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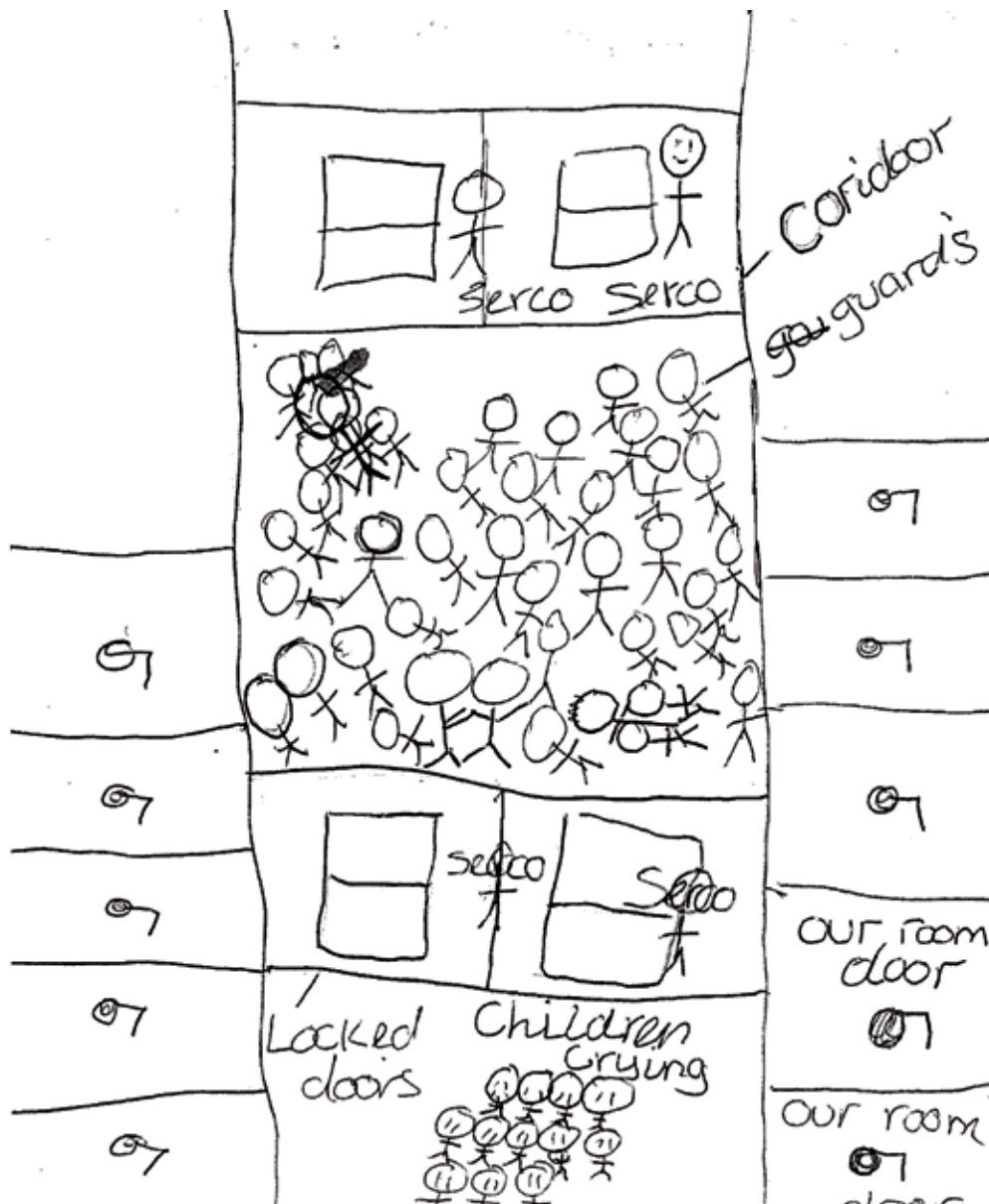
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'State Sponsored Cruelty'

Children in immigration detention



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

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

Medical Justice

Medical Justice is a network of doctors, lawyers, ex-detainees, and detention centre visitors. It is the only organisation dealing with the denial of adequate healthcare from immigration detainees in the UK. We believe that the harm being caused by immigration removal centres is so widespread that the only solution is to close them down. In the interim, we work to reform the institutions and to stand up for the rights of those incarcerated within them.

Medical Justice currently handles approximately 1,000 cases a year. This core work consists of independent doctors assessing detainees, investigating inadequate healthcare provision, giving independent medical advice, challenging the denial of medication and care, and defending the rights of immigration detainees. Medical Justice also carries out research activities based on this case work, policy work in order secure reforms and changes, and litigation.

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Our biggest debt is to the detainees and ex-detainees whose cases are featured in this report.

The illustrations for this report are provided by a girl who was detained in Yarl's Wood in 2009. Her case is featured in this report and we would like to record our gratitude for allowing us to use these images.

The illustrations on pages 26 and 46 are provided by Lucy Edkins. © Lucy Edkins

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

The indefinite detention of children who have committed no crime is a source of national shame. Yet, as this report describes, it is exactly what has been happening. It makes for alarming reading, and reveals a catalogue of harm. Not only have children being mentally and physically damaged, they have been denied adequate medical care.

The exact total number of children who have been detained for immigration purposes is unknown. Accurate figures are not available. Many of those who have been detained have been left severely traumatised. Some children have been hurt to such an extent that they have tried to end their own lives.

The findings of this report present a picture which, ultimately, suggests that in many cases children's rights are given less precedence than immigration control. This cannot be acceptable. There is more than enough evidence in what follows to support the recommendation that the detention of children for immigration purposes should end immediately. There is no need to continue a policy which causes untold suffering. It can stop, and it should do.

Jeremy Corbyn MP

In the House of Commons, in the corridor between the Central Lobby and the Gallery, is a plaque commemorating the Kindertransport initiative - would those 10,000 children be welcome today in similar circumstances?

The findings of this report suggest otherwise. Approximately 1,000 children a year have been detained for immigration purposes. What follows shows that these children, who have committed no crime, have frequently been significantly and fundamentally damaged.

The first test of a policy can be: 'If I had the professional duty to carry it out, how would I feel?'. The second is:

'Would I volunteer to do this unpaid?'. The last is to consider how I would feel if it happened to one of my family or to me.

We now have an opportunity to stop, think, and apply these tests. No other children in the UK live with the threat of being taken from their home in early morning raids, and no other children live with the threat of being separated from their parents so as to ensure they leave the country. Their detention is preventable, and as we abolish this indefinite imprisonment we have to ensure that this is not replaced by something equally as harmful.

Peter Bottomley MP

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Executive summary and recommendations

This report is the first large scale exploration, in the UK, of the physical and psychological harms caused and aggravated by the detention of children for immigration purposes.

Despite recent statements by the coalition government that the detention of children will cease, there has been confusion about exactly when, and in what circumstances, this will take place. There are also very real concerns that detention may continue, and be joined with other measures such as continued dawn raids, taking children into temporary care, and the separation of families in order to force them to leave the UK.

What follows sets out in detail why the detention of children must be abolished immediately, and subjects to scrutiny measures which may be used to forcibly harm children in the future.

About this report

141 cases are featured in this report, involving children who were detained between 2004 and April 2010. These children are from 87 different families. Medical Justice is the only organisation in the UK investigating inadequate medical care in Immigration Removal Centres. Independent doctors visit and assess detainees and Medical Justice facilitates the provision of legal advice. The organisation currently handles approximately 1,000 cases a year and the findings of this report are taken from the case work that Medical Justice conducts. This incorporates medical and legal evidence, testimonies from detainees and ex-detainees, and other associated information. The medical evidence used in this report comes from the work of 15 independent expert clinicians.

Key findings

Overview of detainees and periods in detention

The children featured in this report spent a mean average of 26 days each in immigration detention. The total number of days spent in detention by the 141 children in this report is 3699. One child had spent 166 days in detention, over numerous separate periods, before her third birthday. 48% of the children were born in the UK. 62% were released from detention back into the UK.

The impact of dawn raids

In 61 cases children were arrested in a dawn raid. 10 children reported witnessing their families being subjected to racist abuse during a dawn raid, and 44 children were reported to have exhibited behavioural changes including panic, anxiety, and trauma after a dawn

raid took place. The traumatic effects were still being felt by some children after they were released from detention.

Conditions in detention

18 children, or their parents, voiced concerns about the standard of food that they were being subjected to and these allegations included claims that children were being served food that was out of date. In 23 cases, it was reported that a child would not eat the food in detention for a period of time.

Violence in detention

48 children were reported to have witnessed violence against other detainees. The vast majority of these incidents were allegedly carried out by individuals directly employed by, or working on behalf of, the British government. Whilst the majority of these incidents were carried out during attempted removals, a substantial number occurred after detainees complained about the conditions in detention. 13 children were reported to have been physically harmed as a result of violence in detention.

Psychological and physical harms caused and aggravated by immigration detention

74 children were reported to have been psychologically harmed as a result of being detained. 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 or after they were detained. Three girls attempted to end their own lives. The effects of detention continued, in many cases, after children were released and some teachers drew attention to worsening school performance. One child was reported to be holding a silent vigil, looking out of his window in the mornings, at the time he had been subjected to a dawn raid.

92 children were reported to have physical health problems which were either 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.

The provision of medical care

Of the 92 children who were reported to have suffered from physical health problems, 50 children were alleged to have received inadequate, or insufficient medical care. Concerns included failures by clinicians within detention centres to recognise medical needs, failures to make appropriate referrals, failures to diagnose, and delays in treating. Some children were reported to have been treated so poorly that they were left in severe pain.

Concerns about failures to immunise children prior to removal

Despite official guidelines that children should be immunised against, for example, malaria, tuberculosis, and yellow fever, in 50 cases there were concerns about failures to adequately immunise children prior to attempting to remove them from the UK. In some cases it is alleged that children were administered inappropriate, and dangerous, malaria prophylaxis in attempts to ensure their removal from the country.

The impact of detention upon parents

73 adults were reported to have been suffering to such an extent from the effects of detention 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. Parents were reported to have serious depression, and in some cases were deteriorating in relation to their own physical health. Numerous parents expressed suicidal ideation and were self-harming. In some cases, children were detained with their parents despite reported concerns about the risks that this posed for the child.

The impacts of separating families

38 children were separated from their families as a result of the detention process. Many of these separations occurred after parents were isolated after voicing 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. Both children and adults were reported to have suffered psychologically as a result of being separated from their families. Some parents were taken away from their children for weeks.

Recommendations

This report exposes a catalogue of damage that has been both caused and exacerbated by detaining children for the purposes of immigration control. Below, we provide a series of recommendations which should be addressed urgently by the government.

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.

Introduction

On 13 October 2009 David Wood, the Strategic Director of the Criminology 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.¹ According to Wood, this carefully written study was both 'limited' and, given that it was based on assessments carried out three years earlier in 2006, dated.² In direct contrast to the findings of the report, he stated that:

Yarl's Wood [the Immigration Removal Centre where the assessments had taken place] has been praised on numerous occasions for its children's facilities - Her Majesty's Chief Inspector of Prisons recently said we had made 'significant progress', and we now have full-time independent social workers, and a range of trained experts to monitor welfare 24 hours a day.³

Two days after he made this claim a screaming 10 year old Nigerian girl was detained after being taken from her aunt's house in a 'dawn raid'.⁴ The girl, terrified of incarceration in the UK and, according to her family, at risk of female genital mutilation if she was to be removed, was described by her mother as having 'completely broken down'.⁵ Three days later, in Tinsley House Immigration Removal Centre, she was caught trying to strangle herself.

The New Labour government made a decision in 2001 to detain children and families subject to immigration control in the same way as single adults. Despite evidence of the harm that detention causes children, this same government attempted to portray child immigration detention as being characterised by continuous, benevolent reform.⁶ Yet, within days of forming a coalition government in May 2010, the Conservative and Liberal Democrat parties pledged to end the detention of children on the basis that, at least from the perspective of the Liberal Democrat Leader Nick Clegg, it represents 'state-sponsored cruelty'.⁷

This report, the first large-scale document of its kind in the UK that examines and subjects to scrutiny the medical needs and treatment of children who have been detained for the purposes of immigration control, reinforces this claim. According to some commentators 'increasingly, those who may have been identified as "at risk" have come to be classified as "the risk" to be monitored, controlled and incarcerated...'.⁸ What follows adds weight to this statement. This report documents the repercussions of immigration detention on children who experienced it. It also explores the context within which children and their families have been detained against their will, often having entered the UK in search of security and safety.

Under the previous government, the immediate justifications for detaining children changed at different times. For example, in May 2009, the then Minister of State for Borders and Immigration Phil Woolas maintained that the New Labour government detained families on the basis that, without doing so, they would 'abscond'.⁹ Yet later that same year David Wood of UKBA acknowledged that '[w]hilst issues are raised about absconding, that is not our biggest issue. It does happen but it is not terribly easy...'.¹⁰ Underpinning these shifting announcements, though, was the general assertion, made by Woolas, that the government will 'only detain those who refuse to comply with the decision of the courts and do not leave Britain voluntarily'.¹¹ In this way, the detention of children was justified on the basis that they or their parents had not cooperated, or it was assumed that they would not cooperate, with their own removal.

Regardless of the questionable logic in this position (which will be discussed in more detail in Chapter One), such rhetoric regarding the children of asylum seekers and irregular migrants requires analysis. Along with their parents, children subject to immigration control have been demonised and vilified to such an extent that their rights have been rendered subservient to the 'rights' of the government to detain and deport them. At some point, the inherent vulnerability of children was not only overridden but in many ways exacerbated by the aims of immigration and asylum policy.

This report focuses on the policies, procedures and implications of what culminated, under the previous government, in the detention of approximately 1,000 children a year in the UK under immigration and asylum powers.¹² An emerging groundswell of campaigning activity followed, rooted in the belief that children should not, in any circumstances, be imprisoned for the purposes of immigration control. These campaigns led to, among other activities: parliamentary discussion papers;¹³ Early Day Motions;¹⁴ numerous reports and briefings;¹⁵ a petition signed by over 700 medical practitioners;¹⁶ letters of protest by high profile public figures and authors;¹⁷ and an intercollegiate statement by three Medical Royal Colleges calling for the immediate cessation of child immigration detention.¹⁸ Simultaneously, a network of grass-roots campaigners, medics, teachers, faith groups, classmates, lawyers, and detainees themselves worked, and continue to work, to uphold the most basic and fundamental liberties of children.

But if this report is retrospective on the one hand, in that it seeks to document the repercussions of immigration detention on those who have been detained, on the other hand it seeks to engage with what is being put in

place by the coalition government. The announcement, in May 2010, that the detention of children would end was followed by the instigation of a review, on 1 June 2010, into how this could be put into effect by the incoming Immigration Minister Damien Green. This review, led by David Wood, made clear that returning families was one of its priorities,¹⁹ and concerns were immediately raised that these alternatives would continue to treat parents and their children punitively and harmfully in an attempt to ensure their removal from the country.²⁰ Within a few weeks of instigating this review, Damien Green announced, in the House of Commons, that the forcible removal of families under the coalition government would continue:

That approach could involve separating different members of a family and reuniting them before departure, so that some family members stay in the accommodation they are used to. However, I recognise that that approach would be hugely contentious and has its own practical difficulties. Therefore, in some cases we may still have to have recourse to holding families for a short period before removal – where keeping the family together is seen as being in the best interests of the children, which of course must be the paramount concern.²¹

On 21 July 2010 a statement was made by Deputy Prime Minister Nick Clegg which made clear that, notwithstanding debates on alternative ways of removing people, the detention of children would cease. In his words, detaining children for the purposes of immigration control was a ‘moral outrage’ and the children’s facilities in Yarl’s Wood IRC – the main institution used for incarcerating children – would begin to be decommissioned.²² Yet, at the time of writing, powers to detain children still remain available for UKBA. Moreover, the capacity to force the removal of families through particularly punitive measures includes taking children into care, detaining one family member to ensure compliance (a power that has colloquially been termed a ‘hostage order’),²³ and separating families. Without a legal guarantee that the detention of children will never again be enacted the power to detain not only remains, but could be joined by particularly damaging and cruel measures.

Against this background, this report specifically aims to:

- assess the extent to which the practice of immigration detention both exacerbates, and directly causes physical and psychological harms upon children;
- explore the standard of healthcare provision for children who have been subjected to immigration detention in the UK;
- analyse the findings of the report in light of promises to continue the forcible removal of children and families from the UK; and
- produce recommendations based on the above findings.

The organisation and structure of the report

The report is split into two main sections. In the first section (Chapters One to Three) some essential background is provided. Chapter One explores the history of child immigration detention in the UK. It discusses the numbers of children that have been detained, where they have been held, and the political and financial interests related to this incarceration. Chapter Two explains the legal basis for detention, and the powers used for child incarceration. This is followed, in Chapter Three, by an analysis of the protections that children are afforded through international and domestic law and policy. It explains how certain obligations owed to children have been reneged upon, through asserting that the immigration status of children has been the primary factor upon which their treatment was to be based.

The second section of this report features the empirical data gathered for this investigation. Accordingly, it analyses the cases of 141 children detained under the auspices of immigration and asylum policy. It begins, in Chapter Four, by explaining the methodologies used within this work, and discusses the rationale for the methods of data collection before turning to an explanation of the ethical considerations guiding this report. It then moves on to an exploration of the empirical data. All of the cases in this report draw from information gathered as a result of the work of Medical Justice and a demographic overview of these cases is presented in Chapter Five. This chapter outlines, for example, the ages and nationalities of those children whose cases are included, as well as providing information about where and when they were detained.

Chapters Six to Thirteen analyse the findings from these cases. Chapter Six discusses the cases of those children where it is known that they were subjected to a dawn raid, and explores the impacts on those children. This chapter explores dawn raids with regard to fear, anxiety, trauma, and in some circumstances violence experienced by children. It is followed, in Chapter Seven, by an exploration of the conditions within the detention estate. As this chapter explains, there have been numerous concerns about the provisions and services within the institutions used to detain children. These include allegations that children have been served food that was not fit for consumption, and that the provision of education was substandard.

Chapter Eight discusses violence within the detention estate. As this chapter explains many of the children in this report allege that they witnessed violence against other people subject to immigration control and these incidents occurred in dawn raids, within Immigration Removal Centres (IRCs) and during attempted removals. A substantial proportion of the violence that was witnessed was said to occur following complaints by adult detainees

about their general incarceration, or particular provisions within the detention estate. Further, a number of children in this report were reported to have been harmed as a result of the use of force. As this chapter shows, a number of children reportedly witnessed other detainees harming themselves in an attempt to end their own lives. This analysis is continued in Chapter Nine, which explores the psychological harm and damage that is exacerbated by immigration detention. And, as it shows, the children in this report were reported to have suffered from multiple traumas and disturbances. Some of the children in this report tried to end their own life. Others developed symptoms including night terrors, nocturnal enuresis, loss of bowel control, and depression. Some children, after being released, were reported to have displayed behavioural changes including anger, fear, and signs of post-traumatic stress disorder.

Whilst Chapter Nine documents the psychological damage that is caused by detaining children, Chapter Ten follows with an exploration of the physical harms that are caused and aggravated by immigration detention. This chapter, firstly, sets out the reported physical health concerns that were raised in relation to children in this report. Secondly, it discusses these concerns in relation to an analysis of the standard of medical care in the detention estate. As this chapter shows, numerous children were reported to have suffered from medical care that was insufficient and, in some cases, seemingly potentially negligent. This is a theme that is carried through to Chapter Eleven. This chapter considers the role of the medical services within the detention estate with regard to providing children with appropriate immunisations and inoculations prior to removal. Rather than simply being of poor standard, the cases in this chapter indicate that medical services professionals may have acted in such a way as to try and ensure the removal of children from the UK. As this chapter illustrates there were reported cases of children being given removal directions, with no time for the appropriate prophylaxis to take effect, and the administration of inappropriate (and in some cases dangerous) drugs.

Chapter Twelve explores the impact of detention on the parents of those children whose cases make up this report. A body of empirical research has documented the deleterious effects of detention on the mental health of adults, as well as children. This report also draws attention to a series of interlinked problems, including depression, self-harm, and re-traumatisation. Some of the adults whose cases are featured were reported by doctors to have suffered to such an extent that it affected their ability to care for their children but they were still detained despite their vulnerability. In some cases, this vulnerability was exacerbated through the detention process which separated families as a result of immigration policy, or the dictates of staff within the detention estate. This is discussed further in Chapter Thirteen and, as this chapter shows, the splitting up of families has occurred for hours, days, and weeks.

As these chapters emphasise, many of those children who have been detained within the UK have suffered from a series of multiple forms of physical and psychological pain. In turn, this damage has, in some cases at least, been caused and reinforced by medical practices within the detention estate. The findings that are presented in these chapters are given depth by a series of case studies which give a unique insight into the realities of immigration detention. The harrowing picture that they present, of childhoods that have been interrupted and in some cases devastated by incarceration, show the extreme personal costs that are borne by those at the receiving end of immigration policies and practices. It is these factors that should be borne in mind with regard to the commitment to continue forcibly removing children by means that cause harm. Chapter Fourteen explores the continued and future treatment of children subject to immigration control by way of using the findings from this report, to the extent that they pose critical questions and warn against certain policies.

Finally, the conclusion of this report summarises the key messages contained and makes a series of recommendations. As this report shows, the practice of detaining children has caused undeniable damage and harm. As well as serving as a stark warning to ensure that this practice is abolished in reality, and not just in rhetoric, the recommendations made seek to offer practical measures which protect a group of children who have been damaged, vilified, stigmatised, and criminalised as a result of circumstances beyond their control.

Chapter One – The immigration detention and removal of children in the UK: Historical perspectives and current practices

Introduction

The use of detention for the purposes of immigration control has a long history within the UK.²⁴ Children have periodically been caught up within measures enacted to deport and detain their parents and, for example, children were held as ‘enemy aliens’ in both the First and Second World Wars in internment camps.²⁵ But, whilst the detention of children is far from unusual in British history, the routine detention of children for the purposes of immigration control is unprecedented. Never, before the 21st century, in the UK at least, has there been permanent dedicated bed space for the incarceration of migrant children and families.

It is the task of this chapter to provide some historical context for this institutionalised child detention. It first looks at the number of children that are, and have been, incarcerated for the purposes of immigration control. Secondly, it looks at some of the factors which drove the use of child detention to the point where it became a routine aspect of immigration and asylum policy. Finally, it considers some of the multiple routes into the detention estate.

The number of detainees, and location and length of detention

Under the New Labour government the detention of children, for the purposes of immigration control, became normalised following a ministerial decision, in 2001, to detain families seeking asylum on the same basis as single adults seeking asylum. Rather than detaining families only prior to removal, families began to be detained indefinitely.²⁶ Given the gravity of this decision, it is notable that there are no publicly available statistics which show exactly how many children have been incarcerated for immigration reasons. According to the United Nations Standard Minimum Rules for the Treatment of Prisoners, details on the identity of all people detained should be recorded, along with the reasons for detention and the time of both admission and release.²⁷ However, with regard to immigration detainees the UK is not alone in having failed to consistently provide accurate figures on the number of people who are detained.²⁸

One reason for this anomaly may well be that immigration detainees are not, in principle at least, ‘prisoners’ and are detained for administrative rather than punitive purposes. And, as has been noted elsewhere, the accurate production of detention statistics is made more complex by differing definitions of what constitutes ‘detention’ in some countries, and data gathering at regional rather than national levels in others.²⁹ Notwithstanding these caveats, the failure to make public exactly how many children have been detained under immigration legislation is symptomatic of a detention process which, as Bail for Immigration Detainees has more widely discussed, is shrouded in secrecy.³⁰

The decision to routinely incarcerate children and families was entirely consistent with a general trend of pushing the use of the detention estate to the forefront of immigration and asylum policy. Figure 1(1) gives an overview of the overall use of immigration detention, in periodic five year intervals, from 1975 to 2009, the last year from which data is available at the time of writing.³¹ Notwithstanding the recent cancellation of plans to expand certain IRCs,³² and the announced closure of at least one IRC,³³ the Home Office has publicly stated that detention bed-space is envisaged to increase by up to 60%.³⁴

Figure 1(1) – The overall use of immigration detention³⁵

Year	Total number of people detained	‘Snapshot’ of people detained
1975	188	–
1980	1,304	–
1985	1,086	–
1990	3,297	–
1995	10,240	572 (13 January)
2000	15,000 ³⁶	1,107 (30 April)
2005	29,210 ³⁷	1,950 (31 December) ³⁸
2009	28,005 ³⁹	2,745 (30 June) ⁴⁰

Separate data on child detention was only made available in 2009 due to sustained lobbying by NGOs and campaigning organisations, and criticisms of the government by Her Majesty's Chief Inspector of Prisons (HMIP) and the UN Committee on the Rights of the Child (UNCRC).⁴¹ Prior to this point, not only was the number of children detained under immigration powers kept from public view, in some years it was not even systematically collated. Of the three main IRCs used to detain children (see below), figures of the number of children held each year have been recorded centrally: in Dungavel from at least 2006; in Tinsley House from March 2007; and in Yarl's Wood from January 2008.⁴² Yet, even when this information has been available, any further analysis of the number of children incarcerated has been viewed by UKBA as an inappropriate use of time and resources. In June 2009, Lord West of Spithead, Under-Secretary of State at the Home Office, responded to a written request in the House of Lords to reveal the number of children detained in Yarl's Wood and Tinsley House between January 2007 and June 2009 by stating that '[t]he information requested could only be obtained by the detailed examination of individual case records at disproportionate cost'.⁴³

Despite this unwillingness to provide historical information on child detainees, figures taken from government statistics indicate that overall, in 2009, 1,065 children entered the detention estate along with their families.⁴⁴ Of these, the vast majority were detained in Yarl's Wood (IRC) and, with regard to children entering the detention estate in the 3rd Quarter of 2009 for example, 63% were detained at Yarl's Wood IRC; 25% at Tinsley House IRC; 8% at Dungavel IRC; and 2% at Dover Short Term Holding Facility (STHF).⁴⁵ Yarl's Wood, Tinsley House and Dungavel have all routinely held families and children since 2001 and, as Figure 1(2) shows, each of these facilities have come under scrutiny and criticism for the poor treatment of those in their care.

