during what was supposed to be a stop for some food before returning to Yarl's Wood, they say they were informed that the removal was taking place again and they were taken to the plane. On the runway SW was handcuffed, and her children taken to the aircraft. When the oldest daughter tried to go to her mother she says she was restrained by an escort who told her 'that if she tried to run or scream that she was weak and he was strong and that he would hurt her'. At the same time, escorts pulled and twisted SW's handcuffs tightly and pulled her arm behind her back, before kicking her on one of her shins. Following this treatment, she was dragged on to the plane and sat in handcuffs with her children as they cried before, eventually, being told again that the removal was cancelled.

Following this incident, SW and her children were driven back to Yarl's Wood, and again put in isolation. When they were taken out of isolation, they were told by IRC staff that they had removal directions for the following day. Yet a day later, SW was instead given a letter from UKBA stating that this information was incorrect, and that they wished to offer their 'sincere apologies for the distress that this may have caused you and your family'. Just over a week later, SW says that she was informed

12 11 Million (2009) The Arrest and Detention of Children Subject to Immigration Control: A Report Following the Children's Commissioner for England's visit to Yarl's Wood Immigration Removal Centre, London: 11 Million, p. 10.



once more that her family was going to be removed and that she might want to tell her oldest daughter that she would be handcuffed if she resisted escorts. The same day that this was supposed to take place, the family were released from detention.

According to Dr Perrin, '[FU] was exposed to [at least] three potentially traumatic events in the form of the removal, the injury to her shoulder, and the reactions of her family to the seclusion and the threat of further removal'. These findings were reinforced by Renee Cohen, who suggested that 'it is my opinion that child protection arrangements at Yarl's Wood are not adequate'. In a written complaint about what had happened, SW stated:

The events from the arrest in our home and our removal from Crane Unit to that smaller unit and the escorts' treatment of us made us feel worthless. There has been little respect and I feel worthless. All these things must change.

## The removal of children and the denial of medical care

There were reported concerns in 50 cases that a child was either facing removal without being adequately protected, was administered with the wrong drugs prior to removal, or was removed without being adequately immunised. In 48 cases these concerns were raised by independent medical experts.

### Figure 5 – Concerns about removals, immunisations, and prophylaxis

Nature of concern	Number of reported concerns (NB some cases included more than one concern)
Parent refused/delayed anti-malarial prophylaxis	7
Warnings by independent medical experts that children need immunising	6
Offered or administered inappropriate anti-malarial drugs	13
Removal directions set with no/inadequate immunisations offered (including not enough time for appropriate drugs to be administered)	10
Removed without appropriate protection before travelling	10
Other 'fitness to fly' concerns relating to immunisations	6

In six cases, Medical Justice doctors expressed concerns that children needed to be appropriately immunised or inoculated prior to removal. In 13 cases, Medical Justice

doctors alleged that a child had either been given, or offered inappropriate drugs to facilitate their removal from the UK. Some of these drugs were not appropriate for the children in question and, further, in some cases known to be ineffective in the country in question. It appears that in these cases an inappropriate drug was chosen for the children in order to avoid rescheduling that removal.

## Effects on the ability to care for children

In 73 cases in this study it was reported that detention was having a notable impact on adults' abilities to look after the children in their care. Of these parents, 70 (96%) asserted that they had fled from persecution or violence. 61 were females; 27 (48%) stated that they had fled from rape or sexual violence. 15 (21%) of these 73 adults were said to have experienced torture including: being stabbed; being burned; having body parts cut off; being whipped; being beaten; being forced to stare at the sun; being shot; having dogs set on them; being starved; being force fed; having items melted onto skin; having objects inserted in the anus; and being kept in unsanitary and unhygienic conditions including prisons and police cells.

Parents themselves indicated in an array of testimonies that they struggled to maintain what they saw as their parental functions; they endeavoured to do so despite suffering from depression, anxiety, trauma, and their own fears.

