Intercollegiate Briefing Paper:
Significant Harm - the effects of administrative detention on the health of children, young people and their families

'Any detention of children for administrative rather than criminal purposes causes unnecessary harm and further blights already disturbed young lives. Such practices reflect badly on all of us.' *Dr Iona Heath, President of the Royal College of General Practitioners*[1]

Summary

This briefing from the Royal College of General Practitioners, Royal College of Paediatrics and Child Health, Royal College of Psychiatrists and the UK Faculty of Public Health describes the significant harms to the physical and mental health of children and young people in the UK who are subjected to administrative immigration detention. **It argues that such detention is unacceptable and should cease without delay.** Other countries have developed viable alternatives and the UK should now follow suit. Meanwhile a set of specific recommendations is outlined to minimise the damage caused by the detention of children.

1. Introduction

The majority of children in administrative detention are from families seeking asylum. These children are among the most vulnerable in our communities with high rates of physical and psychological morbidity reflecting both their experiences before coming to the UK including dislocation of their families, and the challenges of poverty and integration on arrival[2]. These problems are compounded by the harmful effects of arrest and detention. Health professionals, including general practitioners, paediatricians and psychiatrists may be called upon to assess individual children and young people in detention or to advise on the provision of health care to detention centres. Patients under their care may later be detained or be seen by them following release from detention.

2. Evidence

Each year the UK detains around 1,000 children in Immigration Removal Centres (IRCs)[3]. These children are members of families identified for enforced removal from Britain, who are detained indefinitely under administrative order. They have committed no crime but can be detained without time limit and without judicial oversight. The children range in age from very young babies to older teenagers, as well as so-called 'age disputed minors' who are alone.

The average length of detention of children is 15 days[4]. On 30 June 2009, 10 of the 35 children in detention had been held for over a month[5]. Less than half of the children leaving detention are removed from the country. There are no data on how many children undergo more than one episode of detention, though repeated arrest and detention is likely to be particularly traumatising.

The main immigration removal centre in the UK with family accommodation is Yarl's Wood IRC in Bedfordshire. Management of the centre was contracted by the United Kingdom Border Agency (UKBA) to the private contractor, Serco Group plc, in April 2007, with management of the Health Centre also being contracted to Serco.

The Children's Commissioner, Professor Sir Al Aynsley-Green, visited Yarl's Wood in May 2008 and found outcomes to be below the standard expected of the National Health Service[6]. Children's physical and mental health rarely appeared to inform the decision to maintain detention. For example, children with serious illnesses, such as Sickle Cell Disease, and children whose condition had deteriorated in detention, still remained detained. Provision of mental health services for children and their parents were inadequate, as was provision of preventive healthcare.

Almost all detained children suffer injury to their mental and physical health as a result of their detention, sometimes seriously. Many children experience the actual process of being detained as a new traumatising experience. Psychiatrists, paediatricians and GPs, as well as social workers and psychologists, frequently find evidence of harm, especially to psychological wellbeing as a result of the processes and conditions of detention. Reported child mental health difficulties include emotional and psychological regression, post traumatic stress disorder (PTSD), clinical depression and suicidal behaviour[7,8]. Specific physical consequences include weight loss and inadequate pain relief for children with sickle cell disease. Children in detention are also placed at risk of harm due to poor access to specialist

care, poor recording and availability of patient information, a failure to deliver routine childhood immunisations, and a failure to provide prophylaxis against malaria for children being returned to areas where malaria is endemic[5].

The UK's policy of administrative detention of children is receiving growing condemnation from health professionals, the media and official bodies such as the Children's Commissioner and Her Majesty's Inspectorate of Prisons. According to Professor Sir Al Aynsley-Green 'the UK has one of the worst records in Europe for detaining children'[6] and Dame Anne Owers, HM Chief Inspector of Prisons reported that 'the plight of detained children remained of great concern'[4]. A recent editorial in The Lancet reported that there are 'appalling failures in the health care of children in detention centres'[9]. Late last year the New Statesman magazine organised a petition against the detention of children which attracted 3,300 signatures from the public[10]. The issue is also attracting increasing attention in Parliament as demonstrated by the 2009 Early Day Motion entitled ED139 Detention of Children[11]. It 'urgently calls on the Government to end the practice of holding children in immigration detention centres' and as at 7th December 2009 had 69 signatories of support.

3. Policy Context

Until 2008 the UK government maintained a reservation to the United Nations Convention on the Rights of the Child (UNCRC)[12], excluding immigrant children from its protection. In effect this meant immigrant children were not afforded the same rights and protection as other children in the UK. The reservation was withdrawn last year.

Whilst the Home Office determined that they should be exempt from the responsibilities of safeguarding children as described in the Children Act (1989 and 2004)[13,14], under the Borders, Citizenship & Immigration Act (2009)[15] there is now a statutory duty on the Home Office to safeguard and promote the welfare of children.

The policy of subjecting children and families to arrest and indefinite administrative detention for immigration purposes is incompatible with both the UNCRC[12] and the new statutory responsibility to safeguard and promote the welfare of children.