Figure 1(2) – a brief history of the key institutions used to detain children and families

Yarl's Wood IRC

Yarl's Wood IRC opened in 2001. The IRC has a chequered history. In 2002, half of it was destroyed by a fire following unrest and violence that had begun after a 55 year old woman was pinned to the ground by four members of staff. Detainees (including a six week old baby) and some staff were said to have been locked in the burning building. The resulting inquiries revealed that water sprinkler systems had not been fitted. The undamaged half of the IRC reopened in 2003, initially accommodating women only. It went on to become the main institution for detaining children and families.⁴⁶

Yarl's Wood has routinely been criticised for its treatment of detainees. In 2005, HMIP lamented that the IRC did not have child protection policies with established local authorities, and fewer numbers of detainees reported that they were treated with respect than in other IRCs.⁴⁷ These concerns followed an investigation by the Prisons and Probation Ombudsmen, in 2004, into allegations of 'racism, violence and abuse' that had been made by an undercover reporter. The findings of this investigation confirmed a number of racist incidents.⁴⁸ In 2006, HMIP was tasked to investigate the standard of healthcare in the IRC and reported that systems were inadequate, particularly for long term detainees.⁴⁹

In 2007 Global Solutions Limited UK lost the contract to run Yarl's Wood, and it was taken over by Serco. A month later, approximately 100 women began a hunger strike, reportedly over their treatment and the conditions within the IRC.⁵⁰ Another hunger strike was instigated in 2009, by approximately 30 people in protest over poor healthcare provisions and the detention of children.⁵¹ And in 2010, again, women went on hunger strike about inadequate conditions.⁵² Manuel Bravo, an Angolan man facing removal, hanged himself in 2005 in Yarl's Wood in the hope that his son who was detained with him would be able to stay in the UK as an unaccompanied child.⁵³

The Children's Commissioner for England twice called for an end to the detention of children, in 2009 and 2010, after visits to Yarl's Wood.⁵⁴ One of his visits drew attention to allegations of sexual activities between two children and sexual abuse in the IRC. In 2010 Bedfordshire Local Safeguarding Children Board (LSCB) published the Executive Summary of an investigation into these claims. This report recommended that UKBA consider whether it was upholding its statutory obligations to protect the welfare of children. It further noted the systematic failure of lead child protection

agencies to respond to the activities and allegations.⁵⁵ As Malcolm Stevens, the former lead Children's Services Inspector with the Government's Social Services Inspectorate noted:

The findings are made all the more poignant, as we now know, by the fact that repeated pleas by the mother of one of the children for independent investigation and specialist medical attention for her child were effectively dismissed by all agencies. In other words, the opportunity for therapeutic attention for her child, and others, was lost in the rush to effect their removal from the country.⁵⁶

Tinsley House IRC

Tinsley House IRC is located at Gatwick Airport and was turned into a dedicated immigration detention facility in 1996. It has gone on to hold men, women, and children. In 2004 HMIP found that child protection measures were deficient, and that this put children and the IRC at unnecessary risk. Staff in the IRC were also neglecting to review the welfare and development needs of children within its confines.⁵⁷ That same year, HMIP further revealed that the IRC fell significantly below the 'benchmark' for the detention estate with regard to detainees suffering from unwanted sexual attention, and of their being verbally or physically assaulted because of 'ethnic or cultural background' by members of staff.⁵⁸

A further HMIP inspection in 2006 suggested that child protection measures had been put in place.⁵⁹ Yet, two years later, another inspection drew attention to the lack of links to child safeguarding arrangements and deficient care planning procedures.⁶⁰ One year after this, in 2009, a further inspection led HMIP to describe the IRC as 'unacceptable' for women and children. Attention was drawn to the use of unnecessary force by staff against one particular family and a call was made for 'urgent action'.⁶¹ A few months after this inspection was carried out a girl in Tinsley House was found trying to strangle herself.⁶²

Dungavel IRC

Dungavel is a former prison that was purchased by the Home Office in 2000, and converted for the purposes of immigration detention in 2001. It is the only IRC in Scotland and has been used to detain families and single men and women. After the decision was made to detain families in the same way as single immigration detainees Dungavel became, for a short period, the only IRC which routinely held children and their families for long periods of time. HMIP noted, in 2002, that facilities within the IRC had not been designed with this in mind and children had insufficient access to outside areas.⁶³

A further report in 2004 indicated that provisions for children in the IRC, in some areas, had deteriorated. Educational provision was insufficient, and the IRC had not taken up suggestions to carry out independent welfare assessments of children.⁶⁴ Visitors to Dungavel noted, in 2007, the 'despair caused by indefinite detention among all groups of detainees'⁶⁵ and there were co-ordinated protests by detainees in 2002 and 2007 against their conditions. After being elected in 2010, the coalition government pledged to end the use of Dungavel to detain children, and announced that children would be screened there before being transferred to Yar's Wood.⁶⁶

Despite a plethora of international guidelines (discussed in more detail in Chapter Three) warning against the detention of children, and stating that where children are detained this should be kept to a minimum, families have been detained for increasing periods of time. According to HMIP, three times as many children were detained for periods of more than 28 days in 2007 than in 2005.⁶⁷ The House of Commons Home Affairs Committee noted on 30 June 2009 that, of the 35 children detained on that day, 10 had been detained for between 29 and 61 days. This, they stated, was 'an unacceptably long time and it suggests that some part of the judicial or immigration system has failed these persons'. Thus, whilst on average the length of time a child spent in detention was just under 16 days in 2009, this figure concealed incidences of more long term incarceration.⁶⁸ In March 2010, there was widespread media coverage about the detention of a baby for 100 days in Yar's Wood.⁶⁹

Immigration detention: profits and politics

Children and families held as immigration detainees in the 21st century have normally been held in one of three IRCs in the UK (see above). They have also been held at one of the 25 'non-residential' Short Term Holding Facilities (STHFs), designed to hold people for hours at a time, or the four 'residential' STHFs designed to hold people for up to five days, or in police cells.⁷⁰ In the 20 years between 1989 and 2009 11 buildings were either built specifically, or redesigned, as IRCs solely for the purpose of incarcerating immigration detainees (See Appendix). Of these 11 institutions, eight are currently run by one of three particular companies – GEO, G4S, and Serco – and with regard to those IRCs that have been used for detaining families and children two are operated by G4S and one by Serco.⁷¹ It is currently estimated to cost £120 a day to hold someone in immigration detention.⁷²

The three multinational companies which dominate the immigration detention business have long histories in lucrative correctional activities and security work.⁷³ Moreover, these companies are all linked through a complex history of buy-outs, mergers and joint-ventures; to the extent that at least one referral has been made to the Competition Commission.⁷⁴ One commentator has described these complex interrelationships between contractors and operators of immigration detention as verging ‘on the monopolistic.’⁷⁵

The structures of medical care within the detention estate work within this context and are framed by a series of institutional arrangements between public and private bodies and agencies. IRCs, in some cases, sub-contract the provision of healthcare within a wider market of detention services. Serco, operating Yarl’s Wood and Colnbrook IRCs, provide healthcare arrangements through the use of their own employed medical staff. Brook House, Campsfield House, Dungavel, Harmondsworth, Oakington, and Tinsley House IRCs by contrast all sub-contract their healthcare arrangements to different healthcare providers. Whatever the contractual arrangements for providing medical care, the Detention Services Operating Standards Manual for IRCs set out that ‘all detainees must have available to them the same range and quality of services as the general public receives from the National Health Service.’⁷⁶

Figure 1(3) – Healthcare Provision within the detention estate

Immigration Removal Centre	Healthcare Provider
Brook House	Saxonbrook Medical
Campsfield House	Drummond Medical Support Services (NB Drummond was acquired by The Practice in March 2010)
Colnbrook	Serco Health
Dover	HM Prison Service
Dungavel	Primecare
Harmondsworth	Drummond Medical Support Services
Haslar	HM Prison Service
Lindholme	HM Prison Service
Oakington	Primecare
Tinsley House	Saxonbrook Medical
Yarl’s Wood	Serco Health

The exact healthcare structures within each IRC differ. Every IRC states that 24 hour medical care for detainees is available and is overseen by a dedicated healthcare manager. In some IRCs, medical advice and health education is said to be provided, as well as occupational therapies and counselling. All IRCs have dedicated healthcare rooms and facilities. Where IRCs are operated privately, the company in question commissions (and is

responsible for) primary care services; the local Primary Care Trust is responsible for secondary and tertiary services.

Reasons for detention

The New Labour government made clear, in their first White Paper on immigration and asylum, that detention was necessary for the ‘[e]ffective enforcement of immigration control...’⁷⁷ There exists a set of interconnected reasons why a person may be detained:

Asylum seekers and other migrants, including their dependents can be detained at any stage of their application to enter or remain in the UK: on arrival, with appeals outstanding, or prior to removal. Immigration detainees may be: asylum seekers whose claims are being processed; immigrants who have not arrived legally; overstayers who have failed to leave the country on expiry of their visas; foreign criminals awaiting deportation; or rejected asylum seekers awaiting removal.⁷⁸

The power to detain children has been used regularly, partly because immigration law and policy renders them targets for deportation and detention, and partly because they are dependents of carers who are arrested.⁷⁹ As a result children are frequently caught up in a drive to meet vigorously pursued pre-determined removal targets.⁸⁰ Since 2005 targets for deportation and removal have been based on an arbitrary notion of a ‘tipping point’. This figure refers to a desire to remove more refused asylum seekers than the number of anticipated ‘unfounded applications.’⁸¹ In 2008, total removals were being carried out at an average of one every eight minutes.⁸²

In turn, the sheer rapidity of these removals is supported by regular dawn raids and, although statistical information on the number of raids each year is not kept, what evidence there is suggests that they are carried out routinely. Families, it has been suggested elsewhere, have often been targeted specifically in dawn raids as adults with children find it harder to evade capture.⁸³

Justifying immigration detention

Given that dawn raids may be targeted at families on the basis that they find it harder to avoid detection, it is contradictory that fear of absconding has been one of the reasons given for detaining families after 2001. Detention is justified, according to the Home Office, in one of three circumstances:

- where there is a reasonable belief that the individual will fail to keep the terms of temporary admission or temporary release;
- initially, to clarify a person’s identity and the basis of their claim; or
- where removal is imminent.⁸⁴

However, statements by senior Home Office and Government representatives go some way to demonstrating that these justifications, with regard to children and families at least, are largely unsubstantiated. As discussed in the introduction UKBA's David Wood, conceded that families are not detained for failing to keep to the terms of admission or release:⁸⁵ a perspective that is substantiated both by independent research;⁸⁶ and the government's own strategies of carrying out dawn raids on the basis that families find it harder to evade capture. Furthermore, an average length of detention for children of over two weeks would suggest that, in a high proportion of child detention cases at least, deportation is not imminent; nor is detention being used only to initially clarify a person's identity and the basis of their claim.

In practice, the justifications for detention change over time and as one justification is proved to be unworkable, another takes its place. So, for example, in 2009 when David Wood stated that families rarely abscond he instead suggested that not having the power to detain 'would act as a significant magnet and pull to families from abroad to come to the United Kingdom.'⁸⁷ Three months later, Phil Woolas suggested that children are detained on the basis that to do otherwise would be conducive to encouraging human trafficking. Despite having no evidence to reinforce his claims, he suggested that the consequence of not using immigration detention 'ends up with dead bodies in lorries in Calais.'⁸⁸ This logic, of detaining children for their own safety, was also deployed earlier in that same year when the Home Office suggested that children are detained as 'it is right for them to be together [with their parents]'.⁸⁹ As shall be discussed later in this report this is, at best, disingenuous and, indeed, one of the consequences of detaining children for the purposes of immigration control has been the routine separation of them from their parents.

These shifting justifications indicate that those who advocate the detention of children are opportunistic

enough to offer different explanations in different contexts, so as to appease different audiences. Given this scenario, it is perhaps not surprising that Woolas has suggested that children were detained for their own good in one context, and in another has been more explicit that detention is used as a blunt instrument for the enforcement of immigration control. In December 2009, he gave the explanation to the House of Commons that families were detained when they do not cooperate with their own deportation. Suggesting that 'where they fail to leave after having been given every opportunity and incentive to do so, the Agency has no other option but to detain them to enforce their departure.'⁹⁰ Continuing from this same perspective, he maintained that those families and children detained for prolonged periods brought this onto themselves by attempting to challenge the decision on which their deportation is based. Or as he put it, 'detention is sometimes prolonged because of last minute applications to the Court as an attempt to frustrate their removal.'⁹¹

In the final analysis, all of these justifications for the practice of detention must be read alongside the fact that, in many cases, children who have been detained have gone on to be released. As HMIP explained, following an inspection of Yarl's Wood IRC in 2009, in the six months prior to the inspection '420 children had been detained, of whom half had been released back into the community, calling into question the need for their detention and the disruption and distress this caused'.⁹² Immigration detention is administrative. It has been engendered without the oversight of the judiciary, can be maintained for as long as the dictates of immigration control require and can be enacted without the detainee ever having committed a criminal offence.⁹³ The 'unpalatable truth' is that in other contexts this arbitrary detention is classed as internment.⁹⁴

Chapter Two –

The legal framework of detention

Introduction

The administrative detention of children, along with their families, for the purposes of immigration control stems from powers that are the same for children as they are for adults. These powers are enforced when an attempt is made to enter the UK, or as a result of internal controls after entry,⁹⁵ and what follows gives an overview of the relevant legislation.

Legal powers to detain

Today's legislative powers to detain stem from the Immigration Act 1971 – legislation which consolidated the body of immigration law enacted up until that point throughout the 20th Century. Immigration officers are provided with powers to detain individuals for the purposes of enforcing immigration control pending examination and pending a decision to grant or refuse leave to enter. Where there are 'reasonable grounds' for suspecting that removal directions can be given, a person can be detained by an immigration officer pending a decision whether or not to give removal directions, and prior to removal.⁹⁶

The Immigration Act 1971 further provides powers to detain people when enforcing 'internal controls'. There are numerous offences which provide for detention of the suspect including entering the country in breach of a deportation order or without leave, of remaining in the UK beyond the time allowed, or breaching a condition of leave (such as working without permission).⁹⁷ The legislation sets out that a person who is not a British citizen, and breaches a condition of leave, is liable for deportation if the Secretary of State deems this to be 'conducive to the public good' or if another family member has been ordered to be deported.⁹⁸

Detention powers have been strengthened further by three pieces of legislation put in place in the 1990s. The Asylum and Immigration Appeals Act 1993 establishes that an 'in country' asylum seeker can be detained pending removal if their claim for asylum has been refused.⁹⁹ The Immigration and Asylum Act 1996 and the Immigration and Asylum Act 1999 increased offences; extended powers of arrest without warrant; increased criminal penalties for some immigration offences, and created reporting conditions for those subject to immigration control.¹⁰⁰ The 1999 Act applied the powers of administrative removal to those who overstay or otherwise breach the conditions of their permission to stay in the UK, where formerly those people would have been subject to deportation with wider rights of appeal.¹⁰¹ Finally, the Nationality, Immigration and Asylum Act 2002 has created greater powers to detain those subject to removal.¹⁰²

The legal framework of immigration detention then consequently stems from a corpus of powers that were put in place throughout the 20th Century, and have since only been reinforced and strengthened. According to some commentators, the Immigration Act 1971 was never envisaged as a means through which to detain people seeking asylum and, instead, was intended to provide powers to hold people who had been refused entry to the UK briefly before their removal.¹⁰³ Nevertheless, the increased political will to detain encouraged the use of detention on a more routine, even structural basis; and the steady widening of powers to detain reflects that political will. The extent to which such powers are constrained, particularly in relation to the detention of children, is the focus of the following chapter.

Chapter Three – Constraints on the power to detain children and families

Introduction

The practice of routinely detaining children and families for the purposes of immigration control emerged in the UK in spite of a range of international guidelines, standards, and policy mechanisms which are designed to severely limit such practices. The UK government appears to have routinely flouted these mechanisms by its use of immigration detention to deport children and families. In this way, it provides a stark example of the extent to which immigration control has in many cases taken precedence over the rights of children.¹⁰⁴ By outlining some of the key constraints on the powers to detain it is possible to ascertain to what extent the human rights of children have been overridden by a desire to pursue enforcement agendas and removal targets.

United Nations Instruments

The powers to detain children are checked by a range of United Nations Instruments that limit the use of detention except in particularly defined circumstances. Further, they set out some minimum standards and practices that should be adhered to. These instruments are discussed in Figure 3(1), below.

Figure 3(1) – Key United Nations instruments constraining powers to detain children

The UN Convention on the Rights of the Child

In 1991, when ratifying the UN Convention on the Rights of the Child (UNCRC) 1989, the UK government announced that it would only do so in conjunction with entering a general reservation in relation to Articles 9 and 22. In their place, domestic laws would take precedent with regard to children subject to immigration control.¹⁰⁵ This reservation was withdrawn under pressure from the international community in September 2008, and the UK government now asserts that its immigration policy is consistent with the requirements set out by international human rights standards. Statutory guidance, however, has made clear that:

In accordance with the UN Convention on the Rights of the Child the best interests of the child will be a primary consideration (although not necessarily the only consideration) when making decisions affecting children.¹⁰⁶

The International Covenant on Civil and Political Rights (ICCPR)

The ICCPR is part of the International Bill of Human Rights along with the International Covenant on Economic, Social and Cultural Rights (ICESCR) (see below) and the Universal Declaration of Human Rights. Article 9(1) of the ICCPR asserts that:

Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.¹⁰⁷

The UK government, whilst a signatory to the ICCPR, has entered a reservation to part of its provisions. This reservation is to Article 10, which requires that: all people detained should be treated with dignity and respect; accused persons should be segregated from convicted persons; accused juveniles should be segregated from adults; and that juveniles should be treated appropriately for their age.¹⁰⁸

International Covenant on Economic, Social and Cultural Rights (ICESCR)

As part of the International Bill of Human Rights the ICESCR was adopted by the United Nations General Assembly in 1966, and came into force ten years later. Article 10 of the ICESCR states that:

The widest possible protection and assistance should be afforded to the family, which is the natural and fundamental group unit in society, particularly for its establishment and while it is responsible for the care and education of dependent children.¹⁰⁹

In 2009, the Human Rights Committee produced guidelines on information required when states report under its terms of reference. For Article 10, a requirement was formulated to provide information on asylum seekers and their families and on legislation enacted and mechanisms put in place relating to the reunification of people subject to immigration control. An optional protocol, adopted by the UN General Assembly in 2008 giving individuals the right to complain to the Committee, was not ratified by the UK.¹¹⁰

United Nations Guidelines on the detention of asylum seekers

The United Nations has consistently voiced concerns about the use of administrative detention for people subject to immigration control. Such concerns, in particular, have been applied to children. In 1999, guidelines were produced on immigration detention and, whilst these guidelines barely mentioned the detention of children as part of a family unit, they were explicit in relation to unaccompanied children. According to these guidelines, 'minors who are asylum-seekers should not be detained.'¹¹¹ Where the guidelines did acknowledge the detention of children as part of families they suggested: 'Children and their primary caregivers should not be detained unless this is the only means of maintaining family unity.'¹¹² In all cases, the guidelines continued, detention should only be used 'as a measure of last resort, and for the shortest possible time.'¹¹³

European International Norms

The use of detention is further constrained by a series of European norms. These norms are most clearly articulated through the European Convention on Human Rights, but also operate through other directives. Figure 3(2) outlines their key provisions.

Figure 3(2) – European norms and standards constraining the power to detain children and families

The European Convention on Human Rights (ECHR)

The ECHR is directly applicable in the UK by way of Section 6 of the Human Rights Act 1998. Under the requirements of the ECHR the UK must ensure that its laws comply with the principles set out in the judgements of the European Court of Human Rights

(ECtHR). Where an applicant has exhausted domestic remedies, cases may be taken to the ECtHR. The key provisions relating to the detention of children are Article 3 (the prohibition on inhuman and degrading treatment); Article 5 (right to liberty and security); and Article 8 (the right to family life).

Article 3 is an absolute right, and cannot be derogated from. In general, being detained in an IRC is not deemed to be treatment that engages with Article 3. However, in the recent case of *Muskhadzhiyeva v Belgium*¹¹⁴ (involving the detention of a family), conditions were shown to be so detrimental to the health of the children that the ECtHR deemed this a violation of Article 3.

Article 5 sets out a number of limited circumstances in which a person may be deprived of their liberty. It enables the use of detention for the purpose of immigration control, but also sets out the right to pursue compensation if Article 5 is breached. Under Article 5 there is a requirement to consider alternatives to detention¹¹⁵ and, in a case where an alternative to detention of an unaccompanied minor was not pursued, there was a disproportion between the reason for the detention and the place and conditions of it which violated Article 5.¹¹⁶ Where detention is found to be unlawful under English law, it is likely that there will be a breach of Article 5 too.¹¹⁷

Article 8, which asserts the right to family life, does not explicitly refer to detention. However, a breach can occur where detention causes the separation of families in a way that is considered disproportionate. A ECtHR case in 2006 ruled that the detention of a girl in Belgium, which forced her separation from her Uncle, who had brought her from the Democratic Republic of Congo, was a breach of Article 8.¹¹⁸

EU Reception Conditions Directive (Dir 2003/9/EC)

The EU Receptions Directive lays down minimum standards for the treatment of asylum seekers, allowing states to require people seeking asylum to live in a particular place, for reasons of public interest or public order. However, the European Commission is currently proposing a revision of this Directive to:

[E]nsure that detention is used only in exceptional cases and to introduce conditions for detention taking into consideration the specific situation of vulnerable persons. [To provide] legal safeguards in order to ensure that detention is not arbitrary and guarantees that children are not to be detained unless it is in their own interest (and unaccompanied minors shall never be detained).¹¹⁹

UK law and policy

Although UK legislation developed in a way that legitimised the detention of children and families, limits on these powers were set, both through common law, and a number of policy documents. According to UKBA's Enforcement Instructions and Guidance, when a child is to be detained, family welfare forms need to be filled out and case workers are required to actively search for any information relevant to their welfare.¹²⁰ Family cases are also to be subject to regular reviews, by progressively more senior civil servants until the rank of Assistant Director of UKBA, after 24 hours, seven days, 14 days, and every seven days thereafter. At the same time, families are supposed to be subject to enhanced reviews by a Family Detention Unit.¹²¹

In 2009, the government introduced statutory guidance for UKBA to promote the welfare of, and safeguard children in, Section 55 of the Borders, Citizenship and Immigration Act 2009. With regard to the detention of children and families, these duties can perhaps best be articulated through a statement within the Enforcement and Instructions Guidance that:

The decision to detain an entire family should always be taken with due regard to Article 8 of the ECHR (see 55.1.4.2) and, where there are children under the age of 18 present, duty to have regard to the need to safeguard and promote the welfare of children.

Families, including those with children, can be detained on the same footing as all other persons liable to detention. This means that families may be detained in line with the general detention criteria (see 55.1). Form IS91 must be issued for each person detained including for each child. In family cases, it is particularly important to ensure that detention involving children is a matter of the last resort, e.g. alternatives have been refused by the family and an exhaustive check has detected no barriers to removal. It should be for the shortest possible time, i.e. removal directions are in place.¹²²

The extent to which Section 55 can be enforced was, from the outset, hindered by the lack of a clear definition – and therefore the malleability – of 'welfare' and 'best interests' with regard to children.¹²³ Perhaps more pertinently, though, the New Labour government made clear that, in practice, the interests of children would not necessarily outweigh the dictates of immigration control. As Lord West of Spithead, speaking on behalf of the government after the publication of their guidance on Section 55, maintained:

We have no intention of enforcing immigration laws in a manner that is inconsistent with our treaty obligations. However, the best interests of the child... are not paramount and can be outweighed on occasion by other factors.¹²⁴

Chapter Four –

The methodology used in this report

Literature review

The findings of this report are rooted within a detailed analysis of relevant literature relating to the administrative detention of children and families in the UK. This literature review draws on a variety of sources consisting of:

- An exploration of key policy documents and statements, official and other statistical sources, and academic literature relating to the development of immigration detention in the UK, primarily as it applies to families and children;
- An overview of the key legislation used to detain children and families, and of the main national and international instruments which constrain the powers contained within this legislation. This overview includes discussion of some of the main policy measures that constrain the use of detention.
- An exploration of academic literature that sets out the effects of immigration detention on children. This review consists of both national and international sources and is drawn from a range of academic disciplines.
- An analysis of the policy statements and documents which indicate the direction of the coalition government with regard to the treatment of children subject to immigration control in the UK.

Presentation and analysis of Medical Justice cases

As discussed above, the findings of this report are drawn from an analysis of 141 cases that have been handled by the Medical Justice Network between the years of 2004 and 2010. Medical Justice is an independent charity and is the only organisation investigating inadequate healthcare provision within the UK detention estate. A primary focus of the work that Medical Justice carries out is the provision of independent medical advice for, and assessment of, immigration detainees. This work is frequently used to provide evidence for a detainee's legal case: for example, assessments of torture scars are often used to provide evidence for a detainee's asylum claim.¹²⁵ All of the doctors who assess detainees do so on a voluntary basis, although some case may be funded by the Legal Services Commission. Approximately 1,000 cases a year are handled by Medical Justice.

Simultaneously, Medical Justice works closely with lawyers and facilitates the provision of legal advice. Occasionally, Medico-Legal Reports produced by doctors may be funded by the Legal Services Commission (LSC) but, in most cases, such reports are not funded. As a result of the case work that is conducted, Medical Justice is uniquely placed to uncover patterns of neglect and inadequate care within immigration detention, and to document and present these findings. The findings of this report stem directly from this work, and present an analysis of the experiences and structures of medical care of children who have been detained as a result of immigration control.

The sample of cases

The cases that are analysed for the purposes of this report are drawn from a wider sampling frame made up of *all* of the cases involving children and families that Medical Justice has handled – consisting of over 200 cases. This report aimed to include as wide a sample as possible and inclusion was based on a number of interlinked criteria including availability, ethical considerations, and whether the case fitted within the objectives of the report. These criteria are set out below:

- *Availability:* In the majority of cases in this report, detainees have been removed from the UK, or have been released from the detention estate since their case was referred to the Medical Justice Network.¹²⁶ In some of these cases contact with the detainee has been lost. As a result, in certain cases there is insufficient information on a child to be able to draw conclusions. At the same time, in certain examples a case may be referred to Medical Justice in which the detainee is released before any intervention. Where there is insufficient evidence to draw any conclusions from a case, it has not been included in this report.
- *Ethical considerations:* In a small number of cases, where contact has been made with a detainee or their family, supporters, or case-workers, there has been a request for non-inclusion in this report. Where this has happened the case has not been included. Ethical considerations are discussed in more detail later in this chapter.
- *Fitting within the criteria of the report:* This report is focused on the detention of children with their families and, as such, does not include certain children

who have been detained without family members. Accordingly it does not include unaccompanied children. Where an unaccompanied child has gone on to give birth, and is detained with their child, they are included in this report. For the purposes of this report, the definition of a child follows that set out by the United Nations as every human being below the age of 18.¹²⁷

Using these criteria, this report includes the cases of 141 children. Given that cases generally come to the attention of Medical Justice when someone has concerns about a detainee, it is recognised that the sample of cases that this report draws from cannot be said to be wholly representative of children who have been held within the detention estate.¹²⁸ What this sample represents is a window into the ways in which the detention process has harmed, damaged, and vilified a particular group of children, and the structures of medical care and power which relate to this damage.

The use of data from Medical Justice cases

Information is taken from Medical Justice case files utilising both primary and secondary sources.¹²⁹ These sources are taken from information generated throughout an individual's immigration matters, and wider material that may have been used to raise awareness of their situation. In certain cases, information has been gathered specifically for the purposes of this project. The different forms of information used are discussed below:

- *Legal documents:* Legal information, in this context, refers to the series of documents that are generated throughout an individual's immigration case. For an individual claiming asylum this can include, for example, 'reasons for refusal' letters, witness statements, the transcripts of asylum interviews, appeals, evidence submitted for fresh claims, and so on. Information is also taken from civil claims and complaints. The type of information used depends on the kind of case being pursued. So, for example, an individual pursuing a civil action claim for unlawful detention may well have some different types of legal information compared to someone who is claiming asylum.
- *Medical information:* This report uses medical information that may, or may not, have been used in a person's immigration case. In many cases this medical information is directly tied to their immigration case. For example, where a doctor from Medical Justice has produced a Medico-Legal Report on a family, or family members, this will frequently have been produced at the behest of a lawyer to provide evidence in the case they are constructing. Similarly, medical evidence used by lawyers may have been drawn from other doctors detailing their concerns about their patient, and through reports obtained for civil claims. This

report further uses medical evidence that may not have been used in an immigration or asylum case, but which still remains relevant such as Immigration Removal Centre medical notes where they have been obtained, but not used in a person's case. In the majority of cases, the medical evidence used comes from reports written after medical experts assessed children in detention (or after they were released). In some cases, the medical evidence that is used has been generated from reports written after medical experts carried telephone consultations detainees. 15 independent expert clinicians provided medical evidence that is used in this report.

- *Information generated through Medical Justice case work:* Again, much of the information gathered in the processes of Medical Justice case work may add to an individual's case. In certain examples such information may be used, but has not been used by lawyers to further the detainee's case.
- *Information generated for the purposes of this report:* This report also uses information that has been generated for the sole purpose of providing material for the report itself. In certain cases, ex-detainees have been asked to fill in questionnaires which asked for further information, beyond that which had already been gathered. These questionnaires provide clarity over specific details where necessary, and also present accounts from parents, or children, about their experiences in the detention estate and after. This interpretive, qualitative information supplements the evidence that is presented by way of medical and legal documents.

Within this report, of the total number of cases that are analysed 16 are presented as case studies. These case studies exemplify some of the key issues that are raised in what follows, and explore some of the ways in which the harms that are being considered are exacerbated. Case studies are only presented where there is medical and legal evidence to support the study and can provide examples of the issues that are being discussed.¹³⁰

Ethical considerations

This report presents the details of individuals who are particularly vulnerable. As is made clear throughout the report, detaining children has the capacity to both exacerbate and cause multiple traumas and harms. Further, given that they are cases that have been handled by Medical Justice, they involve people about whom there have been serious concerns, either by themselves or others, relating to their health and well-being. Many of the people contacted were willing to participate in this report, but only where their case was anonymous as they feared that inclusion could jeopardise ongoing legal matters. At the same time, certain family members, afraid of being returned to countries where they state that they and

their children will be in danger, wanted details to remain anonymous.

Informed consent

Attempts have been made to contact each of the individuals whose cases are referred to in this report.¹³¹ Particular attention was given to the nuanced ethical issues related to the needs of children.¹³² Where a child can comprehend the nature of consent then it is generally accepted that parental consent is not necessary.¹³³ However, there are no examples within this project where consent from a child was sought in isolation from their parents. Rather, consent from children and parents was sought where possible. It was made clear, in all cases, that participation was voluntary and there was no obligation to include information and details.