### Figure 6 – The effects of detention on the ability of parents to look after their children

Noted concerns about implications for parents	Number of adults	Proportion of the 73 adults
Family members separated from each other	25	34%
Depression to such an extent that it is affecting the ability to look after children	52	71%
Physical deterioration to the extent that it is affecting the ability to look after children (including that caused by interrupted/ wrongfully administered/denied medication)	19	26%
Self-harm/suicidal ideation	13	18%
At risk of/actual harming their own children	7	10%

Clinical experts assessed 20 parents in this report with regard to the psychological impact of immigration detention and, in each case, emphasised concerns about the detrimental impact that detention was having. In seven of these assessments, the individual in question was diagnosed as suffering from symptoms consistent

with Post Traumatic Stress Disorder (PTSD). In each of the 20 cases, it was made clear that the experience of detention was either causing new forms of psychological harm, or exacerbating existing traumas. One woman, for example, was described as having impaired concentration, flashbacks, and sudden outbursts of anger. Some of these assessments were accompanied by descriptions of the physical harm that detention was simultaneously causing. Examples included coughing blood, vomiting, night sweats, and weight loss.

In five cases which were assessed by independent experts, concerns were raised about the harm that a parent could potentially inflict upon their child, or children. In three of these cases the risks to the child emerged after the parents struggled to cope in detention; in two cases there was already evidence that the asylum process was having particularly detrimental impacts upon the mental health of the parent, and that adequate supervision and care was required. In short, it could be argued that these cases provide stark reminders of the way immigration control was prioritised over the welfare of the child.

## Separating families through the detention process

This report records that 38 of the sample of 141 children were alleged to have been separated from one, or all of their main care givers as a result of the detention process.

### Figure 7 – Reasons for splitting up families, and length of separation

Reasons for separating families	Number of children separated for this reason
Separated as a result of a dawn raid	8 (21%)
Isolating parent after protests/refractory behaviour	11 (29%)
Parent hospitalised	2 (5%)
For the welfare of the child prior to detention	6 (16%)
For the welfare of the child whilst detained/upon release	4 (11%)
Split up in a removal attempt	2 (5%)
Detained part of the family, but not all of the family	4 (11%)
Reason unknown	1 (2%)
Total	38 (100%)

Length of separation	Number of times children were separated for this length of time
Less than six hours	5 (13%)
Six hours – one day	2 (5%)
One day – one week	10 (26%)
One week – two weeks	8 (22%)
More than two weeks	11 (29%)
Unknown	2 (5%)
Total	38 (100%)

The Detention Centre Rules state that detainees should not be isolated as a form of punishment.<sup>13</sup> However, as Figure 7 shows, the most common reasons given for separating families were as a result of parents engaging in protests, or other behaviour which was deemed contrary to the smooth running of the detention estate.

Separating family members from one another was particularly damaging and was corroborated in 21 cases by medical experts assessing either the parents or children in question. In 13 cases children were found to have been detrimentally affected in part as a result of their enforced separation. Simultaneously, the impacts on parents can be traumatic and deleterious.

### Case Study 4 – The impact of separating a child from his mother

MA arrived in the UK, in 2002, when she was 13 years old, having fled from violence. However, her age was disputed and she was originally granted entry for two years. She applied for an extension of her leave to remain after these two years had passed, but this was refused.

MA had her first child, a daughter, in 2006. A year later, when she turned 18, and was eight months pregnant with her second child, social services evicted her from her accommodation. By this point her boyfriend had left her and she was forced into destitution. She survived at one point by begging on the streets and sleeping outdoors in South London with a one year old baby and her newborn son. Her request for support from social services in London was met, according to MA, with refusal and racist abuse. Members of the public called the police when they heard MA crying one night, and she was taken to police cells for four days before being transferred to Yarl's Wood. She was not given access to a shower in police cells, despite the fact she was menstruating, and her children were taken away from her and placed in foster care.

13 The Detention Centre Rules 2001 (S.I. 2001/238)

MA was transferred to Yarl's Wood. Her breasts were engorged and, unable to express breast milk, she was in severe pain. Soon after arrival, staff instigated suicide and self-harm (SASH) procedures and she was placed under 24 hour supervision. She was told that she was going to be returned to Uganda without her children.

Attempts by external agencies to provide support for her were initially obstructed by staff at Yarl's Wood until, after 11 days someone managed to visit her and show her how to use a breast pump. Two days later, after continued campaigning by MPs and various organisations, her children were returned to her. According to MA, both her children were by this point unwell and had lost weight. Soon after, they were released from detention.

