

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 hHarm a

## 2. Evidence

Each year the UK detains around 1,000 children in Immigration Removal Centres (IRCs)<sup>3</sup>. 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<sup>4</sup>

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<sup>5</sup>.

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'<sup>6</sup> and Dame Anne Owers, HM Chief Inspector of Prisons reported that 'the plight of detained children remained of great concern'<sup>4</sup>. A recent editorial in *The Lancet* reported that there are 'appalling failures in the health care of children in detention centres'<sup>9</sup>. Late last year the *New Statesman* magazine organised a petition against the detention of children which attracted 3,300 signatures from the public<sup>10</sup>. The issue is also attracting increasing attention in Parliament as demonstrated by the 2009 Early Day Motion entitled ED139 Detention of Children<sup>11</sup>. It 'urgently calls on the

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'<sup>17</sup>.

## 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*<sup>18</sup>.

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





## Membership of working group

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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.