If the family agreed to inclusion in the project, they were asked to consent to the use of information in one of three ways:

- Firstly, as a full 'case study'. This would mean that full, identifiable, details could be used within the report and that consent was provided to use full information from documents related to their case such as (for example, information relating to their asylum claim,

and Medico-Legal Reports);

- Secondly, as a 'case study', as above, but with the provision that names were changed for the purpose of this report; and
- Thirdly, for the use of information but in a way that was made completely anonymous. This would ensure that any documents that were referred to relating to the case were not quoted from, and that information was presented within the report in a way that ensured that the individual in question could not be identified.

The family was then asked to sign and return a consent form to Medical Justice with this information completed. In certain cases, and in particular where a family has been removed but contact has been established, individuals were unable to sign and return consent forms. In such circumstances, information has only been used that is fully anonymous. Similarly, if no contact at all has been established with a family, information is included in such a way that ensures anonymity. In all cases, if a family has needed any support or assistance when contacted in relation to this project, this has been offered through the Medical Justice Network.

Chapter Five – A demographic overview of the detainees in this report

The years from which these cases are taken, age, place of birth, and gender of child detainees

This report features the cases of 87 families and 141 children who were detained under immigration powers, in a six year period between 2004 and 2010. As Figure 5(1) shows, the majority of these children were detained in 2008 and 2009. The years that cases are taken from in some senses indicate the provision of case work carried out by Medical Justice (and as such, the cases that could be drawn upon). The reduction in cases taken from 2010 could be for a number of interlinked reasons. Firstly, the available time from which to take cases is shorter than in all other years (cases were taken only from the first four months of 2010). Secondly, after the announcement by the coalition government that they intended to end the detention of children and families for the purposes of immigration control there was a reduction in the number of children detained. Some of the children in this report have been detained on more than one occasion. Where this is the case, the period of detention that is recorded in Figure 5(1) is the most recent period of detention.

Figure 5(1) – Years when the children in this report were detained

Total number of cases	2004	2005	2006	2007	2008	2009	2010
141	1 (1%)	6 (4%)	7 (5%)	16 (11%)	52 (37%)	48 (34%)	11 (8%)

Of the children in this report 75 (53%) were male, and 66 (47%) female. There was a higher proportion of younger children than teenagers. Figure 5(2) below, sets out their age at the time they were detained in relation to Figure 5(1).

Figure 5(2) – The ages of the children in this report

Age of children	Number of children
0-11 months	18
1	14
2	13
3	8
4	13
5	8
6	3
7	10
8	8
9	5
10	12
11	4
12	5
13	6
14	5
15	4
16	2
17	3
Total number of children	141

The single most common country of birth, in this report, accounting for 48% of all of the children whose cases are included is the UK. The second most common country of birth, accounting for 12% of all children, is Nigeria. 31% of the children in this report were born in Africa.

Figure 5(3) – The country of birth of children in this report

Country of birth	Number of children
Armenia	3
Azerbaijan	1
Cameroon	1
Republic of the Congo	1
Democratic Republic of Congo	2
Jamaica	2
Malawi	9
Malaysia	1
Nigeria	17
Pakistan	6
Sierra Leone	2
Sri Lanka	2
Sudan	3
Turkey	3
Uganda	6
United Kingdom	68
Yemen	2
Zambia	3
Unknown	9
Total	141

Places of detention, lengths of time detained, and outcome of detention

As discussed in Chapter One, the majority of those children who have been detained in the UK, in recent history, have been detained in Yarl’s Wood IRC. Where Tinsley House and Dungavel IRCs have been used to detain children, this has supposed to have been for short term periods. Of the 141 children whose cases are used here, the vast majority were detained in Yarl’s Wood when Medical Justice intervened, or when the harms that children were reported to have suffered took place. As Figure 5(4) shows, this weighting towards Yarl’s Wood is significant. However, it should be added that this does not necessarily mean that *proportionally* more harm or damage is caused in Yarl’s Wood than in other IRCs that have been used to detain children. Rather, it may be indicative of a higher concentration of work that Medical Justice conducts in relation to this particular IRC. Moreover, as Figure 5(5) emphasises, when previous periods of detention are taken into account there is a more rounded emphasis on other IRCs. In total, the 141 children considered here were reported to have experienced 192 periods of immigration detention.

Figure 5(4) – Where children were detained

Place of detention	Number of children
Yarl’s Wood	139
Tinsley House	1
Oakington	1

Figure 5(5) – Other periods of detention prior to Medical Justice intervention

Place of detention	Number of children
Yarl’s Wood	15
Tinsley House	18
Dungavel	4
Oakington	2
Unknown	12

The 141 children in this report had been detained for a total of 3699 days between them. The average time spent in the detention estate was 26 days per child. However, this figure includes only the days where it is known that a child was detained, and so it is likely that this figure under-represents the total time spent in detention. In some cases, a doctor may have assessed a child in detention, for example, and may have found out later that the child was released, but not know the exact date of release because contact with the family has been lost. In such cases, only the period in detention up to the doctor’s assessment have been counted. Moreover, it should be made clear that the above number refers to the total number of days that Medical Justice is aware a child spent in detention and so, for some children, includes multiple detentions. The longest any child spent in the detention estate in this report was a child who, before she was three years old, had spent 166 days of her life detained over numerous periods in Yarl’s Wood.

Figure 5(6) – Length of time in the detention estate

Length of time in the detention estate	Number of days
Shortest number of days	1
Mean average number of days	26
Longest number of days	166

As can be seen in Figure 5(7) 87 of the 141 children were released, 33 were removed, and the outcome is unknown with regard to 21 children. Some of the 87 children released may have been re-detained or removed from the UK afterwards.¹³⁴

Figure 5(7) – Outcome of detention

Outcome of detention	Number of children	Percentage of children
Released	87	62%
Removed	33	23%
Unknown	21	15%
Total	141	100%

Chapter Six – Dawn raids



It has been suggested that dawn raids have been carried out on children and families disproportionately, because it is more difficult for them to avoid capture. Moreover, according to some analyses this perception of families as ‘soft targets’ has been bolstered by a form of ‘grim logic’ within the Home Office: that focusing on asylum seeking families is an effective way to meet targets that have been set to increase the number of removals from the UK.¹³⁵

Evidence suggests that, where they take place, dawn raids are frequently detrimental and harmful for those children who are targeted.¹³⁶ Refugee and Migrant Justice, in a report condemning the treatment of children within the UK asylum system stated that in their experience the circumstances of the detention of children – with specific reference to dawn raids – are ‘inhumane.’¹³⁷ These are concerns that have been echoed by the Children’s Commissioner for England. After a visit to Yarl’s Wood IRC in 2009 the impact of dawn raids, and the manner in which they were carried out, were highlighted as serious causes for concern. The children that his team interviewed, as well as their parents, drew attention to a catalogue of harms based around issues including control and restraint procedures, methods of entry into the home, the overall behaviour of officers, and the way in which they looked on as sleepy, frightened, children got dressed before they were transported to Yarl’s Wood.¹³⁸ For the

children interviewed by the Children’s Commissioner’s team, the dawn raid was the initial stage of the detention process and incidences of violence did ‘not appear to be isolated.’¹³⁹ Yet despite these, and other reported concerns about the impacts of dawn raids, their existence has been defended as an essential part of asylum and immigration policy. When asked about their negative implications in the House of Commons Tony McNulty, the former Immigration Minister, replied that ‘I am fed up with hearing about ‘dawn raids’.¹⁴⁰

Children’s experiences of dawn raids: fear, violence, and force

Within this report there are 61 children in whose cases it is known that they had been subjected to dawn raids (see Figure 6(1)). This number refers only to those cases where dawn raids were reported. Other children may have been subjected to a dawn raid but this was not recorded. In 48 of these cases, where dawn raids were reported, a child was said by either parents or independent doctors and medical professionals to have been terrified when the raid took place and reactions included sobbing, weeping, and hiding. Parents consistently noted that their children were confused about why they were being subjected to such practices. In a smaller number of cases this trauma

was manifested physically in children either wetting themselves, or vomiting as the raid took place. As one parent explained:

[M]ore than 6 people knocked on the door in the morning and [my son] unlocked the door. They then carried out the raid, getting me and my wife out of bed and rounding us up. [My son] was sick. He just started to be sick, and when I went to try and help him they forced me back down, and said that I was not allowed.¹⁴¹

Figure 6(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 ¹⁴²	6	10%
Witnessed ill-treatment not amounting to physical violence in dawn raid	10	16%
Separated from family during dawn raid	5	8%

With regard to six children, there were allegations that officers carrying out the raid subjected the family to force which amounted to violence. Whilst in relation to 10 children it is alleged that either children, or parents within earshot of their children, were subjected to racist taunting and verbal abuse, or other forms of derogatory treatment which did not culminate in physical violence. For example, one woman explained:

When they picked me up in the morning I got an upset stomach. I asked the officers who were in the van with me to take me to the nearest police station [so I could] ease myself; they told they were not allowed to do so. When I couldn't hold it anymore I asked for the plastic bag in the van. I did it in front of my son looking at me while asking 'mum, are you ok?'¹⁴³

These incidents took place at various 'stages' of the raid and in certain examples occurred after the detainees had been forced onto the vehicle that was used to transport them to their destination. In this way, the cases reiterate one way in which, as emphasised earlier, the arrival at the house by immigration officers is experienced as the first stage of the detention *process*. As Sheila Melzak, a Consultant Child and Adolescent Psychotherapist and

Clinical Director of the Baobab Centre for Young Survivors in Exile, reported when assessing a child who was subjected to a dawn raid in 2009, the child recalled:

There were five officers, three ladies and two men. None of them were nice. My mum was in the shower. They shouted that she should open the door. They kept shouting. It was before school and my mum was in the shower... They took us to a van, a little van; they would not let me sit next to my mum. The lady sitting next to me asked about my birthday and what we had done. She was mean and so I did not talk with her about my birthday. I said that I wanted to sit next to my mother and she said that I could not. Mum sat between two guards and there was one guard next to me. It was a long journey. We did not stop for food or go to the toilet. My mum asked to go to the toilet. They did not let her. There were two men in the front of the van. The van stopped at the detention centre... I got down from the van and I saw the woman officer hit my mum with a stick. She hit her on her head hard twice... it was the day after my birthday.

Abuse and force used can have fundamentally damaging effects, but they also increase the capacity to inflict psychological trauma, which is already inherent in a dawn raid.¹⁴⁴ As one parent recalled, with regard to two separate occasions where she and her family were subjected to raids in 2008, her two children were scared simply by the fact that uniformed officers were coming to take them from their homes, and potentially to deport them, regardless of the way in which the raid was carried out:

At about 5am there... was a knock at the door. We woke up scared. [My] kids were in bed and woke up screaming... [The second time, about three months later] at dawn there was a loud knock at the door. I was pregnant and my kids woke up crying and very angry saying 'why, why again'? They were devastated...¹⁴⁵

Behavioural changes, trauma, and distress

Research carried out in the United States, published in 2007, has explored the long-term and short-term effects that immigration raids have upon children and, as this study showed:

Many children exhibited outward signs of stress. For instance, some lost their appetites, ate less, and lost weight. Others became more aggressive or increasingly displayed "acting out" behaviours. Some children also had more trouble than usual falling asleep or sleeping through the night.¹⁴⁶

These outward signs were also evidenced in children in this study who were subjected to raids: of the 61 children who were known to have experienced dawn raids here, 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. As Figure 6(2)

shows, these symptoms were varied, and as one woman explained, with regard to her son who was detained in Yarl's Wood in 2009:

He had difficulties in his sleeping, eating, and fighting all the time. Before detention [my son] used not to fight but in detention other children used to fight him. He used to fight back... [At the same time] he lost his appetite and ever since we have been released from detention he has lost weight.¹⁴⁷

Figure 6(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	√	√

Central to an understanding of these signifiers of stress and harm is the relationship of dawn raids to the detention process as a whole. In certain cases it is not possible to differentiate fully, even with full assessments of the children in question, between the particular aspects of the detention process which caused the particular problems that they went on to suffer. Further, certain assessments of children indicate that the combination of, among other factors, being forcibly removed from their homes *and* incarcerated for reasons that were unclear was related to the trauma that children went on to experience

and display. As Case Study 1 shows, exactly such a combination has the capacity to cause considerable distress and harm.

Case Study 1 – The impact of dawn raids

MC fled to the UK with her child, WM, in order to escape domestic abuse. As well as fearing for her own personal safety she was worried that, if returned from the UK, her partner would take her son from her. After arrival in the UK they managed to settle, and WM was reportedly a popular and happy pupil at school who was achieving high grades. His mother was about to begin postgraduate studies when they were subjected to a dawn raid, in 2009.

On arrest the family were driven from Swansea to Bedford – a journey of approximately 150 miles. WM, who was at that point eight years old, was ill at the time and had a temperature. He was sick in the van, and was only allowed one break when his mother reportedly pleaded with immigration officers to stop. After arriving in Yarl's Wood IRC, his mother explained to an independent doctor, Dr Charmian Goldwyn, that WM was ill for roughly a week. He began skipping meals and losing weight, and lost interest in his appearance and well-being. According to his mother, he stopped cleaning his teeth, and explained to her 'If they don't want me in the UK, why should I bother?' He also began to skip school within the IRC, and to withdraw from certain interactions.

After arrival in Yarl's Wood, WM witnessed a detainee attempting to hang herself. He refused to speak to his mother about this event, and found it difficult to concentrate afterwards. At night, he began talking in his sleep and would sometimes wake up screaming and calling for his mother. According to Dr Goldwyn, who has written over 140 medico-legal reports, he was particularly withdrawn and made little attempt to communicate. In his fitful sleep, he sometimes fell out of his bed.

WM's mother was known to suffer from sickle cell anaemia. A different independent doctor, an expert in haematology Dr Richard Dillon, after a telephone consultation with MC expressed concerns about the way her condition was being managed. These concerns also spread to the child, and it was noted that he had not been offered blood tests for this condition.

According to Dr Goldwyn, WM would reportedly question his mother about whether she had done anything wrong, and why they were being incarcerated. As Dr Goldwyn stated 'It is my opinion that incarceration in Yarl's Wood is seriously affecting [WM's] mental health. As he is not eating or sleeping well his physical health is starting to suffer.' The family were later released.

Chapter Seven – Conditions in immigration detention



The conditions in which children are held in immigration detention show variations both between, and within, different countries. However, notwithstanding these variations, the provisions and standards within immigration detention facilities have been routinely and widely condemned.¹⁴⁸ Of the children whose cases are featured in this report, complaints about provisions in detention were frequently compounded by wider fears, confusion, and anxieties about being detained.

Nutrition and food standards

49 children, or their parents, whose cases are featured in this report had concerns which related to food in the detention estate. 18 children, or their parents, stated that food was of a poor standard. Allegations about the standards of food included claims that the food: was uncooked; was not fully prepared; was out of date; was lacking in nutrition; and was lacking in variety. In 23 other 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, 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 the detention estate (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 (see Figure 7(1) below).

Figure 7(1) – 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%

Concerns about food may not, in all cases, have been related to the standard of the food that was being offered and instead may have been linked to the physical and psychiatric well-being of the child. For example, of the four children who were unable to eat without vomiting, their parents also reported that the child had a fever and that they felt they were unwell. Moreover, in the cases where children were alleged to have been refusing food, in some cases they also reported other symptoms. Three of these children, for example, had diarrhoea. Three could not

sleep, and one child was described as crying constantly and unable to sleep.

It is well recognised that food refusal can be linked to depression, as well as a range of physical illnesses.¹⁴⁹ From this perspective, food refusal may have been indicative, in at least some cases, of a broader mixture of traumas, fears, and anxieties about being detained within the UK. Notwithstanding these factors, complaints about food drew attention to a range of concerns and, according to one woman:

I would say that the food is just what keeps you alive. Feathers can be seen on the chicken pieces. I was pregnant and didn't feel like eating, and I asked for milk. I was told that milk is just for children though; and that I would have to eat what I was served or, otherwise, I would not eat.¹⁵⁰

Standards of food and catering are governed through provisions set out in the 'Detention Services Operating Standards manual for Immigration Service Removal Centres' (the Operating Standards), which consolidated the relevant detention centre rules that had been put in place before its publication in 2005, and created a set of 14 auditable requirements. These requirements are based upon the stipulation that:

Removal Centres must provide a varied and healthy menu, taking account of religious, cultural and medical needs, whilst complying with all relevant Food Safety and Health and Safety legislation.¹⁵¹

At the same time, S. 13(4) of the Detention Centre Rules 2001 sets out that:

The contract monitor at a contracted-out detention centre, or the manager at a directly managed detention centre, shall regularly inspect the food before and after it is cooked and, in the case of the contract monitor, shall report any deficiency or defect to the manager.¹⁵²

There has been no systematic investigation into the provision of food and food standards within the entire detention estate in the UK. This is despite both the Independent Monitoring Board and HMIP – bodies which are both officially recognised as key mechanisms through which to ensure accountability within the detention estate – emphasising concerns about food that detainees have raised. For example, following an unannounced inspection in Yarl's Wood in 2009, HMIP stated that the quality of food was 'inconsistent', and that '[d]etainees also complained about the lack of variety and over half in our survey described the food as poor and very poor'.¹⁵³

These findings follow a UKBA led investigation into individual allegations that food in Yarl's Wood was of poor standard. This investigation, as part of a wider investigation into the circumstances surrounding the Yarl's Wood hunger strike in June 2009 (discussed in more

detail in the following chapter), drew attention to: dairy products that were out of date being served to detainees; concerns raised internally by staff that children were not being offered healthy food (in turn resulting in 'occasional' breaches of contract); selling food to detainees from the Yarl's Wood shop that had gone beyond its 'best before' date; and serving chicken that still had feathers attached to the skin.¹⁵⁴

Education provisions

Where there were concerns raised about educational facilities and provision these complaints focused on the level of schooling, incongruities between schooling in the detention estate compared to that which was provided prior to being detained, the purpose of schooling in the detention estate, and the lack of provision for children with particular needs. Seven separate concerns about the standard of education were raised, and a further five were related to the behaviour of staff towards children. According to one parent, schooling in Yarl's Wood had a specific disciplinary function that was tied to the removal of families. This mother, who was pregnant with her third child when she was detained, 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.¹⁵⁵

In Tinsley House IRC, the last HMIP inspection carried out, in 2009, reported that the 'facilities for children had deteriorated, with the loss of specialist childcare staff and the absence of a qualified teacher to teach them'.¹⁵⁶ Yet this stands in contrast to the provision of schooling in Dungavel and Yarl's Wood which according to their most recent HMIP inspections, was viewed as positive and beneficial.¹⁵⁷ In Yarl's Wood, at least, the provision of education was something in which considerable effort was invested. In November 2009 for example, particular organisations and individuals were invited to the opening of a new school: 'Hummingbird House'. These visitors were led on a tour around the IRC in which the rooms where detainees slept were called 'homes'. At the end of this event select adult and child detainees were asked to perform and sing songs for those present.¹⁵⁸

From one perspective, refurbishing 'education' facilities and painting child-friendly pictures on the walls no doubt goes some way towards easing the experiences of those who are detained. From another though, such surface level alterations do not structurally alter the conditions of detention and practices to which detainees are subjected whilst incarcerated. Information obtained in 2010 indicated that staff members within Yarl's Wood are supposed to try and liaise with schools where children had been taught prior to their detention, in order to continue

their education. However, not all parents consent to this and, of those who do, information is actually obtained only 35% of the time.¹⁵⁹ Efforts to make immigration detention appear to be something different to what, in reality, it actually represents have had little effects on detainees themselves. As Case Study 2 makes clear, some viewed conditions within the detention estate as particularly poor.

Case Study 2 – Understandings of conditions within the detention estate

IK and LR are female cousins, looked after by IKs parents. They are both from Sub-Saharan Africa, and IKs parents came to the UK in order to find safety. The two cousins were detained for a total period of nearly two months in 2009 with IK's mother; whilst her father was detained for a longer period. The two adults are the carers of LR. By the time the family was detained they had been in the UK for a few years. The two girls were reportedly doing well in school, and were members of a range of different groups and organisations (such as cubs, and girl scouts).

The family were detained after being subjected to a dawn raid which reportedly caused distress and trauma. According to the mother, the two children asked immigration officers whether they would be allowed to say goodbye to their pet rabbit, but were refused permission. After being detained for just under a week they were taken onto an aeroplane, and made to wait for approximately 20 minutes, before being told that their removal directions had been cancelled. The family were then taken to Yarl's Wood. The parents were part of the Yarl's Wood protests, which included a hunger strike in June 2009, which was based in part on the conditions in which children were being kept. The father was injured by officers after being purported to be a ringleader of the protests, and was consequently taken from his family for longer than a week.

In an assessment with an independent social worker, carried out after they were released from detention, the family maintained that food and schooling in Yarl's Wood was poor quality, and that the overall conditions were inappropriate. The mother of the family stated that, on one occasion, 'the teacher said to the children "if you are not here in the morning we'll come and drag you out of bed"'. Furthermore, she alleged that there were few books, and that pupils of different ages were taught together (and so at potentially inappropriate ability levels).

Both adults maintained that members of staff would talk about topics that were inappropriate for children to hear, within earshot. And the mother also reported that most of the food that the children ate was junk food, and that regulations about what children could and could not eat meant that 'it was hard to have an appetite'. Both girls, she continued, had frequent stomach upsets and one of them began to lose weight. Sheila Melzak, a Consultant Child and Adolescent Psychotherapist and the Clinical Director of the Baobab Centre for Young Survivors in Exile, also assessed the family after they were released. As she noted, concerns over the food were clearly shared by the girls themselves. They mentioned that it was boring, not very nourishing, and in some cases out of date. That this was the case was, in certain regards, unsurprising for the children and they connected the conditions in Yarl's Wood to their wider perceptions of injustice in relation to their administrative detention. As one of the children put it 'immigration did not want us, they wanted us to go to our own countries. And it's brown people, most people in Yarl's Wood are brown. The immigration don't like brown people'.

Chapter Eight – Violence, assault, and witnessing violence

The use of force against detainees is legitimised, up to a point, within the detention process and this is governed primarily by Operational Enforcement Guidance and the law. The fact that there are powers granted in the Immigration Act 1971 to immigration officers, allowing them to put detainees on a plane, leads to the conclusion that they may use force to do so. The Immigration and Asylum Act 1999 has given Detention Custody Officers (DCOs) limited power to use force within the confines of an IRC.¹⁶⁰ Moreover, with immigration officers enabled to use force, the majority of immigration raids are now carried out with no police officers at the scene.¹⁶¹ As a result of these guidelines some force is sanctioned during immigration raids, within IRCs and while attempting removals. Physical Control in Care (PCC) techniques can be used against children in immigration detention and documents obtained by *The Observer*, in 2010, about PCC techniques in the penal system revealed that approved measures included: ramming knuckles into a child's ribs; elbowing them in the ribs; raking shoes down their shins; and ramming straightened fingers into their face.¹⁶²

Witnessing violence

Of the children whose cases are described in this study, 48 were reported to have witnessed violence or people being physically harmed throughout the detention process.¹⁶³ As Figure 8(1) shows, these incidents occurred in the process of dawn raids, within the confines of IRC's, and in attempted removals en route to, or at an airport. Some of these incidents, it is reported, were accompanied by racist abuse and taunting and in one case a girl reported that escorts threatened to harm her, in the same way they were harming her mother. In another, a child allegedly witnessed his mother being assaulted whilst escorts called her a 'monkey', an 'animal', and a 'thief'.

Figure 8(1) – 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%

Most commonly, within this sample, violence witnessed during the detention process was that carried out by escorts against family members as attempts were made to deport the family. These incidents were reported to involve kicks and punches; physically dragging, pushing and pulling detainees; and forcibly holding detainees to the floor or a particular area against their will. They occurred as families were being transported to an airport and within the vicinity of airports (for example on a runway). If these figures – making up 42% of the total number of incidents where violence was witnessed – are added to the occasions where it is suggested that children witnessed violence against other detainees during attempts to remove them from an IRC, then 57% of the total number of incidents here relate to attempts to remove people from the country. In one instance, after witnessing her mother being assaulted, a girl started vomiting and wet herself. Moreover, as the following section will discuss, in a number of the instances where children witnessed violence against their parents, they were also injured themselves.

Of the four incidents where children witnessed violence against parents or other adult detainees within an IRC that were unrelated to removal attempts, each of these incidents allegedly occurred following complaints by detainees about the standard of food in detention. Such complaints were also one aspect of the general dissatisfaction which culminated in the June 2009 protests in Yarl's Wood and, consequently, if these figures are taken together, they indicate numerous occasions where complaints about being incarcerated reportedly led to violence and assault. Of the 48 incidences where violence was witnessed by children, 21% followed attempts by detainees to highlight their concerns and perceived injustices. Figure 8(2) – an overview of the break-up of the June 2009 Yarl's Wood protests – gives some indication of how such violence can come to take place.

Figure 8(2) – The June 2009 Yarl's Wood family protest

The Yarl's Wood family protest, involving a hunger strike, in June 2009, stemmed from widespread concerns expressed by detainees about the conditions in which they and their children were being kept.¹⁶⁴ The families involved – including approximately over 40 detainees – expressed alarm that their children were not receiving adequate care, that the food, education, and conditions were substandard; and more generally about the practice of detaining children. The protest was peaceful at all times. Two days after it was instigated it was broken up – reportedly by between 30 and 50 officers – by the use of force.

Although the hunger strike had its origins within concerns about conditions and practices within Yarl's Wood, parents involved state that it was only instigated after a request to meet, as a group, with a UKBA representative was not granted. The exact details about when requests were made, and who to, are disputed. Nonetheless, it is apparent that the Serco Contract Manager refused to grant the protesters request to meet with UKBA; in part on the basis that she claimed that meeting the protestors' demands would make them more agitated. The hunger strike consequently took place after parents felt that their concerns were not being listened to. No children took part in the hunger strike. One day after it began, the families made a decision to take their protest outside, but realised that doors had been locked to prevent them from doing so. The following day, an intervention plan was drawn up between Serco, UKBA, Bedfordshire Social Services, and the Office of the Children's Champion who agreed that it 'could not be allowed to continue'.¹⁶⁵ This plan was approved by the Head of Detention Services. It contained measures to remove four people who were said to be ringleaders from the unit where the protests were taking place. It was developed by an individual who was trained in the use of control and restraint techniques in prison settings.¹⁶⁶ A Physical Control in

Care Team' was assembled to 'control' a teenage year old boy,¹⁶⁷ but this did not end up taking place.

At approximately 14.00, Serco officers initiated their plan to break up the protesters. This involved violently removing the 'ringleaders', and numerous accounts suggest that a number of detainees were injured. One of the alleged ringleaders maintained that:

No warning was given before they entered and there was no message on the tannoy system. We weren't told what was about to happen or offered an opportunity to move off the corridor peacefully. I don't know whether these were all Serco guards but they were hefty men in uniform and they marched in really aggressively.¹⁶⁸

Detainees and officers who carried out the intervention differ in their accounts of what happened next. But an investigation carried out by UKBA acknowledges that, at least in part, what followed was 'hysteria'.¹⁶⁹ According to some detainees, at the same time that force was being used, certain officers racially abused detainees, and as one person stated:

Many officers were shouting very rude things, some of which I cannot remember. I do remember them shouting, 'you fucking black bastard' many times. They were also shouting things like, 'go back to your fucking country'. But this is not unusual; they often called us black bastards and many other names in Yarl's Wood.¹⁷⁰

According to his wife, this man was pushed to the ground forcibly in a series of events which also saw an officer treading on their daughter and her son having his hand injured. She says that at this point 'both [my son] and I were screaming 'please don't kill my daddy/ please don't kill my husband'.¹⁷¹

Other detainees report having seen a teenage boy dragged from his bed where he was sleeping, struggles between women and officers which culminated in women ending up naked, and both men and women being put in various forms of arm and wrist locks. In an assessment with an independent Consultant Child and Adolescent Psychotherapist, Sheila Melzak, after the event; alongside more specific details, two children reported that they 'heard a great deal of noise, screaming and weeping'.