In 2010, an independent consultant psychiatrist in psychotherapy, Dr Wilhelm Skogstad assessed MA. He noted that she suffered the 'devastating and traumatic' experience of being forced into homelessness, and that:

[MA] suffers from a chronic post-traumatic stress disorder and a depressive disorder. These are of significant severity and cause very considerable suffering to [her]. These are clearly the consequence of severe traumatic experiences. Most of these traumatic experiences occurred in her early childhood and early adolescence in Uganda. In my view, however, her condition has also been contributed to significantly by her traumatic experiences in this country...

In this same report, he also made comments about MA's children and, with regard to her son, who was by the time of the assessment nearly three years old, he noted:

He would have experienced [his] mother in an extremely distressed state in his first two weeks, was then separated from mother for the next two weeks and subsequently had a period with his mother in the detention centre. The various reports about him available to me... give a picture of a severely disturbed child... The later reports... give a clear picture of a child with severe emotional and cognitive problems and developmental delay...

The family now have leave to remain in the UK.

## The 'Review' into ending detention of children

On the 10<sup>th</sup> June 2010, UKBA sent a letter to interested parties stating that a 'review' led by David Wood into the ending of the detention of children for immigration purposes would run until 13<sup>th</sup> July 2010 and that the findings would be made public.

As a part of the review, a 'working group' comprising UKBA, and stakeholder voluntary organisations was established. One of the 'principles' of the working group was that children and their families should not be detained for immigration purposes. A key aim was to produce a joint report including recommendations on how the current approach to dealing with asylum applications from families may be improved. The 'working group' spent many hours locked in discussions but no joint report emerged.

UKBA set up 'pilot' projects in Liverpool and London during the review period but other members of the working group were neither consulted nor given any details. No operational guidance documents for the pilots have been provided. However some details of the Liverpool project were leaked to the press. The Liverpool pilot is 'looking at alternative ways of removing families from the country without using detention'. At the time of writing (5<sup>th</sup> September 2010), UKBA have not made public the findings of its review and there has been no government announcement.

## 'Pilots'

The common theme of pilot projects seems to be that two 'family conferences', two weeks apart, take place at either an UKBA enforcement unit office or the family's home. The family is encouraged to take an assisted voluntary return package ('Assisted Return') and if they do not, then removal directions are set ('Required Return'). If the family does not comply with the removal directions they fall into the 'Ensured Return' category. Children have been detained during this 'pilot' period, so it is presumed that 'Ensured Return' could also include dawn raids and detention. 'Ensured Return' might also include measures that the immigration minister mentioned in 17<sup>th</sup> June 2010 parliamentary debate; including separating and detaining family members, and putting family members on different flights from the UK. UKBA say they are appealing the high court ruling<sup>14</sup> in the case that Medical Justice took against them. The ruling outlaws UKBA's policy enabling removals without prior notice.

The 'working group' emphasised that alternatives to the detention of children cannot work in isolation from wider change within the asylum and immigration process as a whole and that the many failed 'pilots' in the past focused only on return and removal. These include the Millbank residential centre, the Clan Ebor programme encouraging voluntary return. Another pilot that was later abandoned was that of 'Section 9' which allows UKBA to take children into care due to the destitution of a family after financial support has been removed from them.

During meetings of the working group, UKBA agreed that better quality decisions on asylum and immigration cases would be helpful but the constructive proposals raised within the group appear to have dropped off the UKBA

14 26/07/10 - Case No: CO/4321/2009 R (*Medical Justice*) v *Secretary of State for the Home Office*

agenda. These included having a secondary consideration of the 395C immigration rules factors early in the process, exploring options for extending the Solihull Pilot which is designed to build quality asylum decisions, and working with the UNHCR Quality Initiative on family cases.

The leaked document, dated 27 June 2010, on the Liverpool pilot states that 'UKBA are under pressure from the Minister to start these pilots immediately so that they can feed into the review findings'. The review was due to end on 13<sup>th</sup> July 2010, which suggests that the pilot was put together with some considerable haste. The document suggests that at best, the pilot had been poorly planned and given inadequate attention by officials. The document raises a number of child safeguarding concerns in relation to notice of removal, separation of children from their parents, police involvement to deal with community protest, ensuring appropriate immunisations, and assessing fitness to fly. The document strongly suggests that there was no clear plan of action in these areas at a point when the pilots had already begun.