There is an urgent and widely recognised need to develop alternatives to detention. Models in Australia and Sweden have already enabled the practice of detaining children to have virtually ceased[16]. Closer to home, a pilot project is underway in Scotland which allows failed asylum

seeking children and families to stay in designated flats while they await their return home. Cabinet Secretary for Education and Lifelong Learning Fiona Hyslop welcomed the pilot by declaring that 'the Scottish Government remains fundamentally opposed to the detention of children and consider that one child detained is one child too many. Children seeking asylum deserve the same welfare and children's rights as every other child in Scotland'[17].

4. Recommendations

The Royal College of General Practitioners, Royal College of Paediatrics and Child Health, Royal College of Psychiatrists and the UK Faculty of Public Health believe that the administrative immigration detention of children, young people and their families is harmful and unacceptable, and call on Government to address this issue as a matter of priority and stop detaining children without delay.

Meanwhile we make the following recommendations for minimising the number of children and young people detained and reducing as far as possible the significant physical and psychological harm caused by such detention. These recommendations are not to be taken as a substitute for the cessation of administrative detention of children, young people and their families.

Safeguarding

- Children and young people in immigration detention should be recognised as Children in Need and immediately referred to Local Authority children's social care as children at risk of significant harm, expecting Initial Assessment to be completed within 7 days as described in Working Together to Safeguard Children[18].

- Children and young people with identified mental health problems, or those deemed to be at high risk of developing mental health problems in immigration detention should not be subject to immigration detention in the UK.

Commissioning

- The commissioning of health care in the detention estate should be transferred from the Home Office to the National Health Service (NHS). Primary and secondary medical care for children, young people and their families should be provided on the

same inreach basis as in the prison service. The services need to be properly commissioned and resourced.

Delivery of care

- Delivery of care should be provided by healthcare professionals who are competent to respond to the physical and mental health needs of this client group.

- Any medical care offered to children and young people in immigration detention should be consistent with what would normally be considered as good practice in other primary care settings including NHS general practice. This includes appropriate history-taking, examination, investigation, treatment, referral and record-keeping, as well as implementing preventive programmes according to recognised guidelines, audit, and clinical governance of an acceptable standard, as described in Good Medical Practice for General Practitioners[19].

- Standards of child mental health care and child protection for detained children and young people in immigration detention should be consistent with standards within the NHS and social care, including observance of guidance in Every Child Matters[20]. Practitioners should particularly be aware of their responsibility to declare under Rule 35 if a child is unfit for detention and deportation, and should in all cases exercise a low threshold in making such declarations if detention appears to be detrimental to the mental health or wellbeing of a child.

Appendix 1 outlines best practice guidance for a range of professionals and those responsible for the care of children administratively detained in the UK.

Support for this statement

The Royal College of General Practitioners, Royal College of Paediatrics and Child Health, the Royal College of Psychiatrists and the UK Faculty of Public Health have developed this policy statement. It has been supported by;

- Association of Child Psychotherapists
- British Association of Social Workers
- British Psychological Society
- United Kingdom Council for Psychotherapy

References

[1]Heath, I. (2009) Dirty Work. BMJ:339:b3149

[2]RCPCH (1999) The health of refugee children - guidelines for Paediatricians

[3]Based on UKBA quarterly statistics (2009)

[4]HM Chief Inspector of Prisons (2008) Report on an announced inspection of Yarl's Wood Immigration Removal Centre 4-8 February 2008. Her Majesty's Inspectorate of Prisons.

[5]Home Office (2009) Control of immigration: quarterly statistical summary (April-June 2009), based on snapshot figures for 30/6/09.

[6]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.

[7]Robjant, K., Hassan, R. and Katona, C. (2009) Mental Health implications of detaining asylum seekers: systematic review. The British Journal of Psychiatry: 194:306-312.

[8]Lorek et al (2009) The mental and physical health difficulties of children held within a British immigration detention centre: A pilot study. Child Abuse and Neglect: 33: 573-585.

[9]Editorial (2008) Health care for children in UK detention centres. The Lancet: vol 372, 9652: 1783.

[10]New Statesman No place for Children campaign. Accessed 30th November 2009 http://www.newstatesman.com/subjects/no-place-for-children

[11]Early Day Motion 139 Detention of Children. Accessed 7th December 2009 http://edmi.parliament.uk/EDMi/EDMDetails.aspx?EDMID=39676&SESSION=903

[12]United Nations Convention on the Rights of the Child (1989)

[13]UK Parliament (1989) The Children Act

[14]UK Parliament (2004) The Children Act

[15]UK Parliament. Borders, Citizenship and Immigration Act (2009)

[16]Alternatives to immigration detention of families and children. A discussion paper by John Bercow MP, Lord Dubs and Evan Harris MP for the All Party Parliamentary Groups on Children and Refugees July 2006

[17]The Scottish Government Media Briefing 12th May 2009. Accessed 30th November 2009 http://www.scotland.gov.uk/News/This-Week/Media-Briefings/090512

[18]HM Government (2006) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children