The intervention was over in approximately five minutes. By this point a number of children had been taken away from their families, a number of men segregated, and a number of detainees including men, women and children (and a baby) had been injured.¹⁷² Later that same day, certain men who had been identified as ringleaders were taken to different IRCs and separated from their families for a matter of weeks. An investigation into the break-up of the

protest, conducted by UKBA in August 2009, claimed that the distress that children had suffered had been exacerbated by the actions of female detainees who had resisted the officers. In their opinion ‘if certain mothers had not behaved in the manner that they did they would have been in a better position to see to the wellbeing of their children.’¹⁷³ They further maintained that, where detainees had suffered injuries, this too was essentially their own fault; asserting that:

DCOs [Detention Custody Officers] are authorised to use appropriate control and restraint techniques when dealing with disruptive or non-compliant detainees and they are trained in the use of approved control and restraint techniques. Although such techniques are intended to minimise injury to all those involved it cannot always be avoided if the detainee is determined to resist.¹⁷⁴

The investigation concluded that staff who had used force against detainees had acted ‘appropriately.’¹⁷⁵ An hour after it had taken place, a de-brief was conducted where the team were thanked for ‘carrying out the move well and in a professional manner.’¹⁷⁶ During this de-brief, officers were asked to fill in incident reports and note down any injuries they may have suffered. They were also informed that pastoral care was available for them should they require it.

It is unknown whether any officers took this offer of pastoral care up. One person who might have is an older DCO who appears to have dissented from the consensual view of the incident. In an assessment by Sheila Melzak, conducted some time after the events had taken place, one woman explained that her husband was dragged away from her by his arms during the break-up of the protests. Afterwards, this older officer tried to reunite the family and find out where her husband had been taken to. With tears in his eyes he reportedly turned to her and simply said ‘I can’t believe how they handled this’.

The cases described here indicate that, where children were reported to have witnessed violence, in 90% of these cases the perpetrator was someone who was working on behalf of the British government.

Of the incidents where violence was witnessed but this was not reported to have been carried out by someone working on behalf of the British government, one involved a child witnessing her father beat her mother after the family were given removal directions, and four children witnessed other detainees harming themselves. Such events can have serious consequences and, as one mother claimed:

On one occasion one lady who was the mother of two kids shouted, cried, screamed and struck her head against the floor and walls. She was separated from

her kids and given sedatives and later deported. This was in Yarl’s Wood. [Another time] we saw one woman who hung herself with the bed-sheet. She was saved by another detainee. This incident left an impact on all of us.¹⁷⁷

Experiencing violence

As well as witnessing violence, a number of children in this report were reported to have been harmed in violent acts carried out at some point throughout the detention process. 13 children were reported to have been harmed as a result of physical violence. As Figure 8(3) explains, these incidents occurred in similar contexts to those in which violence was witnessed: in dawn raids, within IRCs, and during attempted removals.

Figure 8(3) – Children injured as a result of violence

Violent incident	Number of children experiencing such incidents
Injured during dawn raid	1
Injured during removal attempt	3
Injured during the break-up of hunger-strikes	2
Injured by parent in detention	5
Injured by another detainee	2

Violence against children perpetrated by detainees

In contrast to incidents where violence was witnessed, where children were injured a higher proportion of the perpetrators were reported to be other detainees. Of the two incidents in which children were reported to have been injured by other detainees who were not family members, both involved other children. However, significantly, in 38% of the cases where violence against children was carried out, the perpetrators were parents of the children in question (in each case, mothers who were detained alone with their children).

As shall be discussed in Chapter Twelve, immigration detention can have a severely detrimental impact upon the ability of parents to be able to care for their children. Of the cases reported here, in each instance where a child was reported to have been hurt by their parent, the parent was noted to have been experiencing serious problems as a result of being detained. In one case a woman was described by an independent doctor as having PTSD whilst in detention. In another, a mother was facing being removed with some, but not all, of her family to a country where she reported that she had been raped and tortured. Indeed, what these cases may indicate is a readiness to override the duty to consider the best interests of the

child where there are clear concerns about a mother's deteriorating mental health, so as to ensure the removal of a family from the UK.

Violence against children perpetrated by officials acting on behalf of the government

As well as children witnessing violence against other detainees, six children were reported to have been injured as a result of the violent actions of Immigration Officers, DCO's, or escorts. In each case, the injuries which were reported to have been sustained in these incidents occurred in a context where the children's parents were also being harmed. In three of the examples children were said to have been injured inadvertently amidst wider commotion during which it is alleged that force was being used against other detainees. In the other three cases, it is reported that the children were injured as force was used against them in order to try and effect their removal. Following one such incident, the children who had been harmed were traumatised to such an extent that, when they were visited by an independent doctor, they were taught to breathe in and out of brown paper bags in order to control their panic attacks.

In response to a request under the Freedom of Information Act 2000, force was acknowledged to have been used against children in the detention estate using 'approved physical control and care techniques' seven times between 2005 and 2009. 'Nobody wants to use force when dealing with children', the response noted:

However, we do sometimes encounter situations where children, perhaps with the encouragement of their parents who do not seek to change their children's behaviour, seek to frustrate their removal by refusing to co-operate with staff instructions (e.g. to board an aircraft). This can lead to removals being halted at the last minute. Not only does this undermine UKBA's ability to enforce the Immigration Rules, but it is also contrary to the child's longer-term interest as it can lead to increased lengths of detention and prolonged uncertainty.¹⁷⁸

In this way, violence against children was not only blamed on children and their parents, but was also justified as being in their best interests. As Case Study 3 emphasises, there are no doubt some detainees who view violence carried out by officials acting on behalf of the British government from a different perspective.

Case Study 3 – 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.¹⁷⁹

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.¹⁸⁰

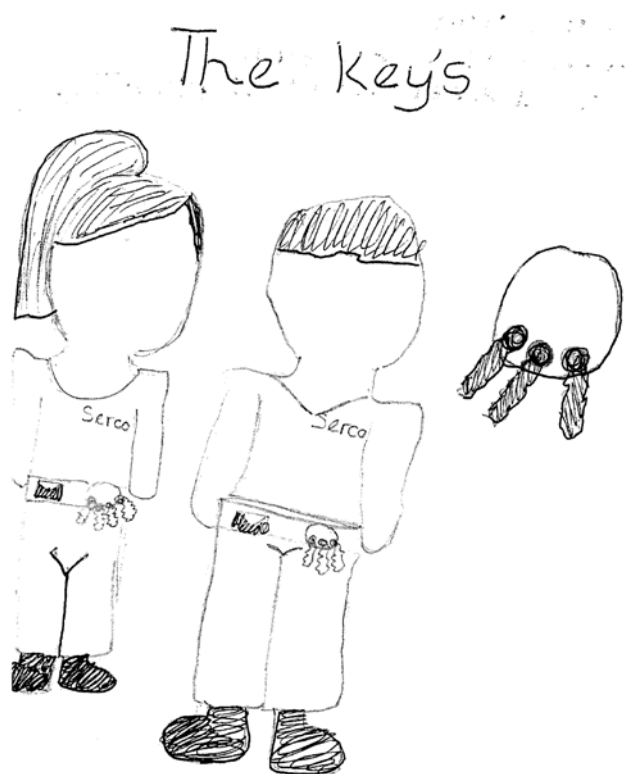
Whilst her daughter was brought back to her within a few hours, MU was initially segregated and then, after being told that he was a purported ringleader of the protests, was moved to Colnbrook IRC at approximately 11pm. In the meantime, his daughter allegedly began vomiting and developed a high temperature. 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.'¹⁸¹ 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.

he family were reunited just under two weeks later. Within this period an independent doctor, Dr Frank Arnold, examined MU's injuries and noted grazes above his knees, and abrasions on one of his Achilles tendons and on one calf. Dr Arnold is a specialist in problems of wound repair and the medical consequences of torture. He also drew attention to limited shoulder movement, and limited movement of the cervical spine. He concluded that:

My overall evaluation of the clinical evidence is that it is more probable than not that he sustained [his] painful injuries as a result of a control and restraint episode some 4-8 days before my examination.

Dr Arnold also carried out a telephone consultation with JL, and her daughter, and expressed serious concerns that the girl had been offered inappropriate malaria prophylaxis, before an intended removal from the UK. In his assessment a failure to weigh the child before prescribing was 'disturbing and arguably negligent', and neither her, nor her mother were 'fit to fly'. Two days after this was noted, the family were removed and some time after, medical records show that the girl caught malaria.

Chapter Nine – ‘Psychological violence’: depression, regression, and the trauma of immigration detention



Child refugees may be especially vulnerable. They are sometimes the intended victims of political and military struggles, imprisoned and tortured, forcibly conscripted into military service, and sexually assaulted...¹⁸⁴

In this context immigration detention carries a risk, in some cases, of both re-traumatising children and, at the same time, undermining strategies which may have been put in place to help children recover prior to their incarceration. As a submission to the Australian Human Rights Commission, for its National Inquiry into Children in Immigration Detention set out, immigration detention places 'some of the most vulnerable children and young people... into high risk settings, stripped of all the factors which enable them or their families to recover and to build resilience.'¹⁸⁵ According to some commentators, immigration detention can be described as a form of 'psychological violence'.¹⁸⁶

In the UK, the first systematic assessment of the mental and physical health difficulties caused by the detention of children in Yar's Wood IRC noted that all of the children assessed had begun to show signs of depression and anxiety since being incarcerated. Further, all but three children (out of 11 psychiatrically assessed) were marked as having psychiatric needs.¹⁸⁷ Mothers of those children who were aged between 1-4 emphasised that they were worried about the development of their children, and behavioural changes included bed-wetting (in one example where the child had stopped bed-wetting before being detained), having to go back to wearing nappies day and night, persistent crying, food refusal, language regression, developmental delay, and other regressive behaviours. Two children were said to have lost cognitive skills which they had acquired prior to being detained.¹⁸⁸ Given that some of these children had been detained, at this point, for a few weeks, these findings indicate that, whilst there is a correlation between long-term detention and psychiatric harm, short-term detention is also damaging.¹⁸⁹

Concerns over the detrimental effects of detention on children have led to a range of organisations, bodies, inquiries, experts, campaigning networks, and detainees condemning the practice in countries where the detention of children either has, or continues to take place.¹⁹⁰ In 1999, in Belgium, the Université Libre

Psychological disturbances and mental health problems

There is a growing body of literature which documents and explores the damaging implications of administratively detaining children for the purposes of immigration control. Much of the literature is based on empirical and clinical work that has been conducted internationally and, in large part, this reflects the fact that the detention of children is a practice that is carried out, albeit with differing time limits and in different conditions, across many parts of the world.¹⁸²

Prior to arrival in the country where they are detained, some children may well have already experienced particularly traumatic experiences, and these 'conflict-related exposures' can lead to a variety of mental health concerns (discussed in more detail below).¹⁸³ As has been noted elsewhere, with regard to 'child refugees' more generally:

de Bruxelles medical centre stated that detaining children for the purposes of immigration control can be understood as ‘psychological abuse.’¹⁹¹ In Australia, certain medical professionals united to publicly call for an end to the detention of children subject to immigration control on the basis that it causes significant harm and damage. Five psychiatrists noted, in 2003, that evidence drawing attention to the ‘unprecedented’ suffering that immigration detention causes could not be avoided, and that:

Every independent inquiry into immigration detention undertaken since 1998 has commented on the poor mental health of detainees and raised particular concern for the welfare of children in these settings.¹⁹²

Psychological distress

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 incarcerated. 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. That is, parents had raised concerns that their children’s emotional well-being had deteriorated since the child had been detained in 52 per cent of the overall sample. Given that 48 per cent of the number of children whose cases are featured here were born in the UK, it can be assumed that many of these children would have been frightened and confused about being deported to a country where they had never been to. Others would have been facing the prospect of being returned to a country from where they had already once fled. The following narrative, from one mother, detained in Yarl’s Wood in 2008, was not untypical:

My eldest son, who was nine years old at the time, was very angry and frustrated. He kept saying, ‘why us? We will be persecuted if we go back. Why can’t they understand?’ He didn’t eat anything there. He kept crying most of the time and staying in his room.¹⁹³

The concerns raised by parents about their children covered a wide range of issues correlating with, and expanding upon those which were described in Figure 6(2), which described behavioural changes in children who were subjected to dawn raids. Parents were also concerned about: children with suicidal ideation, children who had lost interest in their own well-being; children with manifest fears for their own safety and that of their family; children who were reported to be under extreme stress and pressure; children who were depressed and withdrawn; and children who had become terrified of being separated from their parents. Specific issues that parents noted with regard to their children were: onsets of bedwetting; nightmares and inability to sleep; panic attacks; flashbacks; aggressive behaviour; hyperactivity, food refusal, inability to concentrate; becoming ‘clingy’;

quietness; persistent crying; regressive behaviours; and lethargy.

An analysis of the age and sex of the children who had concerns raised about their mental health shows that 45% were female, and 55% male. Four children (5%) were aged between 0-12 months; 28 (38%) between one and four years; 21 children (28%) between five and nine years; 16 (22%) between 10-14 years; and five children (7%) between 15 and 18 years old. Fears and anxieties about the mental health of children were raised throughout the years from which cases are taken in this report (2004-2010).

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. In all 32 of these cases, concerns were noted about the effects of detention whilst the child was still detained and it was judged that detention was having a detrimental impact on the child. Table 9(1) sets out these effects in more detail:

Figure 9(1) – 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%

Collectively, the children who were assessed with regard to their emotional well-being were recognised as being deeply traumatised and profoundly disturbed by their experiences. In a number of cases children were recognised as having been re-traumatised, and particularly negatively affected by their incarceration. Other emotions or behavioural changes and actions that were recorded included: preoccupations with injustice and persecution; shame; a belief that people wanted to kill them; unwillingness to engage with other children; attempts to

climb out of the window during assessment; food refusal; clinginess; anxiety; fear of being separated from family; and guilt. Detention was judged to have directly caused damage to all children; at the same time, as Case Study 4 emphasises, immigration detention further exacerbated pre-existing emotional and behavioural concerns.

Case Study 4 – immigration detention and the exacerbation of emotional and behavioural difficulties

OM was born in Nigeria. As a child she was sexually abused by a family member, and at times was left without food or appropriate clothing. In the mid 1990s she began a relationship and, within a few years, became pregnant. She fled to the UK after her boyfriend made clear that their child would be forcibly circumcised after being born. She did not see her boyfriend again, and soon after gave birth to their son, SM. Reports indicate he was a child that was fearful of being separated from his mother and of being a victim of crime; and that he had low self-esteem.

OM was arrested with her son, the day after his ninth birthday, in a dawn raid. She reports that en route to Yarls 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 Yarls Wood later that evening, having only had a sandwich to eat all day.

Within Yarls Wood, SM's health deteriorated quite rapidly. A report by doctors indicates that, in the one month that he was detained, he lost over 10% of his body weight. He further became tearful, and developed cough symptoms at night. Moreover, although he had had problems with eczema prior to being detained, this condition worsened whilst he was incarcerated.

The impact of detention on SM's psychological well-being was assessed by an independent Consultant Clinical Psychologist, Dr Sean Perrin, after the family was released. Dr Perrin is an internationally recognised expert in child traumatic stress who leads the National and Specialist Child Traumatic Stress Clinic at the South London and Maudsley NHS Trust. 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 further suggested that 'detention significantly exacerbated SM's pre-existing difficulties and caused a significant worsening of his functioning'. Although SM was generally calm throughout the assessment, he broke down in tears when asked about his time in detention, and explained that he had missed his friends. Concluding the report, Dr Perrin drew attention to the fact that:

[SM's] detention at Yarls 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.

Developmental concerns

As discussed earlier in this chapter, previous studies have indicated that immigration detention has the capacity to engender developmental regression.¹⁹⁴ These are findings that are supported by the cases featured in this report: 34 children were reported to have symptoms of impaired development either after being detained, or during the time that they were detained. The majority of these children were under five years old, and only four were aged 10 or older. Specifically, of the 34 children: Five (15%) were 12 months old or less; 16 (47%) were aged between one and four; nine (26%) were aged between five and nine; and four (12%) were 10 years old or older. Such behavioural changes – including a child who had previously been walking reverting to crawling – cannot be separated from the wider health concerns that immigration detention provoked in the detainees, and in all cases where children showed signs of developmental difficulties, they further displayed signs of distress and anxiety, or were reported to have been physically suffering in detention.

Of the 32 children assessed by independent experts in relation to the trauma that they had experienced as a result of the detention process, 19 (59%) were said to be exhibiting signs of developmental regression. In many of these cases this regression was linked to depression, and specific experiences that these children had endured. 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. Assessments, in some cases, explicitly set out the need for continuity of care and the necessity of ensuring the children in question were protected from further traumatic experiences.

Case Study 5 – self harm in detention and developmental regression

GR left Africa in 2003 after being subjected to domestic violence by her partner. She experienced a series of violent incidents; many occurred in the presence of their then four year old daughter, JP, and stemmed from GR's reluctance to allow her child to be circumcised.

After arrival in the UK, JP flourished. She was a popular child at school who was seen as an able and academically gifted pupil. However, some years after living in the UK she and her mother were subjected to a dawn raid and taken to Yarl's Wood IRC. On route, JP reportedly witnessed her mother being hit over the head by an immigration officer. When she was detained she began to wet her bed, and eat less. In June 2009, JP witnessed the forcible break up of families protesting in Yarl's Wood. In part, these protests were against the impact of detention on their children. She says that she saw blood when the head of one protestor was hit against a wall.

Prior to the break up of this protest, an attempt was made to remove GR and her daughter from the UK, but this was cancelled because of the extreme distress that the girl was experiencing. At some point after this failed removal attempt, UKBA's Office of the Children's Champion authorised the use of force against her if she was to resist removal again. A second attempt involved tricking the girl by asking her to run an errand for staff in the IRC, and then locking her in a room with DCOs for approximately an hour before her mother arrived. However, this removal was eventually cancelled after being prevented by lawyers. After being transferred to Tinsley House IRC, the family were released.

The mother was again detained after a few months and her daughter lived with a relative for a further few months. In this period, an independent Consultant Child and Adolescent Psychotherapist, Sheila Melzak, assessed JP and raised concerns that she was suffering from PTSD, and that a further experience of detention could instigate 'a further deterioration in her functioning, suicidal thoughts and possibly a shift into psychosis'. Nonetheless in the following month JP was detained and the relative was not allowed to accompany her to Tinsley House. Reportedly, a social worker, who was observing the dawn raid, looked on as the girl was taken away 'screaming and crying inconsolably'. Within a few days of being taken to Tinsley House JP was found, tying electrical cord around her own neck, stating that she wanted to die.

Professor William Yule, a Consultant Clinical Psychologist and Emeritus Professor of Applied Child Psychology, and an expert in the assessment and treatment of stress

reactions in children and young people over the past 20 years, assessed her a few days later and concluded that she was suffering from depression, anxiety, and PTSD. He noted that:

When she realised that I was there to interview her, she clammed up and insisted on waiting for her mother to join us. By this time, she was crying and shaking and said 'I want to die: don't want to go back...'

According to Sheila Melzak, who assessed JP in several 90 minute sessions, the traumatic incidents that she had experienced had a range of impacts including changes in her self-identity, feelings of helplessness and hopelessness, mood disturbances, overdeveloped avoidance responses, and disassociation as a way to try and push difficult feelings from her mind. She observed difficulties in the progress of development, and stated that, in one session with her:

[She] clung to her aunt... and she was regressed in her behaviour in part of the session where I met with her and her mother in Tinsley House IRC, in fact playing at her mother's feet and crawling on the floor pretending to be a baby or an animal.

Continuing, she stated that whilst JP 'seems to be on the cusp of childhood and pre-adolescence', at others 'she functions psychologically as a much younger child'. After being subjected to immigration detention:

She could no longer bear her anxieties and fears. She began to regress in her functioning and in the ways fear and anxiety was expressed. She began to not be able to sleep at night, and not stop thinking about her fear of return. She could no longer hold her fears in her mind, needed to go to the toilet about five times each night, sometimes wet her bed and though it was very hard for her to sleep when she fell asleep she tended to talk in her sleep and have bad dreams and nightmares.

In one of these sessions, JP wrote down 'I think I am not pretty because I'm black. I'm the only one in my class. Because we are not English, no English person is ever put into detention.'

Attempted suicide

As Case Study 5, above, indicates, children who attempted to end their own life, or stated that they were going to end their own life whilst detained or after release did so in a context where they suffered from multiple fears, traumas, and stresses. Exact figures for the number of children who have tried to end their own life in the detention estate are not available, as the Home Office do not distinguish between adults and children self-harming. Despite the

severity of a child (or indeed an adult) self-harming, a request under the Freedom of Information Act 2000 was rejected as the 'information could only be obtained by checking individual records at disproportionate costs.'¹⁹⁵ Nonetheless, of the children whose cases are featured in this report three made clear that they wanted to kill themselves, and three children attempted to do so.

All of these six children also displayed clear signs that they were suffering in immigration detention and displayed symptoms of behavioural changes, depression and withdrawal, and anxiety. All six were female and they were 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 children had been subjected to dawn raids prior to arrival in an IRC. In all cases there had either been a considerable deterioration in the ability of the child's parent, or parents, to look after the child and care for them, or a perception by the child that their parent would not be able to look after them. In two of these cases, children had been forced to look on as their parents were allegedly assaulted in detention. In two cases, the child had been separated from their parent(s) as a result of the detention process. All six of these children were reported to have been terrified of their prospects for safety and stability if returned. As the following case study emphasises, in one case at least, a girl was subjected to particularly cruel practices whilst detained in the UK.

Case Study 6 – A girl witnesses the racist abuse of her mother, and attempts to end her own life

AB is a teenage girl born in Sub-Saharan Africa, who fled to the UK with her mother and younger brother after she and her mother were both repeatedly sexually abused. On arrival, they met up with her father, who had come to the UK previously, and the family claimed asylum. Soon after arrival in the UK, both parents discovered that they were HIV positive. They chose not to tell their children about their condition, so as not to frighten them.

The family were detained for just less than one month in summer 2009, after being subjected to a dawn raid. As a result of the raid, the parents missed anti-retroviral medication that was being delivered to their home, and were not able to resume this medication until two days later after arriving in Yarl's Wood IRC. The mother was also unable to continue regular medication for debilitating pain in her legs, and instead reports that she was given paracetamol.

Within Yarl's Wood, a member of staff in the IRC told AB and her younger brother about their parents' HIV infection: a revelation that, according to the father, 'broke their hearts'. The family were then separated

when the father was put in isolation for a short time, after being accused of causing dissent during prayer meetings with other detainees.

After receiving removal directions, the father wrote a pleading letter to the European Court of Human Rights, stating that 'I will not be able to look after the children and they will end up being orphans. We will not have access to our medication and [our children] will die young'. Similar concerns were raised by one of their previous doctors, who wrote a letter confirming that, without access to continued anti-retroviral medication in the country they were being returned to, the life expectancy of both parents was likely to be only a few years. A second doctor wrote a letter to Yarl's Wood IRC, explaining that the family should not be removed as the son, who was by this point receiving treatment for possible thrush in the mouth, needed an HIV test and as a result was not 'fit to fly'. Moreover, despite concerns about the parents' life-expectancy if they were to be deported, the family had not been provided with the three months supply of anti-retroviral medication that is recommended by the National AIDS Trust (NAT) and the British HIV Association (BHIVA).

With the mother unable to walk, due to failures to give her adequate medication for the pain in her legs, escorts reportedly racially abused and dragged her out of her wheelchair and on to an airport runway in order to effect the removal of the family. According to her husband, her children witnessed this event and looked on as the escorts shouted 'you illegal immigrant, the government is spending money on your medication and food and you are refusing to go back'. As a result of these events, the plane crew refused to accept the family on board and they were soon after released from detention.

After her experiences in detention, AB's parents became increasingly alarmed about her as she became withdrawn, and began refusing food. After a failed suicide attempt, where she vomited an overdose of tablets, she wrote a letter explaining how she wanted to kill herself 'in order to find peace'. A Social Worker, after assessment, noted that she was experiencing high levels of distress and anxiety and that she had also reported having repeated flashbacks about the abuse she was subjected to prior to arrival in the UK. AB was acknowledged as a young carer of her parents, and she reported to her Social Worker that she rarely invited friends to her home as she did not want to place her parents under any stress. In this same assessment, she explained that she often tries to sleep, in order to 'block out memories of the past'.

Continued damage after detention

Many children whose cases are featured in this report left detention feeling angry about their treatment, confused, anxious, and in some cases physically ill. In 39 cases parents reported that their children, after leaving detention, continued to suffer as a result of their experiences within the British asylum system. One man described how:

The long term [effects of] of detention has made my children afraid of the police. They have sleepless nights, [and have] lost appetite. They think they are not human beings anymore [and that they] have no future. They think they are criminals.¹⁹⁶

Another parent, who was detained with her children on four separate occasions, and whose children had allegedly witnessed two separate suicide attempts by adult detainees in Yarl's Wood, explained:

My eldest son had to receive counselling sessions on our return from detention. He is very angry and lots of times bursts into tears. My second son is nearly seven years old now. He is under observation by specialists. He sleeps under the bed sometimes. He is referred to a child psychologist... He is losing his hair in patches. His nails are shredding off. He is always worried and anxious.¹⁹⁷

Of the 39 children who were reported to be suffering after being released from detention, 26 were seen by an independent expert to assess the longer-term effects of detention. The general concerns noted (in all 39 cases) are presented below in Figure 9(2):

Figure 9(2) – Post-detention concerns

Post-detention concerns	Number of times concerns reported by parent	Proportion of cases where concerns were reported
Scared of people in uniforms	33	85%
Withdrawn/low mood	21	54%
Aggressive/irritable	8	21%
Regressive behaviour	6	15%
Disturbed sleep	8	21%
Relationship with parents changed	10	26%
School performance affected	7	18%
Suicidal ideation	1	3%

As the above demonstrates, after release children consistently displayed their fear of people who they associated with their experience of being detained, or being subjected to a dawn raid. Children showed their fear in different ways: a number of children would run and hide if somebody knocked on the door of their house; others would hide if they saw someone in a public place wearing a uniform; some were clingy and anxious; and others were frequently alert as if looking for signs of danger whilst, at the same time, often ensuring they stayed near their parents wherever possible. One child was reported to phone his mother persistently, so as to ensure her whereabouts whenever they were apart. Another, looking out for immigration officers returning to his house, maintained a vigil at his window at certain times of the day.

Ten children were reported to have changed in their relationship with their parents. Children expressed that they were angry with their parents for the situation they were in, and in some senses blamed their parents for the trauma that the family was experiencing. Other children were reported to have taken on 'parenting' roles, and would frequently try to ensure that their family was safe. Where reports were available from schools or nurseries – in seven cases – all of these reports noted that the child's behaviour had changed since they had been released from detention. School performance was said to have dropped in some cases, and other educational establishments reported that their pupil's behaviour had altered. Some children were reported to have developed preoccupations with injustice. Others were reported to have become aggressive with other pupils and disruptive in classes. One mother, whose treatment had been described by an independent doctor as 'cruel and unusual punishment', expressed a sense of concern and anger that was shared by many parents who had witnessed the suffering of her children:

Detention has had a very negative impact on me and my children. We sought protection in this country but we ended up going through a worse situation than we encountered in our own country. We had never been locked up in a barbed wire prison before. This memory will stay in our minds forever. My children are still scared of any person they see in uniforms [whether] policemen or immigration officers. If every child matters in this country, why do our children have to go through detention?¹⁹⁸

Chapter Ten – The physical health and care of children in detention

When the Royal Colleges of Paediatrics and Child Health, General Practitioners, Psychiatrists, and the Faculty of Public Health released an inter-collegiate statement calling for the end of child detention at the end of 2009, they did so on the basis that the harm committed by this practice is unjustifiable. This statement not only set out clearly how immigration detention was causing fundamental harm, but also set out how this was being exacerbated by inadequate medical provision and care.¹⁹⁹ Later, a representative from the British Paediatric Mental Health Group summed up the messages conveyed in its launch and emphasised how detained children suffer from failures to safeguard their well being, in part through a ‘culture of disbelief... vaguely reminiscent of the original disbelief around child abuse and the need to safeguard children in that area.’²⁰⁰

Findings of inadequate medical provision, of children who are physically harmed as a result of being detained, have been reinforced by further investigations and reviews both of the provision of medical care in detention, and the physical harm that immigration detention in the UK has caused to children. For example, as Emma Fillmore, a Consultant Paediatrician and Designated Doctor for Children in Care, has noted:

Physical harm has occurred through restraint and direct injury to children in detention and neglect of their basic health needs: for example, lack of growth monitoring and immunisations, inadequate nutrition and medical care for long-term conditions or acute illness such as sickle cell disease or diabetes.²⁰¹

At the same time, investigations into the physical health of immigration detainees have further acknowledged the need to focus on its interdependence with psychological health. That is, as has been noted elsewhere (albeit with regard to adult detainees), symptoms such as ‘pain, headaches, and gastrointestinal complaints, may be somatic manifestations of the psychological distress that accompanies severe trauma.’²⁰² A body of research indicates that vulnerable children may frequently display unexplained physical symptoms expressing psychological disorders or distress.²⁰³ It is acknowledged that a variety of factors mediate the forms and implications of somatisation, such as stress sensibility and somatisation disorders in the family,²⁰⁴ and broader socio-cultural concerns.²⁰⁵

Reporting physical health problems

Of the children whose cases are featured in this report 92 (65%) reported physical health problems that were understood to be either caused, or exacerbated, by their experiences in the detention estate. The most common concerns were about children who were reported to be losing weight, and 30 children were reported to be experiencing sudden weight loss. In part, these findings correlate with those discussed previously about the standard and provision of food in the detention estate. 18 people set out how they thought the food in detention was substandard, and 23 children (or parents of children) reported a child not eating. This weight loss is also linked to the number of children who were reported to be suffering from vomiting, or vomiting and diarrhoea. Concerns about sickness and diarrhoea were articulated in 17 cases.