Accounts from asylum seekers and organisations that support them have come in from around the country suggesting that other pilots seem to be happening elsewhere, not just in London and Liverpool and that asylum seekers are being treated differently in the various regions, suggesting that the 'pilots' are not using consistent processes. No operational guidance documentation has been published so we cannot verify this.

## Evaluation

In the June 2010 parliamentary debate, the immigration minister made it clear that 'the challenge is to develop a new approach to family removals that remains cost-effective and delivers the return of those who have no right to remain in the UK'. UKBA officials have said that the ending of detention of children is contingent on the success of the alternatives being piloted – i.e. removals from the UK.

Medical Justice is concerned about how the pilots will be properly evaluated considering that they seem to be lacking in consistency, look poorly planned and are therefore highly likely to be subject to change. It is not possible to measure outcomes when the process being evaluated is changing. We are, therefore, concerned that the pilots are bound to fail and that failure will be used to justify a return to detaining children, or rather a continuation of detention of children without having tried any alternatives in any meaningful way.

We question what is UKBA's definition of a 'pilot' – families are being subjected to these processes now. For the families, there is no test phase. There is no operational guidance for UKBA staff published that families, their legal representatives, and those with a responsibility for safeguarding children can inspect.

The results of any pilot 'looking at alternative ways of removing families from the country without using detention' seem to have been pre-empted by the ongoing detention of children. This heightens concerns that evaluation is not part of the equation and not even possible, and that a 'pilot' label is in fact not what the word implies but a system that is already in use. Despite UKBA Inspector John Vine's thematic report on family removals recommendations on the need for more systematic evaluation of regional variations in operational practice and the need for much better audit trails of information within UKBA enforcement, there is no evidence to suggest that this has been taken on board with regard to these pilots raising the serious questions about the pilots' fairness, consistency and probity.

The lack of operational guidance means that interested parties do not know what additional criteria, if any, are now being used to authorise the detention of children.

In the past, a decision to detain a child was supposedly governed by UKBA guidelines requiring that removal of a child had to be imminent; that there was a 'reasonable belief' that the family would abscond; or that an individual's identity had to be established. Yet, despite the clear messages within these guidelines that detention should be a short term measure, this policy culminated in approximately 1,000 children being detained annually. Allowing for the detention of children for a period of 72 hours, as mentioned by the immigration minister, could well simply lead to a similar situation as before: authorisation to continue to detain being granted and some children were detained for weeks and months.

It is detaining children for longer periods that can lead to particularly severe mental health consequences, but even brief periods of detention can cause severe harm. Detention needs to be understood as a process. Immigration detention per se carries with it the capability to cause considerable harm and distress. Even short periods of detention of children are unacceptable.

The pledge by the coalition government to end the detention of children is no doubt a potentially positive and welcome step and, in some senses, it vindicates those who have persistently campaigned for the end of child detention not least detainees and ex-detainees themselves. Yet, at the same time, this pledge is meaningless so long as children are being detained. There have been reports that four rooms in Tinsley House IRC are being either built or refurbished for the purposes of detaining children.

Concrete policy changes are needed to ensure that the powers to detain children are abolished and erased from the statute books.

The Liverpool pilot document makes clear that 'success' appears to be contingent, in at least some respects, on the extent to which civil society agrees to be co-opted in to the removals process. The document suggests that failure

might be encouraged by the actions and campaigning of teachers, classmates, local MPs, community organisations, and use of the media. Conversely, success could be promoted by participation or coercion of people in civil society. There is a risk, therefore, that attempts could be made to encourage community groups and organisations to work in partnership with UKBA, and become active participants in the removals process.

If the detention of children for the purposes of immigration control not only continues, but is combined formally with strategies to separate families, use new forms of incarceration, and encourage 'community involvement', the subsequent harm done to children and their families in the removal and detention process has the potential to reap even more shameful results than those collected in our current report.

## Recommendations

**The detention of children and families for immigration purposes should end in practice, and not just rhetoric. A practical barrier should be put in place to ensure that it does not recommence at a later date. To ensure that these aims are met, we recommend that:**

1. The coalition government makes a public statement setting out that the detention of children and families for immigration purposes will end immediately. This statement should be produced by 1 October 2010.
2. UKBA policy is amended to include a provision stating that children and families should never be detained for immigration purposes. This amendment should be put in place by the end of 2011.
3. The facilities and services for children in all Immigration Removal Centres and Short Term Holding Facilities are decommissioned. Before 1 December 2010, the coalition government should produce a timetable making clear when this decommissioning will be completed.