[19]RCGP (2008) Good Medical Practice for General Practitioners

[20]HM Government (2004) Every Child Matters

[21]GMC (2006) Good Medical Practice

[22]GMC (2006) Management for Doctors

Membership of working group

Dr Les Ashton, General Practitioner and representative for RCGP

Dr Philip Collins, Forensic Adolescent Psychiatrist and representative for RCPsych

Professor Cornelius Katona, Psychiatrist and representative for RCPsych

Dr Nick Lessof, Paediatrician and representative for RCPCH

Bharti Mepani, Children and Young Peoples Participation Manager, RCPCH

Susan Mitchell, RCPCH

Dr Jane Roberts, General Practitioner and representative for RCGP

Dr Rosalyn Proops, Paediatrician and RCPCH Child Protection Officer

Julia Sharp, RCPCH

Greg Smith, RCPsych

Acknowledgements

The working group would like to acknowledge the support of:

Lisa Nandy, The Children's Society

Chris Cleave, author and journalist

Appendix 1. Best practice guidance

Healthcare professionals in the community:

- Should be aware that their patients may be at risk of administrative detention, and should provide hand-held patient records where appropriate in order to minimise the risk of disruption of treatment.

- Should request consent from their patients to disclose health information to UKBA staff prior to detention.

- If asked by the immigration authorities to comment on 'fitness to fly', healthcare professionals should also comment on 'fitness to be detained', particularly existing mental health vulnerabilities and “fitness to be removed”, whether it would be possible to receive adequate health care for existing conditions in the country to which their patient is to be removed.

Doctors providing care for children within Immigration Removal Centres:

- Are reminded that they are working within a system of child detention that has been widely condemned and has been abandoned in other countries in favour of more humane methods.

- Should bear in mind their duties to follow the guidance of the British Medical Association in relation to human rights, and to make sure they are not complicit in breaches of human rights law. They should know and observe the UN Convention on the Rights of the Child[12].

- Should remember that their conduct within detention centres is governed at all times by guidance from the General Medical Council, especially Good Medical Practice[21] and Management for Doctors[22]. They remain accountable to the GMC, other regulatory bodies, and in the civil courts.

- Will require training by a recognised educational body. They will also need to demonstrate professional competence in this area at annual review through regular appraisal and revalidation.

Health services in Immigration Removal Centres should undertake that:

- Children and young people in immigration detention should be recognised as Children in Need and immediately referred to Local Authority children’s social care as children at risk of significant harm, expecting Initial Assessment to be completed within 7 days as described in Working Together to Safeguard Children[18].

- Children and young people suffering possible adverse effects of detention, such as those described by Lorek et al[8], should be referred to the Named or Designated Doctor for Child Protection as part of the local Community Paediatric child protection service.

- All health care services should be of high quality allowing adequate time for assessment and with access to face-to-face interpreters as needed.

- Health care staff at IRCs should co-operate with patients' registered GPs, independent visiting doctors and legal representatives, supplying information promptly without charge and not obstructing their work in any way.

- Requests for medical records received from Immigration Removal Centres should be complied with promptly and without charge.

- Children should have their weight recorded when first detained and regularly thereafter. Health care professionals should respond appropriately where there is poor weight gain. Children failing to thrive should be notified to UKBA under Rule 35, as well as to the Designated Doctor for Child Protection and to LA children's social care.

- Standard travel immunisations should be offered in addition to ensuring that routine immunisations are up to date.

- Insecticide treated nets should be provided to all mothers and children in addition to the provision of anti-malarial chemoprophylaxis.

- Children with long-term conditions such as sickle cell disease, diabetes mellitus and children with disabilities are never fit for detention and should be notified to UKBA under Rule 35, as well as to the Designated Doctor for Child Protection and to LA children's social care.

- Infants of women living with HIV are not fit for detention and should be notified to UKBA under Rule 35, as well as to the Designated Doctor for Child Protection and to children's social care.

For those carrying out mental health assessment:

The initial screening and further assessment of mental health problems in children and young people in British immigration detention settings: principles and suggested minimum protocol recommendations.

- Children and young people subject to immigration detention are a unique population in terms of their high mental health risks and needs profile; the process of immigration detention is recognised to exacerbate existing mental health problems of childhood and adolescence and may in itself cause mental distress and mental illness to develop in children and young people who have not previously displayed mental ill health.

- Mental health services to children and young people in immigration detention should be provided based on their current mental health need and not on their immigration status.

- A child or adolescent entering immigration detention in the United Kingdom should have a level of specialist mental health screening, assessment and treatment which is tailored to the specific needs of the immigration detention child and adolescent population.

- The commissioning of child and adolescent mental health service (CAMHS) provision to this atypical population shall address the likely need for dedicated, enhanced and specialised services to be provided in excess of what could reasonably be expected to be normally provided by local NHS CAMHS to the child and adolescent population in their catchment area.

- The specialist commissioning process will ensure adequate ring-fenced training and other resources to deliver a comprehensive and tailored CAMHS service to all children and young people in immigration detention across the United Kingdom.

- Appropriate and tailored mental health screening of all children and young people in Immigration detention across the United Kingdom is routinely provided by appropriately trained personnel within each immigration detention facility who can access the appropriate level of commissioned generic and specialist child mental health services within the locality.