As well as sickness and vomiting, there were 19 children reported to have developed coughs, colds, and fevers whilst in detention, and seven children who were seen as suffering from increased symptoms related to asthma. These included children who were said to have had serious asthma attacks during dawn raids, or other particularly traumatic experiences. Some children were reported to have been coughing blood, and one child allegedly began having regular fits after they were detained. Some children reported more than one health problem.

Figure 10(1) – Reported physical health problems in the detention estate

Physical health problems	Number of children reported to have suffered from this symptom
Weight loss	30
Vomiting and diarrhoea	17
Vomiting	10
High temperature/fever	7
Coughs/colds	12
Dermatological concerns	11
Exacerbation of asthma	7
Injuries due to violence	13
Injuries due to self-harm	3
Musculoskeletal pain	4
Feeling 'weak' (lethargy)	11
Other (fits/seizures/frequent nose bleeds/coughing blood/pneumonia/loss of consciousness/jaundice/malnourished)	15

Not surprisingly, parents reported being terrified of the deterioration in the health of their children, and these concerns were compounded in some cases as children displayed multiple physical health problems and further showed signs of distress and anxiety. At the same time, as will be discussed in Chapter Twelve, many parents were also having to try and cope with their own concerns and fears, as well as deterioration in their own physical health. In part, the fears and anxieties that parents faced with regard to their children were linked to sudden physical deteriorations, which had emerged rapidly after arrival in the detention estate. Other parents though were explicit that certain events and practices had directly and specifically contributed to their children's deterioration. One mother for example, whose children were taken away from her and returned over a week later, noted how her children were bedraggled, weak, and had visibly lost weight.²⁰⁶

In 55 cases, general physical health concerns were corroborated by independent doctors or other experts. These corroborated accounts highlighted particular concerns and 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. These accounts draw attention to the manner in which physical health concerns were tied to failures to provide adequate medical care.

Medical care in the detention estate

As emphasised above the deterioration in physical health of children in the detention estate must be read alongside analyses of the standard of care that is provided. In Chapter One, the provision of medical care was discussed in some detail and, as was explained, the IRC's which have been used to detain children contract out medical services and provisions. Therefore, certain medical professionals are employed directly by the companies who run and administer particular aspects of the detention estate. One doctor, employed by the detention estate, aptly summed up the potential conflict of interest this causes between medical ethics and guidelines on the one hand and the aims and rationale of immigration detention on the other. As she described, the treatment of immigration detainees can be referred to as 'repatriation medicine'.²⁰⁷

Of the 92 children where health concerns were said to have been caused or exacerbated by detention 50 (54%) were reported to have experienced substandard medical treatment. That is, 50 children whose cases are featured in this report were said to have suffered from failures in the provision of healthcare in relation to physical injuries or harms which were caused or exacerbated by immigration detention. It should be made explicit, at this point, that these reported failures to adequately treat health problems are distinct from those which arose from failures to adequately immunise children in attempts to remove them from the country. These cases are discussed separately in the following chapter. Rather, what these cases feature are failures to treat physical conditions caused or exacerbated by the experiences of immigration detention.

An overview of these failures is provided in Figure 10(2), below. In 14 cases it is alleged that clinicians failed to recognise symptoms either through ignorance, or lack of care. In 21 cases, it is alleged that the healthcare system in the detention estate either delayed in referring, obtaining results, investigating conditions or symptoms, diagnosing, or treating conditions, or failed altogether. In five cases, it is alleged that children were wrongly diagnosed or treated. In five cases, children were reported to have missed external medical appointments as a result of being detained. In four cases, medication was removed from a child. And in one case a mother reported that her child was given medication with insufficient explanation as to why this had been administered, or what effects it would have.

Figure 10(2) – Reported incidents of medical mismanagement

Medical mismanagement	Number of incidents
Lack of medical recognition	14
Failure to refer/obtain results/investigate/diagnose/delay in referring/treating	21
Wrongful diagnosis/treatment	5
Missed external medical appointments	5
Given unknown medication	1
Medication removed from patient	4

In 28 cases these allegations were corroborated by Medical Justice doctors who assessed the physical health of children in detention. The accounts provided in these assessments gives an insight into a series of repeated failures to adequately treat children, and, as was suggested in numerous assessments, into practices that could be described as negligent. These findings included failures to investigate a girl with a fractured shoulder (see Case Study 8) and a child who potentially had hepatitis B. They further included six children who were allegedly not adequately tested, treated, or investigated in relation to sickle cell disease. And in one such example investigations were discontinued even though the child's mother had sickle cell disease and investigations were already underway prior to detention. As Case Study 7 shows, another case involved a level of medical mismanagement of sickle cell disease which led to a teenage boy being debilitated by pain.

Case Study 7 – The mismanagement of a serious medical condition

MB is a teenage boy born in Nigeria. Before arriving in the UK he was diagnosed with Sickle Cell disease, and had numerous attacks of malaria which induced Sickle Cell crisis. He is also anaemic, and in the UK he was given open access to a specialist sickle cell unit when he experienced severe pain as a result of his illness. When in the community, he was advised not to walk for more than five minutes at a time because of the pain that this caused him.

MB was detained with his family in 2008. Upon arrival in Yarl's Wood IRC his regular medication was discontinued, although his prescription of co-dydramol to manage his pain was maintained. Nonetheless, as an independent doctor, Dr Frank Arnold reported after assessing him, he was told that he was not allowed to keep this medication in his possession and, instead, could only take it if he walked a considerable distance from his room to the Healthcare Centre. This walk further involved having to go through numerous rooms and locked doors. Due to the pain that he was experiencing, he was unable to do so, and his medication chart

showed that whilst detained he took approximately half of the medication he should have been taking. He reached a point where the pain in his joints began to wake him up in the middle of the night, and a doctor in Yarl's Wood voiced concerns that he may have been going through a sickle crisis.

MB has since been given leave to remain. His mother describes his treatment in Yarl's Wood IRC as 'inhuman'.

As a result, in part, of failures to investigate or manage medical conditions, other cases in this report involved children being denied treatment or care. In two cases verified by independent doctors, medication was taken from children and, in others, children in need of medical care faced unacceptable delays for conditions including gastroenteritis, and suspected tuberculosis. As one woman explained, '[My son's] eczema got worse as I had to wait for three days to get the diprobase ointment and [by that point] it was spreading all over his body'. Conversely, other cases involved children receiving medication that was deemed by independent doctors to be inappropriate and, in some cases, dangerous; including an alleged attempt to sedate a child before attempting to deport him. As Case Study 8 demonstrates, flaws in the structures of healthcare in immigration detention occurred alongside other forms of poor treatment.

Case Study 8 – the wrongful attempted removal of a family, and mismanagement of a child's injury

SW, a victim of female genital mutilation (FGM), fled to the UK from Sudan with her three daughters, FA, FU, and FI, after she lost contact with her husband. Her husband went missing when travelling in a particular region of the country, after he had been accused by the police of working against them. SW feared that she would be targeted by the police, and that her children 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 experienced two separate dawn raids after arrival in the UK. Recounting SW's recollections of the first of these events, an Independent Psychotherapist and Social Worker with significant experience of writing expert reports, Renee Cohen, 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.

Slightly less than a month after being detained for the second time FU, the youngest daughter who was then three years old, fell out of her bed in Yarl's Wood whilst sleeping. The bed had no bed-guard, and was not designed for children. FU injured her shoulder in this fall, and after the incident was reported to members of staff, she was given Calpol – a liquid paracetamol for children – for the pain. Following the incident, staff fixed a bed-guard to her bed to stop this happening again but a few days later, FU fell down a stair case in Yarl's Wood. 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.'²⁰⁸ Furthermore, notwithstanding her injuries, Consultant Clinical Psychologist 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 (RFA) and taken to a separate area within

Yarl's Wood, 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. Recounting 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 were informed that the removal was taking place again and instead 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 was restrained by an escort who reportedly 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 isolated from other families. When they were taken from 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 was informed 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 removed from detention and given temporary admission.

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 escort's treatment of us made us feel worthless. There has been little respect and I feel worthless. All these things must change.

Chapter Eleven – Abuse by omission: The removal of children and the denial of medical care

According to UNICEF, approximately every 30 seconds a child somewhere in the world dies of Malaria.²⁰⁹ 3.2 billion people are said to be at risk of the disease and approximately 80% of the deaths caused by malaria occur in Africa 'south of the Sahara'.²¹⁰ Approximately one million people die every year in Africa and the majority are under five years old. It also contributes to anaemia in childbirth, low birth weight, and stillbirth. UNICEF describes the disease as the 'biggest killer of children'.²¹¹

The risk that malaria poses to unimmunised travellers is well recognised by the British government. In 2007, the Health Protection Agency (HPA) published comprehensive guidelines for those travelling to areas where there are known risks of malaria; these guidelines clearly set out risk reduction strategies that should be implemented. Within these guidelines, it is made clear that:

Children are at particular risk of severe and fatal malaria; therefore, parents are advised against taking

infants and young children to malarious areas. If travel is unavoidable, infants and children should be well protected against mosquito bites and receive appropriate malaria chemoprophylaxis. It is important that the child's carers understand the importance of trying to ensure that the child properly completes the full course of prophylactic medication. Parents should supervise children's chemoprophylaxis, as some regimens can be difficult even for adults to follow.²¹²

There are a number of different drugs used for malarial chemoprophylaxis. Namely: Chloroquine; Proguanil; Mefloquine; Doxycycline; and Malarone. These drugs can each cause particular side-effects, are contraindicated for certain groups of people, and are not recommended for certain areas. Further, if they are taken, they should be started at different times prior to travelling. A *selective* overview is provided in Figure 11(1) below and, whilst it should be made clear that this table does not provide a full overview of each drug highlighted, it does give some

Figure 11(1) – A selective overview of malaria chemoprophylaxis as related to children

Drug	Chloroquine	Proguanil	Doxycycline	Mefloquine	Malarone
Recommended time to start taking the drug	One week before travel	One week before travel	One – two days before travel	Two – three weeks before travel	One – two days before travel
Contraindications and cautions	Those with a history of epilepsy	Those with allergies to Proguanil	Children under 12.	Those with a history of depression, neuropsychotic disorders, epilepsy, or with hypersensitivity to quinine. Not recommended for children under three months or under 6kg	Pregnant women. Not advised for children under 11kg.
Resistant areas	All WHO areas except parts of Central America and the Island of Hispaniola	Prophylaxis as a single agent rarely appropriate	Comparable to Mefloquine	Some parts of South-East Asia and the Amazon basin	-
Possible side-effects	Itching (for persons of African descent, headaches, convulsions, gastro-intestinal disturbances)	Diarrhoea, gastric intolerance. Mouth ulcers and stomatitis may occur when combined with chloroquine	Can cause photo-sensitivity.	Potential neuropsychiatric problems for some groups of people	Headaches and gastro-intestinal upsets

idea as to what is recommended for children.²¹³ In all cases when travelling to an area where there is a known risk of contracting malaria, the HPA recommends the use of bed-nets.²¹⁴

As well as these guidelines, the Immigration and Nationality Directorate's (IND – now UKBA) Instructions clearly state:

Where removal centre medical staff consider that preventive treatment should be given, removal directions may be set but should be dependent on any pre-departure element of such treatment being completed.²¹⁵

These instructions acknowledge the particular vulnerabilities of children and, whilst particular attention is given to malaria, they further discuss strategies that should be put into place with regard to tuberculosis and other inoculations. The duties that are owed to people leaving the UK are buttressed by other obligations and guidelines. For example, guidelines published by the British HIV Association (BHIVA) and National AIDS Trust (NAT), in 2009, set out the measures that should be put in place if a person who is infected with HIV is removed, including a stipulation to provide three months supply of anti-retroviral medication and a contact list of relevant support agencies upon return. The government, it should be noted, have attempted to absolve themselves of their obligations under these guidelines by asserting that they are not binding. However, these guidelines contain recommendations which follow NHS practice – which applies to people in detention just as those cared for in the NHS.²¹⁶

Removals and attempted removals without inoculations

Notwithstanding the clear guidelines and instructions set out above, in this report there were 50 children in whose cases there were reported concerns 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. Some of these concerns were raised following telephone consultations and others after visiting families in detention. An overview is set out in Figure 11(2), below.

Figure 11(2) – Concerns about removals and immunisations

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

As Figure 11(2) shows, in seven cases it was recorded that parents refused to allow, or delayed in allowing their children to be given particular forms of prophylaxis. In five of these cases, these parents were accused by the government of using their own children in an attempt to frustrate the removal of the family. However, in each case an independent doctor argued that the detainee had made the correct clinical decision. As discussed above, certain drugs should not be taken in particular circumstances as they will be ineffective, or can have deleterious and potentially dangerous side-effects. It is for these reasons that the parents in question either refused, or asked to delay, the administration of drugs prior to removal. Indeed, rather than attempting to frustrate removal directions, in each case, the actions of the parents in question can be understood as being taken to maintain the health and safety of their child.

In six cases, doctors expressed concerns that children needed to be appropriately immunised or inoculated prior to removal. In 13 cases, doctors alleged that a child had either been given, or offered inappropriate drugs so as to effect their removal. The majority of these cases involved the administration of malarial prophylaxis and, in particular, the drug Malarone. Malarone, as indicated in Figure 11(1), can be administered 48 hours before travelling and, as such, can be given soon before an intended removal date. However, the HPA specifically makes clear that children who weigh less than 11kg should not be given Malarone, and the drug can lead to a range of side-effects. Frequently, and particularly if a child is going to be removed to Sub-Saharan Africa, a suitable replacement would be Mefloquine. However, Mefloquine needs to be administered between two and three weeks before travelling. Other cases involved children being given malarial prophylaxis which was known to be ineffective in the country to which the children were being removed.

The majority of these cases where drugs were inappropriately prescribed involved detention centre clinicians administering, or attempting to administer, Malarone to babies, in spite of clear guidelines and obligations not to do so. In all of these cases removal directions had been set for a date such that Mefloquine would not have had time to take effect before removal. It appears that in these cases an inappropriate drug was chosen for the babies in order to avoid rescheduling that removal. As a result of these medical practices, children were made ill in at least two cases. Case Study 9 features one such case in detail.

Case Study 9 – Administering the wrong malarial prophylaxis

KA, a one year old boy, was detained with his two brothers and his mother (KL) at Yarl's Wood in 2008. The family were subjected to a dawn raid and KL reports that one of her sons missed a medical appointment in relation to asthma as a result of being detained. Later that same day, she claims, he had an asthma attack. Within the confines of Yarl's Wood, KL explains that she found it increasingly difficult to look after her children. After experiencing his asthma attack, her three year old son began vomiting regularly and suffering from diarrhoea. His health deteriorated so rapidly, and to such an extent, that KL says she had to devote all of her attention on him. 'There was nothing else I could do,' she explains; except to 'be close to him because looking at him on the sick bed always brought fear into my system. [I was] always praying not to lose him.'

Because of the increased attention that his brother was receiving, KA appeared to be jealous and angry. He too started suffering from sickness and diarrhoea and after being prescribed with the malaria prophylaxis Malarone, in preparation for removal, began developing what his mother described as 'rough' skin. According to KL, within a few days he began coughing up blood. Despite these side-effects, she reports that Malarone continued to be prescribed.

KL spoke to an independent doctor, Dr Miriam Beeks, a GP of 20 years who has been visiting immigration detainees for five years. Dr Beeks noted her concerns that Malarone had reportedly been administered to KL's baby, notwithstanding his weight being unverified. She also noted that the baby had become unwell. According to KL, her son weighed approximately 10 kg at this time and when attempts had been made to weigh the child he had apparently refused to stay still, so only an estimated weight had been taken. As Dr Beeks continued, the relevant guidance with regard to the prescription of Malarone for children weighing less than 11kg is explicit and states 'do not use'. She also noted that she was 'very concerned as KL tells me that [her son] has not yet had his MMR vaccination against measles, mumps and rubella.'

Measles is a devastating and potentially fatal disease particularly in sub-Saharan Africa...'

KA was released, along with the rest of his family, less than two weeks after being detained. According to his mother, along with the possessions that they were detained with, they left with approximately five spare packets of Malarone.

In 10 cases removal directions were set despite either no, or inappropriate, prophylaxis being offered. In some of these cases, Mefloquine would have been an appropriate drug to take, but there was not enough time to do so before the date of the removal directions. In other cases, concern was expressed that no prophylaxis had been offered at all, despite the fact that plans had been made to send children to areas which were known to carry risks of deadly disease. Ten further cases provided evidence that children were indeed removed without being adequately inoculated and of these children, four caught malaria. Other examples included the removal of children who were HIV positive and those who were not adequately protected from Yellow Fever. In the latter cases, apparently in order to contravene numerous guidelines and obligations, those responsible were alleged to have acted particularly deceitfully. Other 'fitness to fly' concerns were that children with chicken pox were going to be deported despite the risk that this would pose to other passengers, and that there were attempts to remove children who had missed routine immunisations (including those for measles, and tuberculosis) as a result of being detained. The following Case Study explores the human effects of removal policies.

Case Study 10 – Unlawful removal

AM, a 23 year old woman, fled from the Ivory Coast in 2000 in order to escape political upheaval and persecution. A few years after arriving in the UK she had a child, AJ, and married his father, GD, a British citizen. She applied to remain in the UK on the basis of her marriage to a British citizen but this was refused as a result of some paperwork being missing. Nonetheless, her application was registered as formally lodged. AM and AJ were subjected to a dawn raid whilst AJ's father was at work. AM phoned her mother in law, who in turn asked the immigration officers present if she could come and speak to them. She was worried that AM, who was a native French speaker, might not be able to understand what was happening. This request was refused and they were taken to Oakington IRC, with a short break in Croydon where AM's belongings were taken from her.

After finding out what had happened, GD travelled to Oakington to be with his family to try to figure out what they could do. During the dawn raid, AM had been given a letter informing her that she had been

refused leave to remain but that AJ could stay in the UK with his father. However, a senior immigration officer incorrectly informed the couple that their child also had to return to the Ivory Coast and that if GD travelled with them he would be liable for arrest upon his return, if he returned within two years. AM asked whether AJ could be inoculated against diseases that he would be at risk of in the Ivory Coast; but was told that they would have to make their own arrangements. AM, and her son were given removal directions to the Ivory Coast six days after being detained. Although they were initially refused admission to the Ivory Coast (because AM had not been provided with a visa) they eventually managed to persuade the authorities to let them enter. And they managed to find somewhere to stay in spite of the fact that escorts had allegedly stolen most of the £40 that GD had given to his wife in order to meet their immediate needs

GD flew out to be with his wife and child soon after they had arrived in the Ivory Coast and remained with them until his return flight a few weeks later. After he had travelled back to the UK, his wife applied for a visa for herself and her child to enter the UK. With the support of their MP in the UK, and an entry clearance officer in the Ivory Coast they were allowed to return after the child's details were placed on his mother's passport. They arrived back in the UK after spending more than two months in the country from where AM had fled some years previously. In this period the child was badly bitten by mosquitoes, was unable to eat for several days and was particularly distressed during the times that he was separated from his father. After his return, his nursery noted a change in his behaviour. The family successfully pursued a claim of wrongful imprisonment and unlawful interference with the right to family life.

As the title of this chapter indicates, the medical practices reported in relation to the removal of children and immunisations were, in some case, abuses by omission. Attempts to deport children were made without protecting them against diseases that are proven to be deadly, including malaria. At the same time, children with serious infections were removed without protections being administered. Medical care could be argued to have been adversely affected by the aims and rationales of immigration control. A stark example of this is those cases where children were given drugs which were at best ineffective and, at worst, ineffective and harmful. Where parents resisted such practices they were accused of manipulating their own children so as to frustrate removal and put under pressure by the government to quell their dissent. Such pressuring, and its wider implications for parents in detention with their families, will be explored in the next chapter.

Chapter Twelve – Immigration detention and the effects on parental capacities

The quote above is taken from a woman who was detained with her three children in 2008 (described in more detail in Case Study 9). As a result of being detained, one of her children missed medical treatment for asthma and had an asthma attack that same day. Within Yarl's Wood IRC her children allegedly witnessed other detainees being assaulted after they complained about the standard of food being served. Two of her children, in particular, were especially distressed about the general conditions and began vomiting regularly, as well as suffering from diarrhoea. One of her children also became ill after he was wrongly prescribed the malarial prophylaxis Malarone. Despite her complaints, when she took her concerns to the healthcare team she alleges that her child continued to be prescribed more of the same drug. Then, after just under two weeks, she was released:

Lastly, the day I was released was a day I will never forget in my life because on that fateful day... I woke around 8am feeling so tired. I rushed to the dining room and I was told that we could not be served anything because we came too late. I begged for milk and cereal for just the children but nobody was able and ready to help with food for the children; not even [my youngest son] who was about one year and three months old. Around 10am I was told that I could go back to my house. I was only given a train ticket and was left alone with three bags and three children for a journey that took nothing less than five hours and was not direct. It got to the stage where the children were screaming because they were starving. I had to start begging for a meal on the train. When I look back at that day I hate myself for putting the children in such pain.

Her concerns are not untypical of those of many of the parents whose children are featured in this report. Despite the myriad harms that she and her children had suffered including, in this case, what could be described as dangerously negligent medical 'care', this mother blamed herself for her children's anguish and hurt. It is a chain of thought that is articulated by those who would justify the detention of children and, for example, Phil Woolas stated on numerous occasions that children would not be detained if their parents left the country.²¹⁷

Detaining the vulnerable

In 73 cases in this study it was reported that detention was having a notable impact on the adults' ability to look

after the children in their care. Of these people, 70 (96%) asserted that they had fled from persecution or violence.²¹⁸ 61 were females; 27 (48%) stated that they had fled from rape or sexual violence.²¹⁹ None of the males were recorded as having fled from sexual violence. 15 (21%) of these 73 adults were said to have experienced torture and methods included: being stabbed; being burned; having body parts cut off; being whipped; being beaten (with a range of items); being forced to stare at the sun; being shot; having dogs set on them; being starved; being force fed; having items melted onto skin; objects inserted in the anus; and being kept in unsanitary and unhygienic conditions including prisons and police cells.

Three people said that they had been escaped from slavery or servitude, and two people said that they had been trafficked into the UK. The adults detained had endured a multitude of abuses which, aside from those set out above, included death threats, watching family members be killed before them, domestic violence, female genital mutilation (and threats that their children would endure the same), having cars driven into them, and having homes and livelihoods destroyed. Aside from the small number of cases where people had lost their entire family to violence and persecution the adults had been forced to leave behind loved ones and, in many cases, their partners.

Rule 35(1) of the Detention Centres Rules stipulates that, after arrival in an IRC:

The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.²²⁰

Further, Rule 35(3) states that a report to the IRC manager should be made where a medical practitioner suspects that a person has been tortured. The evidence from this report though indicates that Rule 35 mechanisms, with regard to torture survivors, are in some cases ineffectual. Independent doctors assessed 10 adults with regard to claims that they had been tortured and, in every single case, corroborated these claims. That is, in every single case, doctors stated that, as a result of their assessments, they judged the asylum applicants' accounts of torture to be consistent or wholly consistent with the injuries that were assessed. The medical assessments confirmed that the detention of such vulnerable people would have devastating personal consequences. Case Study 11 gives an indication of the damage inflicted.

Case Study 11 – The detention of torture survivors: From one form of incarceration to another

MT fled to the UK from the Democratic Republic of Congo after spending more than 18 months in prison. Whilst incarcerated, she claims that she was subjected to multiple forms of torture including being forced to stare directly at the sun, being stabbed, and being whipped. She says that her child was conceived through rape, by a man who had smuggled her out of prison in return for a bribe from her family.

MT and her child were detained for slightly more than one month in 2009. According to MT, her daughter was already ill when they were subjected to a dawn raid and missed a doctor's appointment whilst detained. Her daughter, MT asserts, began vomiting in the van in which they were taken to Yarl's Wood IRC. But when MT expressed concerns about this she was told that her daughter was fine and that she would be able to see a doctor when she arrived. MT suggests that she did indeed see a clinician upon arrival in Yarl's Wood, however staff proceeded to confiscate her daughters cough medicine and not return it until the day they were released.

Upon examination by an independent doctor, Dr Frank Arnold, MT reported that she experienced episodes of palpitations and over-breathing, had pain walking and standing, had a suppressed appetite and had been vomiting. In Dr Arnold's opinion, her scars and symptoms indicated 'that there is a substantial likelihood that she has indeed been tortured'. MT had reported having difficulty sleeping, flashbacks, feeling generally low in mood, and experiencing sporadic episodes of anger. Despite these symptoms, and visible scars, Dr Arnold stated that 'there was no evidence in the Yarl's Wood notes that she had been examined for evidence of torture, or that a rule 35 report had been sent to UKBA'.

The deleterious effects of detaining parents

In the 73 cases where there were concerns that detention was having a negative impact on the ability of parents to care for their children, a wide range of issues were raised. 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. One mother, detained with her son in Yarl's Wood maintained:

[My son] was a very active boy who didn't want to be in our room all the time. They told us to keep

children in small rooms and he wanted to be all over in detention so I found it hard. To be honest, the children used to hate those rooms.²²¹

Another mother, detained in 2010, stated that her fears and anxieties were so overbearing that, she could not cope and 'I was unable to look after [my son] properly because I was stressed and I had to leave him in the nursery all day'. One woman explained:

Tension, stress and travelling made me unwell. My legs began swelling. I had high blood pressure. I had terrible lower abdominal pain [and] I could barely walk. I was given Nurofen by the doctors in detention. I couldn't sleep well. I was very upset for my kids and my unborn baby.²²²

Notwithstanding these pressures, the parents whose cases are featured here frequently showed significant levels of resilience to the harms that they and their children were experiencing. Many parents attempted to protect their children from the distress and trauma that they were suffering from and, as one mother explained, when discussing the impact of being detained on her ability to care for her children: 'It had an impact on my ability but I... tried to be strong for them because they are the only thing that keeps me going in life'. Figure 12(1), below, sets out the effects of detention on parents' ability to look after their families:

Figure 12(1) – 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%

As Figure 12(1) shows, 25 parents were allegedly separated from their families as a result of the detention process, after initially being detained together. This will be discussed in more detail in the following chapter, but it is worth mentioning at the present time that splitting families up in this way caused significant anxiety and anguish. The vast majority of cases where concerns were

raised about the ability of parents to be able to care for their children involved concerns about mental health. 13 adults were reported to have expressed a desire to end their own life, or to have self-harmed, and 52 people (including these 13 adults) were reported to be suffering to such an extent that it was affecting their capacities as a parent.

Many of these cases related to depression that was notably impacting upon the functioning of parents and examples included: parents having panic attacks; losing the desire to eat or get out of bed; an inability to sleep due to nightmares, hypertension, uncontrollable anxiety, and hallucinations. One woman, who has since been granted leave to remain, developed psychotic depression and was delusional, depressed, and disturbed. Yet, according to a family member, she was initially told by staff that she was 'putting it on' so as to secure her release from detention. Another woman was reported by a doctor to have lost 20% of her body weight in one month whilst detained, as a result of depression.

Of the 19 cases where concerns were raised about physical health deteriorating to such an extent that it was affecting parental capacities, examples included: continuous and heavy bleeding, repeated fainting, regular seizures, and debilitating pain which was allegedly as a result of torture. As discussed below, where independent assessments were carried out they largely verified these findings.

Independent assessments of parents

In ten cases where parents in this report were assessed by doctors with regard to their claims of torture, these allegations were corroborated in every single case. In addition, clinical experts further 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 which were consistent with PTSD. In each case, 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. As Case Study 12 emphasises, at the same time as parents were suffering, in some cases at least so too were their children.

Case Study 12 – Detaining vulnerable parents

SJ, 21, arrived in the UK eight months pregnant at the beginning of 2008 after fleeing from attempts to forcibly circumcise her in Africa. She carried scars on her body, which she claimed were a result of being whipped and beaten after she struggled to protect herself. SJ says that her mother died as a result of female genital mutilation. She fled to protect both herself, and her then unborn child.