**Alternatives to detention must be guided by a commitment to uphold the well-being of children and families as the primary concern including safeguarding mechanisms to ensure that children are not harmed in the future. To ensure these aims we recommend that:**

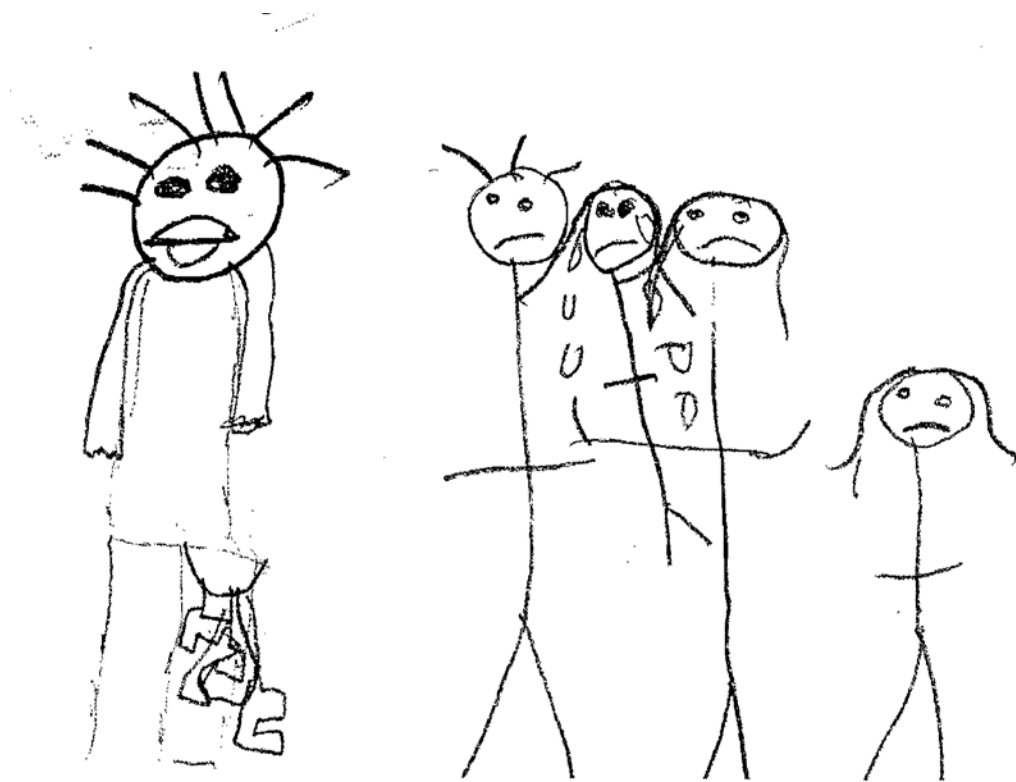
1. Enforcement visits (including 'dawn raids') are abolished. The coalition government should produce a public statement by 1 October 2010 that such practices will not be used against children and families.
2. Families are never split-up, or separated from each other, for immigration purposes.
3. There should be a greater use of discretionary leave to remain for children and families.
4. All necessary legal aid is provided for all families' immigration, asylum, and human rights cases.

**There should be a full public inquiry which investigates how UK immigration policy led to the routine detention of children for the purposes of immigration control, and the harm that this policy caused. There should be a moratorium on removing children and families, at least until this inquiry has been concluded, and this inquiry should also investigate some of the wider issues that this report raises. Non-Governmental Organisations which have worked with children in detention should be consulted when drawing up the inquiry's terms of reference. It should be led by the following overarching principles:**

1. Further investigating and documenting the harm that has been caused and exacerbated by immigration detention in the UK;
2. Exploring how, and why, designated bodies and mechanisms frequently failed to safeguard the rights of children detained for immigration purposes;
3. Establishing how those responsible for harms suffered by children detained in the UK can be made accountable; and
4. Applying the findings of the public inquiry to a wider examination of the treatment of children subject to immigration control.







**Medical Justice**  
seeking basic rights for detainees

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