SJ claimed asylum on arrival in the UK and after approximately six months she was prescribed on a series of anti-depressants. She found out that her claim for asylum had been refused when reporting to a reporting centre and, along with her then eight month old son, she was taken straight to Dungavel IRC. Within the two days that she spent in Dungavel, concerns about her fragile state of mind were critical enough for staff to instigate suicide and self harm (SASH) procedures, and she was placed on 24 hour 'suicide watch'. An independent doctor reports that, within this period, 'she told me that she had had voices telling her to kill herself and throw [her son] away'.

Despite the decision to instigate SASH procedures in Dungavel, when she was transferred to Yarl's Wood after two days her medication was discontinued. According to SJ, the drugs made her lethargic and she would normally take them between 9 and 10pm when her son was already asleep. Within Yarl's Wood, though, she says that she was told that if she was to continue taking them this would only be allowed on the provision that she did so before the evening. She decided that, notwithstanding her own depression, she would do without. Her son's health had deteriorated rapidly when in detention and he began vomiting and suffering from diarrhoea. An independent doctor, Dr Miriam Beeks, noted that this would have 'almost certainly' contributed to the fact that, two months later, the child had failed to gain any weight. The same doctor also reports that SJ had told her, whilst in Yarl's Wood, that she had trouble sleeping and little appetite. She continued to be troubled by voices, which occurred more frequently when she was alone. Yet, in spite of these voices, 'she said that she had never made plans to harm herself or [her son] and had never tried to harm [her son] as she loved him too much'.

SJ and her child were released from Yarl's Wood just over two months after being transferred. Despite a Rule 35 report apparently having no influence an independent medical assessment by Dr Beeks suggests that she had scars which were consistent with her account of being whipped, beaten, and dragged along a floor. It also stated that she was 'clearly depressed, ...[had] some features of post traumatic stress disorder, ...[and that] clearly in detention she was struggling to ignore

frightening thoughts which could potentially harm herself and [her child]. By the time that she was released removal directions had been set at least once, and Dr Beeks had written to Yarl's Wood expressing concerns that the child had not been offered appropriate malarial prophylaxis before they were going to fly.

Upon release, SJ claims that she was so concerned about the impact of detention on the health of her child that she had to take him hospital. She stated that all she wanted was for her and her son to be safe.

As has been described elsewhere, 'children's experience of their relationship with their main carer is fundamental to their development.'²²³ Moreover:

[C]hildren can experience a threat to the meaning of their life if they see their parents made powerless and helpless, or made unavailable because they are depressed, irritable, or otherwise disturbed themselves.²²⁴

The testimonies of parents and assessments by clinicians indicate that numerous children were negatively affected by their parents' experiences in the detention estate and, in some cases, this fundamentally impacted upon their familial relationships. At the same time, as discussed earlier in this report, in some cases children were detained with their parents despite risks that the child would be harmed. 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.

Case Study 13 – Removal prioritised over the welfare of a child

NA arrived in the UK in 2007 after fleeing from Uganda. She and her husband were members of a political opposition party and in 2006 she was arrested and taken to a 'safe house' for three days. Here, she claims that she was tortured, in part, to force her to reveal the location of her husband. NA asserts that she was tied up, beaten repeatedly on her shins, whipped on her back with electric flex, and burnt with a heated iron. In order to protect herself against rape she told her captors that she was HIV positive and she was punched and kicked as a 'punishment' for carrying the infection.

After arriving in the UK, NA conceived a son, SN, and when they had been in the UK for over a year they were subjected to a dawn raid and taken to Yarl's Wood.

According to NA, SN began crying during the raid and NA asked if she could comfort him, but this request was refused. Instead, 'one of the officers went and got SN down [from upstairs]. He looked at me as I was handcuffed [and] I didn't have any way of comforting him'. When being transported to Yarl's Wood she asked the enforcement team if she could be allowed to have a break and relieve herself, as she was suffering from an upset stomach. Again, this request was refused and she had to resort to relieving herself in a plastic bag with her son looking on.

Following their release from Yarl's Wood, NA became increasingly depressed and traumatised. She reached a stage where she wanted to end her own life and was only stopped from swallowing an overdose of paracetamol when her son began calling for her. At this point she thought she saw an animal coming to attack her child and picked up a knife to defend him. Not knowing who to ring for help, she called the police who later verified that they received a call from a woman they described as 'hysterical'. When the police arrived at the scene NA reportedly passed out, and when she came round she explained that she was feeling suicidal. Her son was given to a friend that night, as NA was taken to hospital, and this friend raised concerns that both the mother and the child had visibly lost weight since she had last seen them.

NA was diagnosed with depression after this incident and discharged, after being provided with medication and regular support and supervision from her local authority. SN was taken into care and, in a review chaired by the local authority (attended by SN and his foster carers, NA, and others) some weeks later, NA made clear that she was unable to look after her son as she was so depressed. Further it was noted that whilst SN was generally a happy child, he became distressed when he wanted, but did not receive, attention from his mother when she visited. An independent doctor, Dr Miriam Beeks, noted that after such an incident the family would normally remain under review by social services, a health visitor, and their GP. However, this support and supervision was interrupted. A few days after they were reunited the family were subjected to a second dawn raid, detained, and informed that they were being removed from the UK.

Within days of being incarcerated, NA was being monitored constantly under suicide and self-harm (SASH) procedures. A second independent doctor, Dr Charmian Goldwyn, assessed her and noted that she had physical scars that were consistent with her accounts of torture. NA described regular nightmares about being beaten and having to fend off rape attempts; as well as flashbacks and auditory hallucinations. Her nightmares had increased since being detained, and she was described as experiencing post-traumatic stress disorder.

Throughout the assessment SN, detained for the second time in his short life thus far, reportedly threw himself around the room and attacked inanimate objects. He picked up a telephone receiver, shouted down it and slammed it down and, at one point, tried to escape from Yarl's Wood through a window. His mother, apparently, was 'so depressed she hardly seemed to notice what was going on'. According to Dr Goldwyn, 'it is entirely understandable that [he] behaves in this way; it is the normal 18 month old's reaction to the gross changes in his circumstances'. Continuing, she stated that neither the mother nor the child should have been detained and that the mother was 'suffering from a depression that is almost psychotic'.

Soon after, both mother and child were released.

Chapter Thirteen – Separating families through the detention process

A body of literature explores the manner in which separating children from their attachment figures can lead to a series of ill effects.²²⁵ Attachments theories propose that the nature of attachment in infancy can impact upon a child’s development, with insecure attachment existing as a potential predictor of behavioural difficulties and other negative outcomes. Whilst parenting is generally recognised as a key factor in the development of attachment, research has also indicated that other factors (such as a child’s temperament and broader structural issues) also impact upon the kinds of bonds that are formed.²²⁶

A frequently studied consequence of insecure attachment – the internalisation of problems – encompasses an array of symptoms, diagnoses and syndromes. These include anxiety disorders (including intense fears and concerns, and avoidance behaviours), and depressive disorders (including feelings of sadness, lack of energy, and affected sleep and appetite).²²⁷ However, the impact of separation may be mediated by the age of the child in question. At the same time, the effects of removing a child from a parent can also have detrimental implications for that parent, including the exacerbation of mental health difficulties and feelings of guilt with regard to the well-being of the child.²²⁸

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. These separations occurred for different reasons and Figure 13(1) sets these out below, as well as how long they lasted.

Figure 13(1) – 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%)

As Figure 13(1) emphasises, the most common reasons given for separating families here were as a result of parents engaging in protests, or other behaviour which was deemed contrary to the running of the detention estate. According to S. 42(1) of the Detention Centre Rules 2001:

The Secretary of State (in the case of a contracted-out detention centre) or the manager (in the case of a directly managed detention centre) may order a refractory or violent detained person to be confined temporarily in special accommodation, but a detained person shall not be so confined as a punishment, or after he has ceased to be refractory or violent.²²⁹

However, according to the adults who were subjected to this practice, the definition of 'refractory' was contentious at best. One man, for example, claimed 'I was separated from my family because we were praying with other people in our room. I was put in [the] isolation wing. They thought I was telling people to do bad things.'²³⁰ Another man, who was allegedly separated by force for engaging in the Yarl's Wood hunger strikes in 2009, was taken to another IRC and, according to his family, their attempts to find out where he had been taken were met, at first, with resistance.

Isolating parents and segregating them from their families could be considered to be a concrete breach of the Detention Centre Rules, as they stipulate that detainees should not be confined as a punishment. But at the same time the use of isolation and segregation to respond to protests – in this case protests about the conditions in which detainees children were being held – continues a trajectory that scholars and activists have long recognised with regard to penal systems in general. The punishment of protest has a long and brutal history, both within the UK and internationally.²³¹ This history exemplifies one way in which violence and coercion can quickly be mobilised in order to attempt to quash any perceived threat to institutional legitimacy.

As the above analysis of the use of separation to respond to protests or particular behaviours indicates, separation within the detention estate can be used to fulfil particular political and institutional objectives. Where separation occurred in the processes of dawn raids or removal attempts this, in some cases, was used so as to ensure compliance by the families in question. As has been noted elsewhere, separating families for short periods can involve using particular family members – frequently children – as a form of 'bait'.²³² That is, isolating one family member increases the likelihood that other family members will follow: be that onto a plane prior to removal, or into a van to be transported to an IRC. Other forms of separation occurred in cases in which a parent required hospital treatment and, ostensibly, for the welfare of the child.

There were examples when parents were perceived as being a risk to the child and, as a result, that same child was removed from them in their own best interests. There are no doubt occasions when such action is the most appropriate step to take. Yet it could be argued that a more effective way to ensure these children's welfare would have been not to detain them in the first place. This was certainly the view of one parent in this report who hid her child with a close relative prior to a dawn raid, in the knowledge that she would be unlikely to be able to cope with such an experience. Moreover, as indicated in the last chapter, where a decision was made to remove a family there were some cases where this imperative overruled the best interests of children, or their families. This is articulated further in Case Study 14.

Case Study 14 – Insufficient child protection measures

ES and ER arrived in the UK after fleeing from Nigeria. The couple are married, and they fled after ES was seriously assaulted on more than one occasion. They arrived in the UK separately, and reunited after arrival. ES was pregnant with their first child when she arrived and spent a few months bringing him up by herself. ER arrived soon after, and she became pregnant and had a second son roughly one year later. The family were detained on two separate occasions in 2007.

Prior to these periods of detention, following the birth of the second child, ES had become severely depressed and suicidal. In 2005, social services intervened after ER sought professional support for his wife. She had stated that she heard voices telling her to harm her children, and a psychiatric team gave her regular care and support. Nonetheless, on two occasions she ran out of the house and began screaming on the street outside. ER became so concerned about her that he began to lock the house when he left, to try and prevent her going outside and harming herself. She was struggling to maintain her own personal hygiene and was reported to be irritable towards her children. ER became their main carer.

When they were subjected to a dawn raid, in 2007, ES was dragged down a set of stairs and responded by lying on the ground and screaming. ER pleaded with the immigration officers carrying out the raid to be gentle, as his wife was ill, but the couple was nonetheless handcuffed. After complaining that the handcuffs were causing him pain, ER was hit with an extended baton. Throughout this incident, the children looked on in tears. ER was separated from his family and taken to a police station before being transferred to Yarl's Wood. ES was transported to Yarl's Wood in a van, whilst the children were taken separately in a car.

Given the documented history of child welfare issues, the fact that their arrest had been violent and traumatic, and that ES was reported to be low in mood; it is unsurprising that a note was made after a screening interview in Yarl's Wood that there was 'cause for concern'. Less than two weeks later she was found, by her husband, trying to kill herself by drinking a 'cocktail' of chemicals. After this incident, a Senior Social Worker employed by Bedfordshire County Council informed the Home Office that detention was having a detrimental effect on ES's mental health. However, despite this, and other documented concerns about the detrimental impact of continued detention there is no evidence to suggest that these factors were taken into account when a decision was made to continue the detention of the family. When ER raised concerns about the welfare of his children in Yarl's Wood he was merely given access to a panic button, and told to press it when and

if needed to alert staff. In the meantime, one of his children was spat at by an adult detainee, and the other hit by another child. The family were eventually released on bail, some seven weeks after being detained. Due to an administrative error, the children were released with their mother. They were all re-detained later that year.

In an assessment carried out by an independent social worker, in the period between the first and second incidents of detention, the child protection procedures in relation to the family were described as negligent. As this social worker explained with regard to the children and in relation to the dawn raid:

Seeing their parents humiliated and hurt in front of them was a damaging experience. Had they witnessed such extreme and frightening violence between their parents a local authority would have considered that they had suffered significant harm and would have had a duty to intervene either through child protection procedures or through care proceedings to protect them. It is incomprehensible that no action was taken to prevent such an occurrence and safeguard the children given that their vulnerability and that of their mother was known.

Notwithstanding these serious concerns, as the same social worker maintained:

The most significant abusive experience was that the children were left in the proximity of a seriously psychiatrically ill mother without the psychiatric monitoring or support from social services which had safeguarded them outside. There is risk of emotional harm to children left in the care of a psychiatrically ill parent. The parent may be withdrawn, unresponsive, [and] have frightening mood swings.

Fears about this risk of emotional harm appear to have been well founded. In an assessment with the parents carried out by Dr Wilhelm Skogstad, an independent Consultant Psychiatrist in Psychotherapy and an expert in the treatment of severely traumatised adults and adolescents, it was noted that 'it is clear... that the children have themselves great distress from the arrest and detention and suffer from the ongoing threat to the family'. He also stated that, 'The two boys ... have experienced their mother as depressed, withdrawn as well as violent over considerable periods of time and I am very concerned about the impact this may have had or has on their development'. The family later claimed damages on the basis that their arrest and treatment was humiliating, a loss of liberty, and was the cause of psychiatric damage. They received substantial compensation.

Assessments of children separated from their family

As discussed at the beginning of this chapter, the separation of families can contribute to serious long-term psychological harm for children. The effects of separation on a family are mediated by a range of different factors and, as one Child and Adolescent Psychiatrist, Dr Matthew Hodes, has made clear, there a number of contextual factors which can render the separation of children subject to immigration control particularly traumatic:²³³ This is illustrated by Case Study 15, below.

Case Study 15 – Fears of separation

AB was detained at Yarl's Wood with his mother and five siblings in 2008 and in 2009. At the time of the first detention, he was seven years old. Both of the periods in immigration detention were precipitated by dawn raids. After the family were released from Yarl's Wood for the first time, they were accommodated for a period in a different city to the one in which they had lived in prior to being detained, and the children had to change schools. When they eventually returned to their original accommodation, their belongings had been taken.

An unsuccessful removal attempt, which led to the family being taken to a plane, reportedly exacerbated AB's asthma; his periods in immigration detention led him to become particularly frightened and 'clingy'. After being detained, AB began bed-wetting and notes from Yarl's Wood in 2008 record that his mother had asked for a nappy one night, because of his nocturnal incontinence. Despite these concerns, a welfare assessment from the IRC some days later recorded that AB was getting on well in detention, that he had stated that being detained was 'fun', and that he enjoyed some of the food.

Two years later, in 2010, AB was assessed by an independent Consultant Clinical Psychologist, Dr Sean Perrin, in order, in part, to comment on any psychological effects arising from his experiences in detention from being subjected to immigration raids. When asked what he was afraid of, AB replied dogs, strangers, and policemen. With the exception of going to school and to Church, this assessment noted that he 'has to be forced to go outside because of fear'. When at home with his siblings, he would phone his mother regularly to ask when she would be back; he would not go to the park with his siblings unless his mother was present. AB had continued bed-wetting on a weekly basis, and would not sleep without his mother.

According to Dr Perrin, AB displayed symptoms which would most often be associated with Separation Anxiety Disorder (SAD). In AB's case:

[H]e has an excessive fear of being away from home and of his mother being away from him, with avoidance specific to these fears. His functioning is not in the normal range as he should be able to go outside with siblings or friends to play and to sleep on his own at night.

However, such a diagnosis would not normally be assigned where a specific trauma had occurred. Given that clear incidents had precipitated AB's symptoms, he was recognised as having developed PTSD of a 'moderate range of severity'. Due to his experiences of UK immigration enforcement, he had developed a condition from which, as Dr Perrin maintained:

Untreated, individuals... do not spontaneously recover and experience a chronic course of illness associated with impairment in academic, social, familial, and health functioning.

The accounts of separation of families as a result of the detention process were corroborated in 21 cases by doctors or medical experts assessing either the parents or children in question. In 13 of these cases children were assessed with regard to the impact of the detention process and, in each case, the child was adjudged to have been detrimentally affected in part as a result of their enforced separation. One assessment noted the concerns of a father that it was hard to reassure the children under his care that they would soon be reunited when he was taken from them. As he explained, in the country where they had fled from the children had legitimate reason to believe that when an adult is removed from their family that may be the last time they see each other.

Simultaneously, the impacts on parents can be traumatic and deleterious. As with the children in question, the circumstances of the parents were likely to be of relevance to the impact of separation on parents. Of the 13 children who were assessed in relation to the impacts of enforced separation, their parents were understood to be suffering from a range of traumas of their own, including having fled from torture and rape, from political violence, and having already been forced to leave behind family members. Although these assessments of children differed in their analysis of the extent to which separation had impacted on the child, in some cases their conclusions were unequivocally damning. Case Study 16 describes the consequences of forcibly splitting up a family.

Case Study 16 – The impact of separating a child from his mother

MA arrived in the UK, in 2002, when she was 13 years old. She was under the impression that, as an unaccompanied child who had fled from violence, she would find safety. However, her age was disputed and she was originally granted entry for two years. In this time, she began a college course and 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 London with a one year old baby and her now 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 experiencing menstrual bleeding, and her children were taken away from her and placed in foster care.

By the time that she was transferred to Yarl's Wood MA's breasts were engorged and, unable to express breast milk, she was in severe pain. She says that she tried to enquire about an injection that her newborn son needed to prevent him from catching hepatitis (a condition that she had had), and about treatment for her daughter's eczema, but received no satisfactory answer to these requests. Soon after arrival, staff instigated suicide and self-harm (SASH) procedures and she was placed under 24 hour supervision. After some time in Yarl's Wood, she was told that she was going to be returned to Uganda without her children.

Attempts by external agencies to provide support for her, with regard to the pain she was experiencing in her abdomen and breasts, were initially obstructed by staff at Yarl's Wood until, after 11 days in the IRC, someone managed to visit her and show her how to use a breast pump. Two days later, after continued campaigning by MP's 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 in order to determine the level of injury and trauma that she suffered as a result of being detained. He noted that she suffered the 'devastating and traumatic' experience of being forced into homelessness, and that:

[She] was then separated from her children and put in detention on her own. For a mother of a young girl and even more so of a new born baby to be separated from her children by force, would be severely traumatic in any case. It is clear from the reports about her parenting... the report about her experience in detention... and from what she said to me... [that] she is a very devoted mother who deeply commits herself to looking after her children.

According to Dr Skogstad:

Any young woman in a comparable situation, even with an ordinary stable upbringing, would be vulnerable and would need a secure environment with a lot of emotional and practical support. To be faced with the loss of all support and the inhumane situation she was put in, would have been unbearable and traumatic for any woman in such a situation. For [MA] however, this would of course have been massively compounded by her own deeply traumatic childhood history with no real experience of safety and containment and a lot of experiences of trauma and abuse. It would therefore have been much more traumatic than for someone with a more stable background.

He continued, 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...

In his recommendations, as a result of their experiences, he suggested that both MA and her son needed psychological help. The family now have leave to remain in the UK.

Chapter Fourteen – The continuation of removals policies

Introduction

The announcement of the intention to end the detention of children for immigration purposes was followed by the instigation of a review, chaired by UKBA, into alternatives to detention. This review (its terms of reference are set out in the Appendix of this report) made clear that the continued commitment to forcibly removing families from the UK remains a policy goal. This message was reinforced by Immigration Minister Damien Green when he explained, in the House of Commons, that alternative measures could involve separating family members and reuniting them before removal, and detaining children for short periods of time.²³⁴ Despite pledging to end the previous practice of detaining children, there is no indication that there will be any repeal of state powers to separate families, detain individual family members, remove family members separately and reunite after they have been deported, and put children into state care for immigration purposes.

Removal pilots and future plans

In June 2010, UKBA commenced two pilot removals projects in the North West and South of England. These projects explored alternative methods to ensure that families leave the UK. Details of the North West pilot were originally disclosed by a leaked internal briefing paper in July 2010. This briefing paper set out that an undefined number of families who were deemed to have exhausted all appeal rights would be informed that they had been chosen to take part in the project. The family would then be asked to leave the country 'voluntarily' within the next two weeks. If they did not leave the UK in this period, immigration officers would visit the house, and tell them they were to be forcibly removed in the following two weeks. The intended date of the removal may or may not be given, but on the day of the flight the family could be subjected to an enforcement visit and taken to the plane by force if necessary. In the one month process, it was envisaged that any legal challenges would be dealt with, and children would be immunised and inoculated.²³⁵ The pilots were to run for three months. They were being undertaken without the knowledge of a 'working group' of organisations, regularly meeting with UKBA, who were invited to give advice on alternatives to detention. Under the potential new removals system, removals are to be split into three separate categories of assisted return, required return, and ensured return. A definition of each is as follows:

- *Assisted return*: An 'active partnership' with the family, the voluntary sector or through existing voluntary returns agencies. Families attend a 'Family Assisted Return Conference' and are incentivised to return by explaining the consequences of remaining in the UK.
- *Required return*: At a second family conference the family is given at least two weeks to return voluntarily. They are told they are to be removed and the family are encouraged to travel to the airport as a 'self check-in', or 'supported self check-in'.
- *Enforced return*: If the family does not comply with their 'required return' removal directions are re-set, and the removal of the family is enforced (potentially under arrest).

The ideas contained in this removals system, and the powers that still remain with the present government despite their pledge to end the detention of children, point towards a series of thematic avenues which may be pursued in the future: a continuation of the use of immigration detention; a continuation of dawn raids; the splitting up of families as an aspect of immigration policy; and the co-option of a range of bodies and agencies into the removal process. The findings of this report indicate that such plans carry with them the capacity to inflict serious physical and psychological harm.

Concerns raised within the scope of this report

This report provides evidence to suggest that the detention of children for the purposes of immigration control carries with it substantial human costs. Ideas presented by Damien Green (discussed earlier in this report), suggest that a family may be detained for 72 hours in certain circumstances. However, the principles underlying the proposals are not dissimilar to those which have already been used for the detention of children. As stated in Chapter One of this report, a decision to detain a child was supposedly governed by the Home Office policy which required that the removal 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 a year. Further, a number of these children were detained for weeks and months. Detaining children for a period of 72 hours, and only in exceptional circumstances, could well follow this pattern and lead to a similar situation.

It is acknowledged that detaining children for longer periods can lead to particular mental health problems, but not all harms can solely be correlated with the length of time children are detained. The detention process, as this report has shown, needs to be understood as a process. Immigration detention per se carries with it the capability to cause considerable harm and distress. A short period of detention should be no more acceptable than one for a longer period. Following on from this point, whilst this report has not focused specifically on the aims and rationales of 'alternative to detention' projects, the findings presented pose serious questions about their use. An independent evaluation of the Milbank 'alternative to detention' project, which ran for ten months from November 2007 raised concerns about the coercive nature of the scheme (by for example offering it as the only alternative to destitution).²³⁶ Further, this report has shown that strategies which show a commitment to the continued use of dawn raids have the potential to seriously harm children.

On 26 July 2010 Medical Justice, represented by the Public Law Project, successfully challenged Home Office policy to withdraw the standard 72 hour notice period prior to removing someone from the UK. This policy had been used increasingly since its inception and widened its scope to include some of the most vulnerable people, including children and those at risk of self-harm, until the July ruling rendered its use unlawful. The success of this legal challenge protects against the possibility of children and their families being subjected to a dawn raid with no notice and taken straight to an airport. Notwithstanding this legal challenge, the ideas set out above indicate plans to potentially continue subjecting children to dawn raids, whilst giving general removal directions in advance. That is, a family could be told that they have removal directions within a specified period and subjected to a dawn raid within this given time frame. This report indicates that dawn raids frequently cause anxiety, stress, fear, and in some cases psychological damage.

The findings of this report warn against the implementation of wider measures suggested in the pilot studies and future plans as indicated above. Despite Damien Green's acknowledgements that splitting up families can be particularly harmful, such strategies could potentially be used to ensure the deportation of families. As this report has shown the separation of family members has been used in a variety of ways through the detention process. This report, and a wealth of academic evidence indicate that splitting up families for immigration control can have severely deleterious effects. Both children and adults can be particularly affected and such measures have been described elsewhere as forms of 'hostage taking'.²³⁷ Using family members as a form of human 'bait' represents a particularly insidious form of state power. The extent to which such forms of power can be enforced 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. As the North West removals project pilot makes clear the 'success' of such schemes can be affected by the actions and campaigning of teachers, classmates, local MP's, community organisations, and media sources.²³⁸

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. Whether organisations, community groups and community members, take up such offers to become de-facto immigration officers remains to be seen. But, as Francis Webber has pointed out:

[Groups] involved in support for migrants and asylum seekers cannot in conscience support the government's aim of increased family removals, when return is too often the outcome of a system where the odds are so heavily weighted against claimants that it is fatally flawed and cannot do justice.²³⁹

Conclusions and recommendations

Introduction

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 represents *only* a step until concrete policy changes are put in place to ensure that the powers to detain children are themselves abolished from the statute books. Moreover, 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' within the removals process, what could be put in place is a series of mechanisms with an inherent potential to harm children.

Understanding the harm caused by immigration detention

The detention of children, for the purposes of immigration control, has an inherent capacity to cause them fundamental harm and impair their development. Over half of the children whose cases are featured in this study are reported to have been psychologically damaged as a result of being detained. Where their cases have been assessed by psychologists and psychotherapists, these assessments have drawn attention to a catalogue of harms including suicidal ideation, re-traumatisation, self-harm, nocturnal enuresis, loss of bowel control, nightmares and sleep disturbance, and separation anxiety. At the same time, detention, at least for the detainees in this report, frequently exacerbates and fosters physical ill-health and injury.

It is not surprising that children who have been harmed as a result of violence (or force) in detention have suffered psychologically. Nor is it surprising when a child who is subjected to a dawn raid is later revealed to suffer multiple traumas and anxieties. Such traumas reveal the human costs of immigration detention and, it is argued below, they have been perpetuated by processes of denial, images of reform, strategies of concealment, and the manipulation of understandings of detainees' best interests.

Detention, reform and denial

The immigration detention of children has been characterised by consistent and persistent claims of reform and benevolent progress.²⁴⁰ These claims have taken many forms; for example, in response to the publication of the Children's Commissioners report into Yarl's Wood in 2009, Phil Woolas maintained that the IRC had made progress since the inspection had taken place and that the children's facilities had been praised by other inspections.²⁴¹ David Wood made exactly the same claims after the publication of an investigation into the harms caused by detention later that same year.²⁴² Similarly, after a damning HMIP inspection of Yarl's Wood in 2010 Serco denied the validity of the findings.²⁴³ Its own publicity material describes the IRC as an institution run around a set of 'core values' of 'respect, dignity and compassion'.²⁴⁴ As the company maintains:

The fundamental shift started with words – 'residents' replacing the term 'detainees' - and moved through consultation, healthcare, education, independence and a symbolic but significant increase in freedom... A tangible example of this is the brightly coloured nursery, which would not look out of place in any residential area in the UK. It has just achieved the highest rating from Ofsted – just like the best private day nursery. Although the provision of child services is in the contract, we are proud to have gone way beyond that.²⁴⁵

Such visions of constant reform attempt to manage perceptions of the reality of immigration detention. It is of little surprise that Serco (for example) put significant efforts into public relations activities and strategies such as the school opening and performances by detainees (as discussed in Chapter Seven of this report). At the same time though, as indicated above, attempts to portray the realities of immigration detention as something unrelated to imprisonment were accompanied with denials and secrecy about the harms that have been caused behind the barbed wire fences, brick walls, and motion detector sensors.²⁴⁶

Not only have public statements categorically denied those findings which have criticised conditions within the detention estate, but those wishing to investigate the realities of immigration detention have also, at times, been met with obstruction and obfuscation.²⁴⁷ Numerous independent investigations into immigration detention have been met with multiple barriers, which are frequently described as existing for reasons of 'commercial confidentiality'.²⁴⁸

The manipulation of welfare and the best interests of the child

The detention of children has been sustained, in part, by a series of strategies which manipulate concepts of welfare and well-being. As already discussed in Chapter Three, Section 55 of the Borders, Citizenship and Immigration Act 2009 placed a statutory obligation on the government to acknowledge and promote the best interests of the child in relation to those subject to immigration control. It complemented a range of international guidelines and treaties which persistently warn about the practice of detaining children. Yet, notwithstanding the importance of such measures, the decisions to detain children have been justified by those responsible, in part, with a distorted concept of child welfare. As discussed in Chapter One, these justifications have included: claims that failing to detain children will put them in the hands of human traffickers; claims that detaining children prevents them from being separated from their parents; and consequently claims that detention was the preferable option for the child out of the options available. In turn, the continued detention of children has been legitimised by tiers of reviews and assessments which, in practice, frequently ensured that children remained in detention. These reviews include welfare assessments carried out by social workers after 14 days, weekly child welfare meetings attended by social workers and other professionals, the work of a Family Detention Unit and, after 28 days in detention, the authorisation of government ministers to continue the child's incarceration. These authorisations, preceded by weekly conference calls about a child's well being, were criticised by the Children's Commissioner when investigating Yarl's Wood in 2009. He stated:

We observed a weekly telephone conference call. 'Welfare issues' was the first item discussed. We do not know how typical that week's call was but in this call there appeared to be an undue emphasis on the likelihood of legal challenge, bad publicity, the ability of Yarl's Wood staff to cope with the more demanding families and other issues relative to welfare issues. Although the social worker did at times try to prioritise the welfare of the child, her observations were generally lost in the broader discussion. Call participants often concluded that they were "content to maintain detention" without any clear reasoning – in particular by clear weighing of welfare issues against other considerations.²⁴⁹

In this same report, the Children's Commissioner also highlighted evidence given by the relevant Minister to the Joint Commission on Human Rights where he stated that he had 'never refused any request for extended detention'.²⁵⁰ The detention of children has been legitimised by people responsible for acting in their best interests; as this report has shown decisions to detain children, and to continue their incarceration, have been made even where there was awareness of the risks this posed to their well being.

It should be made clear that the detention of children has involved, in some way, the active cooperation of a plethora of social workers, civil servants, and medical professionals. It further has involved a multi-layered series of mechanisms which monitored and reviewed those who were incarcerated. Yet, as this report has shown, these mechanisms frequently failed to protect children from harm. Some professionals working in the detention estate appeared to understand their role as aligned with the aims of their employer, of the private companies contracted by UKBA, rather than the interests of those under their care. As Chapter Eleven showed, numerous children were prescribed medication that was ostensibly administered to immunise them from disease and infection which, in reality, was known to be dangerous for their health. Where parents attempted to resist these practices they were accused of manipulating their children to frustrate the removal process. Similarly, when detainees have protested about the treatment of their children these protests have been met, in some cases, by force. The structures of medical and social care in the detention estate have been shifted, in some senses, to serve the interests of immigration control rather than those of their patients.

As Deputy Prime Minister Nick Clegg stated, the detention of children for immigration purposes constitutes a form of 'state sponsored cruelty'. Ending the immigration detention of children should be immediate, and not contingent on any reviews or pilot projects on alternatives to detention. Dawn raids are never acceptable. Violating the right of families to stay together is never justified for the enforcement of immigration control. Communities, it appears, are going to be presented with a stark choice. On the one hand they can act as agents of immigration control and assist with the removals process. On the other they can monitor violations of children's rights and work towards reshaping the way children are treated using strategies of legal rights and justice. This report contributes to the latter.

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.

Appendix

Immigration Removal Centres in the UK, September 2010

Immigration Removal Centre	Location	Year it became operational as an IRC	Management	Bed Spaces
Brook House	Gatwick Airport, Gatwick	2009	G4S	426 male detainees
Campsfield House	Oxfordshire	1993	The GEO Group Ltd	216 male detainees
Colnbrook (NB Colnbrook has a built in Short Term Holding Facility)	Colnbrook Bypass Harmondsworth	2004	Serco	383 male and female detainees (plus another 20 on behalf of HM Revenue and Customs)
Dover	Dover Kent	2002	HM Prison Service	314 male adults
Dungavel	Strathaven South Lanarkshire	2001	G4S	148 single males, 14 single females and eight families
Harmondsworth	Colnbrook Bypass Harmondsworth	2001	The GEO Group Ltd	615 males
Haslar	Gosport, Hampshire	1989	HM Prison Service	160 males
Lindholme	Hatfield Woodhouse Nr Doncaster South Yorkshire	2000	HM Prison Service	112 males
Oakington	Oakington Barracks Longstanton, Nr Cambridge	2000	G4S	400 males
Tinsley House	Gatwick Airport Gatwick	1996	G4S	150 with facilities for males, females and families
Yarl's Wood	Clapham Bedfordshire	2001	Serco	405 bed spaces, 284 single female bed spaces; 121 family bed spaces.
				Total Bed Space: 3343

Review into ending the detention of children for immigration purposes

TERMS OF REFERENCE

In response to the Government's commitment to end the detention of children for immigration purposes the UK Border Agency (UKBA) is undertaking a Review and will be engaging with a range of experts and organisations.

The Terms of Reference for this Review have been agreed by the Minister of State for Immigration, Damian Green, and the review will be accountable to him. The Review will run for six weeks starting on 1 June 2010 and will be led by David Wood, Strategic Director, Criminality and Detention Group, UK Border Agency. The findings from the Review will be made public.

AIM

The Review's aim is to consider how the detention of children for immigration purposes will be ended. It will make recommendations based on its findings. The Review will consider:

1. UKBA's current approach to dealing with asylum applications from families, including the contact arrangements with those families and the families' access to legal representation.
2. The current circumstances in which children are detained.
3. All relevant baseline data and statistics.
4. UKBA's initiatives on implementing alternatives to the detention of children, including the current Glasgow pilot.

5. Models of good practice from other jurisdictions and relevant current research.
6. How the current voluntary return process may be improved to increase the take up from families who have no legal right to remain in the UK.
7. How a new family removals model can be established which protects the welfare of children and ensures the return of those who have no right to be in the UK, outlining the key process changes, rule or legislative changes that would be required to implement the new model.

The Review will take account of:

- existing international, EU and Human rights obligations;
- UKBA's statutory duty to make arrangements to take account of the need to safeguard and promote the welfare of children as it carries out its functions (section 55, BCI ACT);
- equality obligations;
- current financial constraints;
- the requirement for robust statistical data;
- the need for a risk assessed approach in dealing with individual families;
- the need for an implementation timetable.

The Review will actively seek the views of partners in its considerations and the development of new models and recommendations. As part of the review it will establish a working group comprised of UKBA, the voluntary, and statutory sectors to assist in this regard. This working group will be co-chaired by UKBA and the Diana, Princess of Wales Memorial Fund. There will also be other opportunities for partners to submit views direct to the Review.

References

Introduction

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- 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 Ibid.
- 4 The UK Border Agency does not recognise the term 'dawn raid'; claiming that '[n]o visit is made before 6.30 in the morning and it is normally preceded by seeking entry in the normal, peaceful manner of ringing the bell or knocking on the door'. See Lord Brett (2009) 'Asylum Seekers: Detention of Children', *House of Lords Parliamentary Business*, 20 June, Col. 116. The official terminology is 'enforcement visits' UK Border Agency (2009) *Enforcement Instructions and Guidance*, London: UK Border Agency, Para. 31-31.1. We, however, use the less sanitised and more commonly used term 'dawn raids'.
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- 13 Bercow, J. Lord Dubs. and Harris, E. (2006) *Alternatives to immigration detention of children and families*, London: No Place for A Child Coalition.
- 14 Mullins, C. (2009) 'Detention of children', EDM 1982, London: United Kingdom Parliament. See also, Corbyn, J. (2010) 'Yarl's Wood Immigration Removal Centre', EDM 1224, London: United Kingdom Parliament, for an EDM tabled about concerns regarding the safeguarding of children in Yarl's Wood IRC.
- 15 See for example the Children's Society and Bail for Immigration Detainees, Op. Cit; and Crawley, H. and Lester, T. (2005) *No Place for a Child*, London: Save the Children.
- 16 See 'Stop the administrative detention of children and families', launched on 3 December 2009, at <http://gopetition.com/petitions/stop-the-administrative-detention-of-children-and-families.html>
- 17 On 28 October 2009, 48 authors and public figures signed a letter calling for the detention of children to end immediately. The full list of signatories can be found at <http://www.guardian.co.uk/uk/2009/oct/28/asylum-seeking-children-detention> This was followed, on 13 December 2009 by a letter from over 60 writers and illustrators of children's books reiterating this message. See <http://www.guardian.co.uk/theobserver/2009/dec/13/letters-refugees-housing-hollywood>
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- 19 Home Office (2010) 'Update on child detention', *Latest news and updates*, 15 May, <http://www.ukba.homeoffice.gov.uk/sitecontent/newsarticles/2010/may/pate-on-child-detention>
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Chapter One – The immigration detention and removal of children in the UK: Historical perspectives and current practices

- 24 The history of immigration detention goes at least as far back as the 12th Century when Dover Castle – now an Immigration Removal Centre run by HM Prison Service – was used to imprison those who had entered the country without permission. Further, in the 17th Century, with the creation of the 'Clerks of the Passage' a formal body was given powers to arrest, interrogate and place under surveillance those subject to immigration control. See Roche, T. W. E. (1969) *The Key in the Lock: A History of Immigration Control in England from 1066 to the Present Day*, London: John Murray.
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- 26 Children's Rights Alliance (2008) 'International Covenant on Civil and Political Rights', *Submission by the Children's Rights Alliance for England to the UN Human Rights Committee relating*

- to the United Kingdom for session scheduled July 2008, London: Children's Rights Alliance, p. 6; and Clements, L. M. (2006) 'The Treatment of Children under the UK Asylum system - Children First and Foremost?', *Web Journal of Current Legal Issues*, 5, http://webjcli.ncl.ac.uk/2006/issue5/clements5.html#_Toc152062551
- 27 United Nations (1957) *United Nations Standard Minimum Rules for the Treatment of Prisoners*, Geneva: United Nations, Para. 7.
- 28 Hughes, J. and Field, O. (1998) 'Recent Trends in the Detention of Asylum Seekers in Western Europe', in Hughes, J. and Liebaut, F. (eds) *Detention of Asylum Seekers in Europe: Analysis and Perspectives*, Dordrecht: Kluwer Law International. For information on the international use of immigration detention see the work of the Global Detention Project at <http://www.globaldetentionproject.org/>
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- 30 Bail for Immigration Detainees (2002) *Submission to the United Nations Working Group on Arbitrary Detention: Immigration Detention in the United Kingdom*, London: Bail for Immigration Detainees, p. 15. Concerns about a lack of statistical information about immigration detention are not new and, for example, the Runnymede Trust drew attention to the fact that 'no comprehensive statistics are collated' in 1984. See d, Orey, S. (1984) *Immigration Prisoners: a forgotten minority*, London: The Runnymede Trust, p. 15. From 1973 to 1995 statistics were made available on the number of people detained in each given year. From 1995 onwards though, 'snapshots' were instead produced, providing data on the number of people detained on a given day in a year. This is made more complex by the fact that whilst the former set of statistics includes those detained under dual powers, the latter is restricted to immigration powers. See Malmburg, M. (2004) 'Control and Deterrence: Discourses of detention of asylum seekers', *Sussex Migration Working Paper 20*, Sussex: Sussex Centre for Migration Research, pp. 7-9. Moreover, whilst statistics on the number of people entering immigration detention may have been withdrawn from official datasets in 1995, information on the total number of people leaving immigration detention was available until 2005. In 2009, the Home Office reverted once again to producing more substantive statistics. See Bail for Immigration Detainees (2009) *Briefing Paper on Immigration Detention in London – March 2009*, London: Bail for Immigration Detainees.
- 31 The primary source of data on the numbers of people held within the detention estate comes from quarterly and annual statistical bulletins produced by the Home Office and, under pressure from various NGOs and campaigners, the Home Office reverted to producing information once again of the total number of people detained in 2009. The information provided in these overviews changes over time, yet in all of these statistical sources discrepancies are inherent as immigration detainees held in prisons and in police cells are not included. The consequent under-representation is likely to be significant. For example, whilst the number of immigration detainees held in police cells is unknown; in the financial year 2003-4 the Home Office used police cells to hold immigration detainees for a total of 31,033 nights, at a cost of £11.7 million. See Burnett, J. (2007) 'Detaining the destitute', *PAFRAS Briefing Paper No. 2*, Leeds: PAFRAS, p. 2; and Simms, D. (2005) 'A police cell costs 2,700 pounds to the immigration service', *ABC Money*, 23 August, <http://www.abcmoney.co.uk/news/232005749.htm> Moreover, there are around 500 people at any given time within immigration detention facilities who have previously served a prison sentence – providing some indication of the extent to which prisons are also utilised to incarcerate immigration detainees. See Bosworth, M. (2009) *Visiting Foreign National Prisoners: Findings from a Scoping Study*, London: Association of Visitors to Immigration Detention.
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- 38 Home Office (2006) 'Control of Immigration Statistics United Kingdom 2005', *Cm 6904*, London: Home Office, p. 25.
- 39 Home Office (2009) *Control of Immigration: Quarterly Statistical Summary United Kingdom October – December 2009*, London: Home Office.
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- 41 Bail for Immigration Detainees (2009) *Briefing Paper on Children and Immigration Detention – February 2009*, London: Bail for Immigration Detainees, p. 3.
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- 44 Home Office (2009) *Control of Immigration: Quarterly Statistical Summary United Kingdom October – December 2009*, Op. Cit, p. 23. This number indicates a slight decrease in the number of children that had been detained prior to this. In the calendar year from April 2007 figures obtained by the Children's Commissioner for England revealed that 991 children were detained in Yarl's Wood alone. See 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. 4. In 2005, a report by Save the Children estimated that around 2,000 children a year were held in the detention estate. See Crawley, H. And Lester, T. (2005) *No Place for a Child: Children in immigration detention: Impacts, alternatives and safeguards*, London: Save the Children. Earlier statistics suggest that the detention of children was much less frequent; between 1978 and 1982, for example, 819 children under the age of 17 were held in Harmondsworth. See d, Orey, Op. Cit, p. 16.
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- 62 This was discussed earlier in the introduction to this work. See Taylor, D. (2009) Op. Cit.
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- 68 House of Commons Home Affairs Committee (2009) 'The Detention of Children in the Immigration System', *First Report of Session 2009-2010*, HC 73, London: House of Commons, p. 6.
- 69 Travis, A. (2010) 'Yarl's Wood detained baby for 100 days, damning report reveals', *The Guardian*, 24 March, <http://www.guardian.co.uk/uk/2010/mar/24/yarls-wood-children-baby-report>
- 70 The development of the detention estate has a long history which, throughout the 20th Century is bound up with the establishment of permanent immigration controls. That the first permanent immigration controls were established in 1905 is well documented. See, for example, Hayes, D. (2002) 'From aliens to asylum seekers: A history of immigration controls and welfare in Britain', in Cohen, S. Humphries, B. and Mynott, E. (eds) *From Immigration Controls to Welfare Controls*, London: Routledge. A succession of legislative powers were enacted, beginning with the Aliens Restrictions Act 1914, which facilitated the internment of 'alien' children and adults in both the First and Second World Wars by placing a requirement on those subject to immigration control to register with immigration authorities. By 1930 all police cells and 15 prisons had been approved as immigration detention facilities, and the use of police cells and criminal justice system

institutions as sites of immigration detention remains a feature of immigration control. See Gordon, P. (1984) 'A short history', in d'Orey, Op. Cit, pp. 2-4. But it was not until the latter half of the 20th Century that a programme of building specifically for immigration detention took shape. This programme, of either redesigning existing facilities or building entirely new ones for the sole purpose of immigration detention was, and still is, tied to political decisions about how to deal with particular social issues. At the same time it has been fuelled by patterns of detention privatisation which, to borrow Angela Davis' terminology, sees 'the transformation of imprisoned bodies... into sources of profit'. See Davis, A. (2003) *Are Prisons Obsolete?*, New York: Seven Stories Press, p. 88.

71 Since the initial establishment of facilities dedicated to immigration detention the private sector has been awarded contracts to both build and manage these institutions. In the 1960s Securicor took over the running of Harmondsworth Detention Centre and in the 1970s the company was contracted to operate the immigration detention facilities in four airports throughout the UK. See Cavadino, M. And Dignan, J. (2002) *The Penal System: An Introduction*, Third Edition, London: Sage Publications, p. 230; and Underwood, S. (1997) *Securicor: The People Business*, Oxford: Oxford Centre for Innovation, p. 28. Throughout the 1980s this arrangement was more coherently formalised. The history of immigration privatisation detention has been explored elsewhere, and it is not necessary to go over this here. Bacon, C. (2005) *The Evolution of Immigration Detention in the UK: The Involvement of Private Prison Companies*, Oxford: University of Oxford Refugee Studies Centre. Of particular is the dominance of just three particular companies in the immigration detention market, where the privatisation of immigration *detention* is only one part of a wider market encompassing many aspects of immigration *control*. The movement and surveillance of forced migration in particular has created multiple opportunities for significant financial gain and, to take only a few examples, companies have been authorised to carry out escorted removals, to house those seeking asylum, and to develop fingerprinting systems for immigration services. See Birnberg Peirce & Partners, Medical Justice, and the National Coalition of Anti-Deportation Campaigns (2008) *Outsourcing abuse: the use and misuse of state-sanctioned force during the detention and removal of asylum seekers*, London: Birnberg Peirce & Partners, Medical Justice, and the National Coalition of Anti-Deportation Campaigns; Burnett, J. (2007) 'Section 4 support', *PAFRAS Briefing Paper No. 1*, Leeds: PAFRAS; and Ibid (2008) 'Profit and power: the privatisation of immigration control', *Corporate Watch*, 9 July, <http://www.corporatewatch.org/?lid=3091>

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73 GEO, for example, according to its own promotional material employs over 13,000 people and manages 61 facilities capable of holding roughly 60,000 people worldwide. See GEO (2010) 'Who We Are', downloaded 16 January, <http://www.thegeogroupinc.com/about.asp> As well as managing immigration detention facilities, it also provides transporting services for detainees and prisoners and, since 2008, has transported over 200,000 individuals. See GEO (2010) 'Secure detainee transportation', downloaded 18 January, <http://www.thegeogroupinc.com/transportation.asp> In 2008 it had a turnover of \$1.043 billion. G4S with over 585,000 employees worldwide is the largest employer quoted on the London Stock Exchange. Describing itself as a 'major provider of risk management and protection to governments and businesses around the world', its turnover for the year from January to December 2008 was £5,942.9 million. See G4S (2010) 'About G4S', downloaded 16 January, <http://www.g4s.com/home/about.htm> Part of this turnover comes from the fact that it is the 'main provider of in-country [immigration] escorting within the UK and Northern France and non-escorted repatriation services overseas to the UK Border Agency'. See G4S (2010)

- 'Immigration escorting', downloaded 17 January, http://www.g4s.com/uk/uk-what_we_do/uk-immigration-services/uk-immigration_escaping.htm Serco, with an 'order book' of £16.7 billion in June 2009 and revenue of £1,950 million in that same year, has more than 70,000 employees working within (among other sectors) local government, home affairs, defence, health, and welfare to work. See Serco (2010) 'Results information', Downloaded 16 January, <http://www.serco.com/investors/results/index.asp>; and Serco (2010) 'At a glance', Downloaded 16 January, <http://www.serco.com/about/atagance/index.asp> Among these activities IT services are provided to the immigration service and Serco electronically monitors asylum seekers and irregular migrants. See Serco (2010) 'Immigration', Downloaded 18 January, <http://www.serco.com/markets/homeaffairs/immigration/> Within these portfolios, the operation of Immigration Removal Centres provides a particularly profitable source of income. Serco, for example, was awarded approximately £85 million for winning the contract to operate and manage Yarl's Wood. See Serco (2010) *Annual Review and Accounts 2006*, Hampshire: Serco.
- 74 Competition Commission (2002) *Group 4 Falck A/S and The Wackenhut Corporation: A report on the merger situation*, London: Competition Commission.
- 75 Bacon, C. Op. Cit, p. 26. One of the implications of this framework is that the privatisation of immigration detention – and the incarceration of children within this – has consequently been reinforced by a powerful corporate lobby with vested interests in retaining contracts and, pertinently, in ensuring immigration detention remains a profitable venture. The extent to which this voice has had a direct impact on practical policy and practice remains unclear, but as has been noted elsewhere: 'Although it can be difficult to observe a direct causal relationship between the lobbying efforts of private contractors and worsening and/or expanding detention practices, the establishment of deeply rooted private incarceration regimes can engender an institutional momentum that takes on a life of its own'. Bacon, C. Op. Cit, p. 17. Perhaps one indication of the extent to which this institutional momentum does have some degree of political influence rests in the fact that companies continue to retain contracts; this is in spite of repeated allegations of human rights abuses and poor treatment of detainees and prisoners in the countries in which they operate. In 2009, for example, the 13th Court of Appeals in the US upheld \$42.5 million in damages against GEO for an incident in 2001 where Wackenhut (prior to becoming GEO) staff looked on as two prison inmates beat another one to death in Raymondville. See MacCormack, J. (2009) 'Prison company to pay \$42.5 million in beating death', *Express News*, 8 April, [http://www.ukba.homeoffice.gov.uk/sitecontent/newsarticles/2008/migrationfalls](http://www.business-humanrights.org/Categories/Individualcompanies/GEO/Group A year prior to this, in 2008, a dossier was published of over 300 cases of assaults and violence against asylum seekers during the deportation process in the UK. See Birnberg Peirce & Partners et al, Op. Cit.</p>
<p>76 Home Office (2005) <i>Detention Services Operating Standards Manual for Immigration Removal Centres</i>, London: Home Office, p. 34. Similarly, HMIP make clear that 'Health services are provided at least to the standard of the National Health Service, include the promotion of well being as well as the prevention and treatment of illness, and recognise the specific needs of detainees as displaced persons who may have experienced trauma'. See HMIP (2009) <i>Report on an inspection of Lindholme Immigration Removal Centre 16 – 20 February 2009</i>, London: Her Majesty's Inspectorate of Prisons, p. 41.</p>
<p>77 Home Office (1998) <i>Fairer, Faster and Firmer – A Modern Approach to Immigration and Asylum</i>, Cm. 4018, London: Stationary Office. Para. 12.1.</p>
<p>78 Information Centre about Asylum and Refugees (2007) 'Detention of Asylum Seekers in the UK', <i>Thematic Briefing Prepared for the Independent Asylum Commission</i>, London: Information Centre about Asylum and Refugees, p. 2. The detention estate performs a number of functions. Firstly, within three IRCs claims for asylum are fast tracked (or indeed 'super fast tracked') so as to rapidly process outcomes and, in principle remove people quickly if their claim for asylum is refused. Bail for Immigration Detainees (2006) <i>Detained fast tracking of asylum claims</i>, London: Bail for Immigration Detainees. Secondly, STHFs can be utilised for a range of reasons, depending on the purpose of the building. For instance, reporting centres may well be used to temporarily hold people who have complied with reporting requirements before they are transferred to institutions more suited for facilitating removal, or for longer term detention. See Burnett, J. (2008) 'Dawn raids', <i>PAFRAS Briefing Paper No. 4</i>, Leeds: PAFRAS. Thirdly, as discussed earlier, STHFs may be used to hold people for reception interviews, and for acting as conduits between other detention facilities.</p>
<p>79 The use of immigration detention is further tied to the criminalisation of asylum seekers and irregular migrants. See Banks, J. (2008) 'The Criminalisation of Asylum Seekers and Asylum Policy', <i>Prison Service Journal</i>, 175, 43-49; and Burnett, J. (2008) 'The criminalisation of diversity', <i>Criminal Justice Matters</i>, 74(1), 26-27. Detainees are often transferred into immigration detention facilities after they have served prison sentences for immigration offences including, for example, taking up employment and being unable to provide specified information. See Webber, F. (2006) <i>Border Wars and Asylum Crimes</i>, London: Statewatch.</p>
<p>80 Fekete, L. (2005) <i>The Deportation Machine: Europe, asylum and human rights</i>, London: Institute of Race Relations.</p>
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<p>82 Home Office (2008) 'Eastern European migration falls', <i>Latest news and updates</i>, 20 May, <a href=)
- 83 See Burnett, J. (2008) 'Dawn raids', Op. Cit; and Fekete, L. (2007) *They are Children Too: A study of Europe's deportation policies*, London: Institute of Race Relations, p. 4.
- 84 Home Office (1998) Op. Cit, Para 12. 3.
- 85 Cited in Verkaik, R. (2009) 'Stop abusing child refugees (says illegal immigrant from Darkest Peru)', *The Independent*, 14 December, <http://www.independent.co.uk/news/uk/home-news/stop-abusing-child-refugees-says-illegal-immigrant-from--darkest-peru-1839868.htm>
- 86 Cole, E. (2003) *A few families too many: detention of asylum seeking families in the UK*, London: Bail for Immigration Detainees.
- 87 Wood, D. (2009) 'Home Affairs Committee – Minutes of Evidence', *Home Affairs Committee*, 16 September, Q. 25.
- 88 Cited in Barnes, E. (2009) 'Minister: We must lock up asylum children like Precious, to stop them ending up dead in lorries in Calais', *The Scotsman*, 16 December, <http://news.scotsman.com/news/Minister-We-must-lock-up.5914328.jp>
- 89 Porter, H. (2009) 'Disguising the detention of children', *Guardian Comment is Free*, 5 November, <http://www.guardian.co.uk/commentisfree/henryporter/2009/nov/05/children-asylum-home-office>
- 90 Woolas, P. (2009) 'Detention Centres: children', *House of Commons Written Answers*, 14 December Col. 718w.
- 91 Ibid.
- 92 HMIP (2009) *Report on an unannounced full follow-up inspection of Yarl's Wood Immigration Removal Centre 9 – 13 November 2009*, London: Her Majesty's Inspectorate of Prisons, p. 5.
- 93 For a discussion of this wider point see Wilsher, D. (2004) 'The Administrative detention of non-nationals pursuant to immigration control: International and Constitutional Law Perspectives', *International and Comparative Law Quarterly*, 53, 897-934.
- 94 Fekete, L. (2009) *A Suitable Enemy: Racism, Migration and Islamophobia in Europe*, London: Pluto Press, p. 40.

Chapter Two – The legal framework of detention

- 95 For discussion see Fekete, L. (2009) *Op. Cit.*, p. 178; and Gordon, P. (1985) *Policing Immigration; Britain's Internal Controls*, London: Pluto Press.
- 96 Sch 2 Immigration Act 1971. The Immigration Act 1971 was a landmark piece of legislation that was described by Amnesty International as 'extraordinary and largely unrestrained'. Dunstan, R. (1996) *Cell Culture: The Detention & Imprisonment of Asylum-seekers in the United Kingdom*, London: Amnesty International, p. 3. It provided powers to enforce the reduction of immigration into the UK in tandem with the desires of the British economy. See Castles, S. Booth, H. And Wallace, T. (1984/1987) *Here for Good: Western Europe's New Ethnic Minorities*, Second impression, London: Pluto Press, p. 45.
- 97 ss24-26 combined with ss28 to 28J, Immigration Act 1971 as amended. For historical discussion of this point see Gordon, P. (1981) *Passport Raids and Checks: Britain's internal immigration controls*, London: The Runnymede Trust.
- 98 S3 Immigration Act 1971 as amended. The powers of detention conferred in the Immigration Act 1971, with regard to port detentions in particular, were originally used sparingly to detain people for short periods of time. See Weber, L. (2005) 'The Detention of Asylum Seekers as a Crime of Obedience', *Critical Criminology*, 13, 89-109. But in the mid 1980s immigration officers began to use these provisions, with much greater regularity, in order to detain individuals seeking asylum. See Dunstan, R. *Op. Cit.* The legal basis for detention that they consolidated – as a form of indefinite detention incarceration that can be enacted without a conviction for an offence – underpins the contemporary practice of detaining both adults and children for the purposes of immigration control. Moreover, the body of law that has built up following its enactment has predominantly had the effect of strengthening the powers conferred in this legislation, rather than containing them.
- 99 S7(4) Asylum and Immigration Appeals 1993 as amended. See Dunstan, R. (1994) *Prisoners Without a Voice: Asylum-Seekers Detained in the United Kingdom*, London: Amnesty International, p. 13.
- 100 ss4-7 of the Immigration and Asylum Act 1996; ss28-30, ss105-109 and Pt VII of the Immigration and Asylum Act 1999. For a commentary on the legislation see Shah, P. A. (2000) *Refugees, Race and the Legal Concept of Asylum in Britain*, London: Cavendish Publishing Limited p. 195.
- 101 s10 Immigration and Asylum Act 1999, with reference to s3 and Sch 2, Immigration Act 1971.
- 102 s62 Nationality, Immigration and Asylum Act 2002'
- 103 Dunstan, R. (1996) *Op. Cit.*, p. 3.

Chapter Three – Constraints on the power to detain children and families

- 104 The Immigration Act 1971, and its subsequent amendments, creates a system of detention which has been described elsewhere as akin to internment. Given such comparisons, the constraints on the use of such powers are of paramount importance to prevent unchecked abuse. The extent to which abuse can be legitimised was shown by the enactment of the Anti-Terrorism, Crime and Security Act 2001 (ATCSA) in response to the 11 September 2001 terrorist attacks in the United States. Part 4 of this legislation, providing for indefinite detention without trial of foreign nationals suspected of terrorist activities, rested in part on powers conferred by the Immigration Act 1971. See Kundnani, A. (2007) *The End of Tolerance: Racism in 21st Century Britain*, London: Pluto Press, p. 137. However, as such measures contravene numerous

- human rights instruments the UK government had to derogate from Article 5(1) of the ECHR and Article 9 of the International Covenant on Civil and Political Rights (ICCPR) in order to put them in place. Roughly three and a half years later, on 16 December 2004, Law Lords ruled that Part 4 of ATCSA was incompatible with the right to liberty – a ruling making clear that the UK government had effectively put in place a shadow legal system that breached internationally accepted standards human rights. See Amnesty International (2006) *UK: Human Rights: A Broken Promise*, London: Amnesty International, Para 2.5.1-2.
- 105 The Articles to which this reservation was made included protections for children against forceful separation from their parents and, in the case of Article 22, a section which committed states to providing 'appropriate protection and humanitarian assistance...to children. See United Nations *Convention on the Rights of the Child* (1989) Convention on the Rights of the Child, New York: United Nations, Art. 22.
- 106 Home Office and Department for Children, School and Families (2009) *Every Child Matters: Change for Children*, London: Home Office and Department for Children, School and Families, Para. 2.7.
- 107 International Covenant on Civil and Political Rights (1966) *International Covenant on Civil and Political Rights*, New York: United Nations, Article 9(1).
- 108 The Joint Committee on Human Rights noted that this reservation was 'a cause for particular concern' in 2005. Joint Committee on Human Rights (2005) *Seventeenth Report*, Session 2004-05, London: The Stationary Office, Para. 45. Although Article 10 applies primarily to children who have been convicted of criminal offences, the UK government was chastised for its policy of detaining children by the ICCPR committee. In 2008, it stated that it 'remains concerned that the State party has continued its practice of detaining large numbers of asylum seekers, including children'. See Scottish Detainee Visitors (2008) *Bulletin 5 September 2008*, Glasgow: Scottish Detainee Visitors, pp. 1-2.
- 109 International Covenant on Economic, Social and Cultural Rights (1966) *International Covenant on Economic, Social and Cultural Rights*, New York: United Nations, Article. 10(1).
- 110 The reasons cited included concerns that such rights would lead to increased litigation. As one commentator has suggested, in an earlier analysis of refusals to comply with such provisions, this can be read as 'indicative of [the government's] tacit acceptance of vulnerability to challenge in decisions to detain children...'. Ashford, M. (1993) *Detained without trial: A Survey of Immigration Act Detention*, London: Joint Council for the Welfare of Immigrants, p. 91.
- 111 United Nations (1999) *United Nations Guidelines on Applicable Criteria and Standards relating to the Detention of Asylum-Seekers: February 1999*, New York: United Nations, p. 7. Emphasis in original.
- 112 *Ibid*, p. 8.
- 113 *Ibid*.
- 114 *Muskhadzhiyeva and others v. Belgium* (application no. 41442/07) ECtHR 19 January 2010.
- 115 *Witold Litwa v Poland* (application no. 26629/95) ECtHR 4 April 2000.
- 116 *Mubilanzila Mayeke et Kaniki Mitunga c. Belgique* (application no. 13178/03) ECtHR 12 October 2006.
- 117 See for example *Nukajam v SSHD* EWHC 20 (Admin) 22 January 2010
- 118 *Mubilanzila Mayeke et Kaniki Mitunga c. Belgique* *Op. Cit.*
- 119 European Commission (2008) 'Questions and Answers on the Commission Proposal to amend the Reception Conditions Directive', *Memo/08/760*, 3 December, Brussels: European Commission.
- 120 Immigration and Nationality Directorate (2008) *Enforcement Instructions and Guidance*, London: Immigration and Nationality Directorate, Chap. 55.6.1.
- 121 *Ibid*, Chap. 55.8.

- 122 Immigration and Nationality Directorate, Op. Cit, Chap. 55.9.4.
- 123 Firth, G. (2010) 'Still a migrant first? The Detention of Asylum Seeking Children after the BCIA 2009', *Web Journal of Current Legal Issues*, 2, <http://webjcli.ncl.ac.uk/2010/issue2/pdf/firth2.pdf>
- 124 Lord West of Spithead (2009) *Immigration: Detention and Deportation*, HL Debates, 4 November, col. 327.

Chapter Four – The methodology used in this report

- 125 See Medical Justice (2008) *Annual Report 2008: Tortured in Uganda, imprisoned in Yarl's Wood*, London: Medical Justice.
- 126 An overview of the cases in this report is provided in the next chapter.
- 127 United Nations (1989) *United Nations Convention on the Rights of the Child*, Geneva: United Nations, Article 1.
- 128 The use of sampling frames have important and long recognised implications for the validity, and reliability of data. As it is the sampling frame which ultimately guides the findings that are presented, the extent to which it creates a framework for generalisation should be set out from the offset. See Francis, P. (2000) 'Getting Criminological Research Started', in Jupp, V. Davies, P. and Francis, P. (eds) *Doing Criminological Research*, London: Sage Publications, p. 45.
- 129 For the purposes of this report, primary sources are defined as those which have been generated within an individual's immigration case which directly involve the person in question. This could include, for example, Medico-Legal Reports, transcripts of asylum interviews, witness statements, and judgements involving their case. Secondary sources are those which are written about an individual's case and could include, for example, newspaper articles about them, or appeals on their behalf from campaigning organisations. For detail on the distinction between primary and secondary sources see Tuchman, G. (1998) 'Historical Social Science: Methodologies, Methods, and Meanings', in Denzin, N. K. And Lincoln, Y. (eds) *Strategies of Qualitative Inquiry*, California: Sage Publications.
- 130 There are a number of different ways which case studies can be used and, commonly, they are presented where the case study exemplifies something unique and innovative about a particular setting. For discussion see Stake, R. E. (1995) *The Art of Case Study Research*, California: Sage Publications. The case studies presented here are not chosen because they are necessarily unique. Rather they are chosen because they embody the ways in which detention can cause particular harms and suffering. Each of the cases that are featured within this report have particular nuances, yet the fact that this report sets out a series of key themes is indicative of the fact that certain forms of harm in the detention estate are routine.
- 131 In the vast majority of cases this was done, initially, by making a phone call to one of the carers (in almost all cases a parent, but in some cases another family member) of the child in question. If a number was not in use then supporters, campaigners, or others involved in their case were contacted, in order to establish contact with the family. If contact with the carer was made then the report was discussed in some detail, and its aims explained. The person in question was asked to explain the project in detail to their family, and if the children in question wanted to discuss this with Medical Justice, they were given the opportunity to do so. The family were also given the opportunity to meet the authors of this report in person, so as to discuss the report in more detail. The only exceptions were examples where a lawyer or clinician chose to contact the family themselves before passing on further information. In these cases, consent forms were still provided to families along with an explanation of the project and its aims and rationale.
- 132 There is a body of research focused on specific consent issues relating to children. See, for example, Hunter, D. And

- Pierscionek, B. K. (2006) 'Children, Gillick competency, and consent for involvement in research', *Journal of Medical Ethics*, 33, pp. 659-662; Broome, M. E. And Stieglitz, K. A. (2007) 'The consent process and children', *Research in Nursing and Health*, 15(2), pp. 147-152; and Punch, S. (2002) 'Research with Children: The Same or Different than Research with Adults?', *Childhood*, 9(3), pp. 321-341.
- 133 This is based on 'Gillick competence'. See Wiles, R. Heath, S. Crow, G. And Charles, V. (2005) 'Informed Consent in Social Research: A Literature Review', *NCRM Methods Review Papers*, NCRM/001, p.9.

Chapter Five – A demographic overview of the detainees in this report

- 134 Numerous analyses have suggested that roughly half of those children detained were eventually released back into the community. See for example Refugee Council (2010) 'Report states detention 'unnecessary' for children at Yarl's Wood', *Refugee Council*, 24 March, http://www.refugeecouncil.org.uk/news/archive/news/2010/March/240310_newsarylswoodowersreport The number of children released back into the community in this sample, then, was higher than this broad average.

Chapter Six – Dawn raids

- 135 Kundhani, A. (2007) Op. Cit, p. 160.
- 136 Although there is little published research available on the use and consequences of immigration raids, they have been used as a form of immigration control for many years. For discussion see Gordon, P. (1981) *Passport Raids and Checks: Britain's internal immigration controls*, London: The Runnymede Trust.
- 137 Refugee and Migrant Justice (2009) *Does every child matter? Children seeking asylum in Britain*, London: Refugee and Migrant Justice, p. 14.
- 138 11 Million (2009) Op. Cit, pp. 18-22.
- 139 Ibid, p. 20.
- 140 McNulty, T. (2006) 'Failed Asylum Seekers (Scotland)', HC Debates, Col. 1066, 19 January.
- 141 Case number: 183.
- 142 In one case, a child was injured along with their parents whilst a dawn raid took place.
- 143 Case number: 68.
- 144 See Melzak, S. (2010) 'The Impact of the Asylum Seeking System in the UK on Asylum Seeking Children, Adolescents, Young Adults and Families', Presentation delivered at *Caged kids – caged minds: Britain's invisible handcuffs*, Holy Apostles Church Hall, London, 5 June.
- 145 Case number: 13.
- 146 Capps, A. Castaneda, R. M. Chaudry, A. And Santos, R. (2007) *Paying the Price: The Impact of Immigration Raids on America's Children*, Washington: The National Council of La Raza and the Urban Institute, p. 52.
- 147 Case number: 78.

Chapter Seven – Conditions in immigration detention

- 148 See the discussions in Hughes, J. and Liebaut, F. (eds) *Detention of Asylum Seekers in Europe: Analysis and Perspectives*, Dordrecht: Kluwer Law International. In a damning statement by the Council of Europe Parliamentary Assembly, in 2010, it was made clear that throughout Europe: 'Conditions can be appalling (dirty, unsanitary, lack of beds, clothing and food, lack of sufficient health care, etc.) and the regime is often inappropriate or almost entirely absent (activities, education,

access to the outside and fresh air). Furthermore, provision for the needs of vulnerable persons is often insufficient and allegations of ill-treatment, violence and abuse by officials persist'. See Council of Europe Parliamentary Assembly (2010) 'The detention of asylum seekers and irregular migrants in Europe', *Resolution 1707*, Brussels: Council of Europe, p. 1. Comparisons to prisons have been routinely made by both children and adults who have been detained, as well as organisations investigating immigration detention facilities. In a study in Australia in 2004, among the many concerns that children had were boredom, isolation, and a lack of stimulating or appropriate activity. See Steel, Z. Momartin, B. Hafshejani, S. Everson, R. Dudley, N. And Mares, B. (2004) 'Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia', *Australian and New Zealand Journal of Public Health*, 28(6), pp. 527-36.

- 149 See the discussions in, for example, Tiemeier, H. Tuijl, R. Hofman, A. Meijer, J. Kiliaan, A. J. and Breteler, M. M. B. (2002) 'Vitamin B12, Folate, and Homocysteine in Depression: The Rotterdam Study', *American Journal of Psychiatry*, 159: pp. 2099-2101; and Kazes M, Danion JM, Grangé D, Pradignac A, and Schlienger JL. (1993) 'The loss of appetite during depression with melancholia: a qualitative and quantitative analysis', *International Clinical Psychopharmacology*, Spring 8(1): pp. 55-9.
- 150 Case Number: 13.
- 151 Home Office (2005) *Detention Services Operating Standards Manual for Immigration Removal Centres*, London: Home Office, p. 16.
- 152 The Detention Centre Rules 2001 (S.I. 2001/238).
- 153 HMIP (2009) *Report on an announced full follow-up inspection of Yarls Wood Immigration Removal Centre 9 – 13 November 2009*, London: Her Majesty's Inspectorate of Prisons, p. 15.
- 154 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 Yarls 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. According to S 3(1) of the detention centres rules: 'The purpose of detention centres shall be to provide for secure but *humane accommodation* of detained persons in a relaxed regime with as much freedom of movement and association as possible, consistent with maintaining a safe and secure environment, and to encourage and assist detained persons to make the most productive use of their time, *whilst respecting in particular their dignity* and the right to individual expression'. See The Detention Centre Rules 2001 (S.I. 2001/238). Where food is of poor quality, inconsistent, and of a standard which does not comply with health and safety legislation this could be argued to be a breach of the requirement for humane accommodation, which respects the dignity of detainees. At the same time, poor food has a direct impact on the health and well-being of detainees and their ability to prevent illness. This could be argued to be indicative of the extent to which the well being of detainees is prioritised in the detention estate. For discussion of this point in relation to the provision of food in the penal system more widely, see Sim, J. (1994/1996) 'Prison medicine and social justice' in Reynolds, J. and Smartt, U. (eds) *Prison Policy and Practice: Selected Papers from 35 years of the Prison Service Journal*, London: Prison Service Journal, pp. 308-321.
- 155 Case Number: 13.
- 156 HMIP (2009) *Report on an announced short follow-up inspection of Tinsley House Immigration Removal Centre 13 – 15 July 2009*, London: Her Majesty's Inspectorate of Prisons, p. 10.
- 157 HMIP (2009) *Report on an announced full follow-up inspection of Yarls Wood Immigration Removal Centre 9 – 13 November 2009*, Op. Cit; and HMIP (2008) *Report on an unannounced short follow-up inspection of Dungavel Immigration Removal Centre 30 September – 2 October 2008*, London: Her Majesty's Inspectorate of Prisons.
- 158 Burnett, J. (2009) 'Free the Yarls Wood child detainees', *Guardian*

Comment is free, 10 December, <http://www.guardian.co.uk/commentisfree/libertycentral/2009/dec/10/child-detainees-yarls-wood>

- 159 Freedom of Information Act Request Reference FOI 13610. With thanks to *End Child Detention Now* for obtaining these figures.

Chapter Eight – Violence, assault, and witnessing violence

- 160 Birnberg Peirce & Partners, Medical Justice, and the National Coalition of Anti-Deportation Campaigns (2008) *Outsourcing abuse: the use and misuse of state-sanctioned force during the detention and removal of asylum seekers*, London: Birnberg Peirce & Partners, Medical Justice, and the National Coalition of Anti-Deportation Campaigns, p.8.
- 161 Police, nonetheless, do work closely with immigration officers and can provide support in terms of custody facilities. Further, the police do accompany immigration officers on enforcement visits where their presence is deemed necessary. See Home Office, Metropolitan Police, and the United Kingdom Immigration Service (2003) *Metropolitan Police Service support to immigration service operations for the removal of immigration offenders. Memorandum of understanding*, London: Home Office, Metropolitan Police, and the United Kingdom Immigration Service, p. 11.
- 162 Townsend, M. (2010) Revealed: brutal guide to punishing jailed youths', *The Observer*, 18 July, <http://www.guardian.co.uk/society/2010/jul/18/guide-punishing-jailed-youths>
- 163 Within the austere confines of immigration detention facilities, numerous studies have drawn attention to the fact that children may, and in some cases certainly do, witness or experience scenes and incidents that can be damaging. 'An undercurrent of violence is an everyday reality in many detention centres', according to one commentator. And as she adds, on certain occasions 'children witness attempts at self-harm and know of inmates who have attempted suicide. They may have witnessed hunger-strikes, or been caught up in violent events...' See Fekete, L. (2007) *They are Children Too: A Study of Europe's Deportation Policies*, Op. Cit., p. 23. In the UK, one way in which these violent events continue to occur is through assaults on detainees – most frequently in attempted or actual removals and deportations. In a 'dossier' of over 300 assaults, published in 2008, there were 27 alleged incidents involving families and 42 children were involved. The majority of these cases involved children witnessing violence against their parents but some children, the dossier reported, were alleged to have been physically assaulted themselves. See Birnberg Peirce & Partners, Medical Justice, and the National Coalition of Anti-Deportation Campaigns (2008) Op. Cit, p. 9.
- 164 Carter, H. And Allison, E. (2009) 'Hunger strike at Yarls Wood detention centre', *The Guardian*, 18 June, <http://www.guardian.co.uk/uk/2009/jun/18/yarls-wood-hunger-strike>
- 165 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 Yarls Wood Immigration Removal Centre during a period of protest between 14 June 2009 – 17 June 2009*, London: UK Border Agency, Para. 1 4.2.
- 166 Ibid, Para. 3.8.
- 167 Ibid.
- 168 Signed statement.
- 169 UKBA (2009), Op. Cit, Para. 4.2.
- 170 Signed statement.
- 171 Ibid.
- 172 Although it should be noted that UKBA have not acknowledged that children were injured.
- 173 UKBA (2009), Op. Cit, Para. 4.9.
- 174 Ibid.
- 175 Ibid. Para. 5.3.
- 176 Ibid, Para. 4.9.

- 177 Case Number: 13.
 178 Freedom of Information Request Act Reference FOI 13051. With thanks to Elena Egawhary for obtaining these figures.
 179 Signed statement.
 180 Ibid.
 181 Ibid.

Chapter Nine - 'Psychological violence': depression, regression, and the trauma of immigration detention

- 182 See Fekete, L. (2007) 'Detained: foreign children in Europe', 49(1), 93-104; and Hodes, M. (2010) 'The mental health of detained asylum seeking children', *European Journal of Child and Adolescent Psychiatry*, DOI 10.1007/s00787-010-0093-9. Universally, this literature on the detention of children is damning. It draws attention to a multitude of harms and forms of suffering that detention causes to children, many of whom are confused, frightened, and consumed by guilt about the reasons for their incarceration. At the same time, it highlights the adverse effects of detaining parents and the detrimental impact which detention has with regard to parents being able to care for their children. The negative effects of incarcerating children have been well documented in a series of investigations into different penal systems. These investigations emphasise that imprisoning children can have devastating consequences. See Goldson, B. (2002) *Vulnerable Inside: Children in secure and penal settings*, London: The Children's Society; Goldson, B. and Coles, D. (2005) *In the Care of the State? Child Deaths in Penal Custody in England Wales*, London: Inquest; and Gould, J. and Payne, H. (2004) 'Health needs of children in prison', *Archives of Disease in Childhood*, 89(6), pp. 500-501. Research into the effects of detaining children in immigration detention has uncovered similar concerns. However, it is important to recognise in this discussion of the effects of immigration detention, that many immigration detainees are held in penal systems that are not set up primarily for the purposes of immigration control. See Fekete, L. And Webber, F. (2009) 'Foreign nationals, enemy penology and the criminal justice system', *Race & Class*, 51(4), pp. 1-26. It has been argued that immigration detention can be understood as an extension of existing penal systems. See Sim, J. (2009) *Punishment and Prisons: Power and the Carceral State*, London: Sage Publications.
- 183 See for example Nielsen, S. S. Norredam, M. Christiansen, K. L. Obel, C. Hildren, J. and Krasnik, A. (2008) 'Mental health among children seeking asylum in Denmark – the effect of length of stay and number of relocations: a cross-sectional study', *BMC Public Health*, 8:293, p. 2; and Hek, R. (2005) *The Experiences and Needs of Refugee and Asylum Seeking Children in the UK: A Literature Review*, London and Birmingham: Department for Education and Skills and the University of Birmingham, p. 11.
- 184 Vaage, A. B. Garløv, I. Hauff, E. And Thomsen, P. H. (2007) 'Psychiatric Symptoms and Service Utilization among Refugee Children Referred to a Child Psychiatry Department: A Retrospective Comparative Case Note Study', *Transcultural Psychiatry*, 44(3), p. 442.
- 185 Chauvin, A. (2003) 'Submission No. 294', *Submissions to the National Inquiry into Children in Immigration Detention*, http://www.hreoc.gov.au/human_rights/children_detention/submissions/subs_index.html The specific characteristics of immigration detention, regardless of the child's experiences prior to detention, ensure that in the majority of cases where children are detained they are faced with fundamental uncertainties about their long-term future. Whilst some will be facing removal to a country where they fear for their safety, others may be facing removal to a country where they have never been. Numerous studies have emphasised that children held in administrative detention frequently experience

confusion about the reasons behind their incarceration. Children often query why they are being held in a 'prison', and this uncertainty compounds fears about removal. Although many children spend varying periods of time in immigration detention, this period is punctuated, in many cases, with the fear that they could be taken away forcibly with little warning. These fears are well founded, and children sometimes witness forcible removal procedures as families are taken from rooms or other facilities prior to an attempted removal' See Sultan, A. And O'Sullivan K. (2001) 'Psychological disturbances in asylum seekers held in long term detention: a participant observer account', *Medical Journal of Australia*, 175, pp. 593-596. For further discussion on this point see Chapter Eight.

- 186 McCulloch, J. and Pickering, S. (2009) 'The Violence of Refugee Incarceration', in Scraton, P and McCulloch, J. (eds) *The Violence of Incarceration*, London: Routledge, p. 232. The publication of a study on families in immigration detention in Australia, in 2004, noted that children who were detained for long periods showed a marked increase in psychiatric disorders. And, whilst sixteen children (80% of their sample) who had been detained for more than two years were diagnosed with multiple disorders, over half of their parents noted that their children regularly woke up screaming. See Steel, Z. Momartin, S. Bateman, C. Hafshejani, A. And Silove, D. M. (2004) 'Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia', *Australian and New Zealand Journal of Public Health*, 28(6), p. 533. Numerous studies replicate these findings and, as has been noted elsewhere, some of the 'reactions in children [that] have been observed [include] conduct disturbances, separation anxiety, night terrors, and enuresis'. See Silove, D. (2002) 'The asylum debacle in Australia: A challenge for psychiatry', *Australian and New Zealand Journal of Psychiatry*, 36(3), p. 4.
- 187 Lorek, A. Ehntholt, K. Nesbitt, A. Wey, E. Githinji, C. Rossor, E. and Wickramasinghe, R. (2009) Op. Cit., p. 579.
- 188 Ibid, p. 580.
- 189 According to some analyses of incarceration in general, 'The initial stages are particularly stressful and we know that symptoms of psychological disturbance are more likely during the relatively early stages of incarceration, with suicide rates particularly high among those recently taken into custody...' See Pourgourides, C. (1998) 'The Mental Health Implications of the Detention of Asylum Seekers', in Hughes, J. and Liebaut, F. (eds) Op. Cit., p. 204.
- 190 To a greater or lesser extent, these condemnations echo the sentiments of a former detainee, speaking to a former Children's Commissioner in the UK, that the detention of children is a form of 'child abuse. Cited in Fekete, L. (2007) *They are Children Too: A study of Europe's deportation policies*, Op. Cit., p. 22.
- 191 Cited in Fekete, L. (2007) 'Detained: foreign children in Europe', Op. Cit, p. 101.
- 192 Mares, S. Dudley, M. Newman, L. Tennant, C. And Rosen, A. (2003) 'Politics of children or childish politics?', *Australasian Psychiatry*, 11(4), p. 477.
- 193 Case number: 13.
- 194 See also Robjant K. Hassan, R. And Katona, C. (2009) 'Mental health implications of detaining asylum seekers: systematic review', *The British Journal of Psychiatry*, 194, pp. 306-312.
- 195 Freedom of Information Act Request Reference FOI 13051. With thanks to Elena Egawhary for obtaining this information.
- 196 Case number: 187.
- 197 Case Number: 13.
- 198 Case Number: 21.

Chapter Ten – The physical health and care of children in detention

- 199 Royal College of Paediatrics and Child Health. Royal College

of General Practitioners. Royal College of Psychiatrists. and the Faculty of Public Health. (2009) Op. Cit..

- 200 Fillmore, E. (2009) 'Significant Harm: the effects of immigration detention on the health of children and families in the UK – the launch of a joint statement 8th December 2009', *Personal Statement*, 9 December. The extent to which children were seen as something other than patients was revealed in 2005 in a memorandum of understanding between Yarl's Wood IRC and Bedford hospital. This MOU conferred on Yarl's Wood management the powers to keep children in handcuffs when they were in hospital. It is unclear whether this power was ever used in practice. See Yarl's Wood Immigration Removal Centre and Bedford Hospital NHS Trust (2005) *Memorandum of Understanding for Children Needing Services*, Bedford: Yarl's Wood Immigration Removal Centre and Bedford Hospital NHS Trust.
- 201 Fillmore, E. (2010) 'The effects of immigration detention on children and families in the UK', *Adoption & Fostering*, 34(1), p. 89.
- 202 Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture (2003) *From Persecution to Prison: The Health Consequences of Detention for Asylum Seekers*, Boston and New York: Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture, pp. 87-88.
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Chapter Twelve – Immigration detention and the effects on parental capacities

- 217 BBC (2009) 'Detention of children "must stop"', *BBC News Online*, 27 April, http://news.bbc.co.uk/1/hi/uk_politics/8019667.stm Such statements are representative of the extent to which those who accept the legitimacy of locking up children simply for the purposes of immigration control will attempt to justify such practices. They also serve to deflect attention about the extent to which administrative detention cases significant harm among parents in detention and, in doing so, impacts upon their ability to look after their children.
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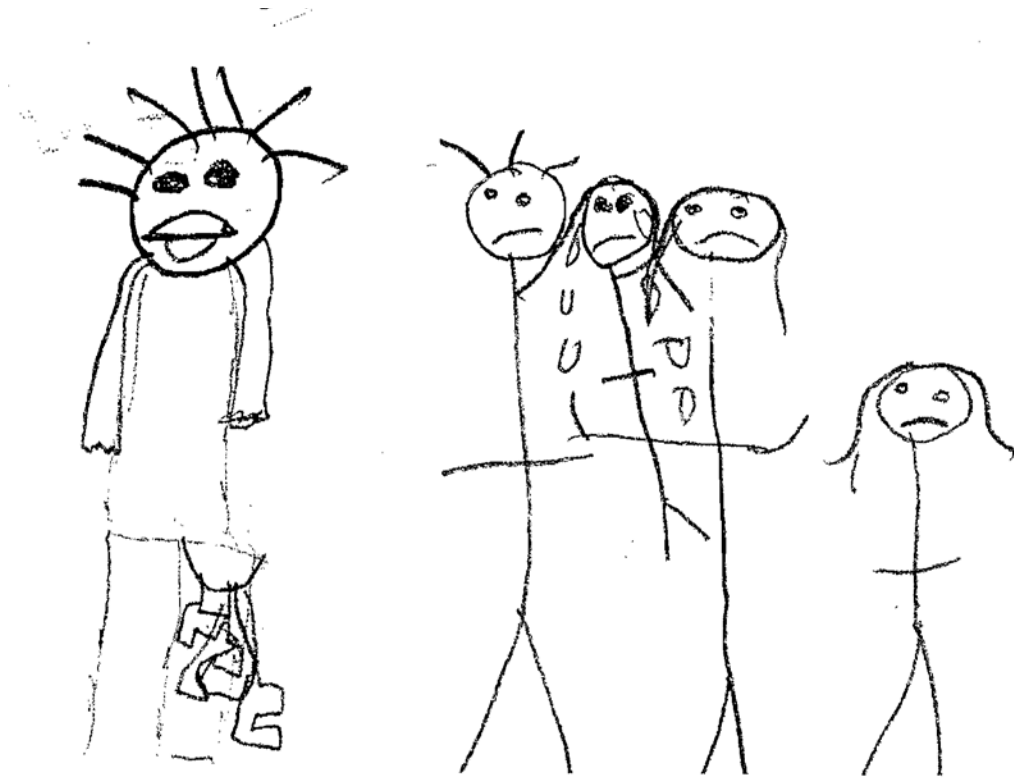
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Chapter Fourteen – The continuation of removals policies

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Conclusions and recommendations

- 240 Such claims, of continuous reform and progress, have also frequently been made in relation to the penal system in general. It can be argued, however, that strategies of reform ultimately work to sustain the penal system rather than challenge it. As has been noted elsewhere, 'Reformers come and reformers go. State institutions carry on. Nothing in their history suggests that they can sustain reform, no matter what money, staff, and programs are pumped into them... Though the casts may change, the players go on producing failure...'
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