

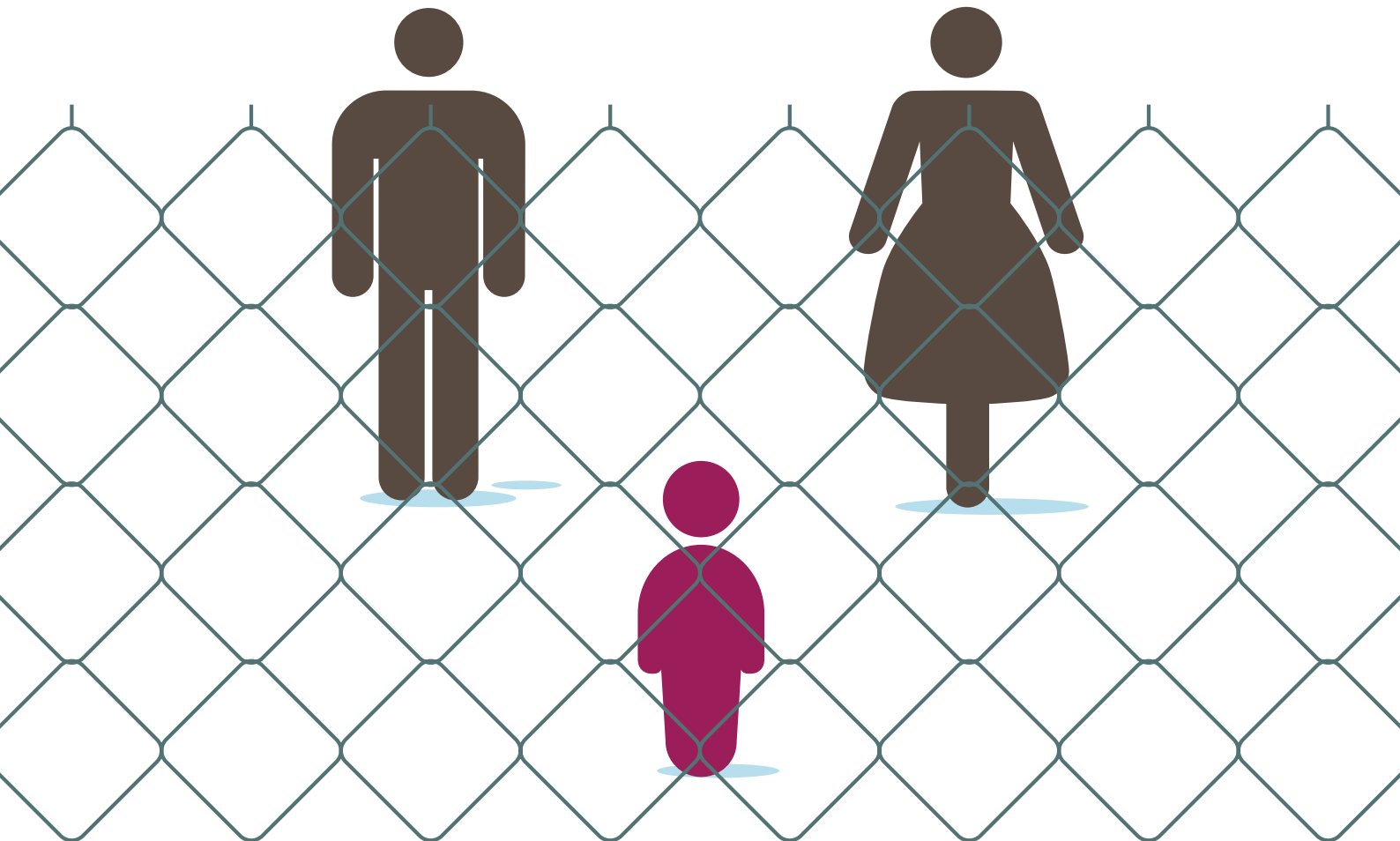
The Children's Commissioner
for England's follow up report to:

The arrest and detention of children subject to immigration control



MILLION

February 2010



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Foreword and introduction



As Children's Commissioner I have a statutory duty to promote awareness of the views and interests of children, particularly regarding their physical and mental health and emotional wellbeing, their education, training and recreation and protecting them from harm and neglect.

Each year some two thousand children are detained for administrative purposes for immigration control, the majority being held in Yarl's Wood Immigration Removal Centre in Bedfordshire. I have visited this facility three times during the last four years because of my profound concern over the treatment and management of children in that location. My second visit in May 2008 led to a report, *The Arrest and Detention of Children Subject to Immigration Control*, published in May 2009. In my report I argued that the administrative detention of children for immigration control must end, but being pragmatic and recognising that the process was unlikely to end immediately, I called upon Government to ensure that detention genuinely occurs only as a last resort and for the shortest possible time following the application of a fair, transparent decision-making process.

The report contained detailed recommendations for the UK Border Agency (UKBA) - the authority responsible for enforcing the UK's immigration laws - relating to many highly unsatisfactory aspects of the process of arrest, detention and enforced removal of children and their families. UKBA formally responded to the report in August 2009.

I visited the Immigration Removal Centre again in October 2009, to examine the impact of my report in generating change in resources and practice, and this new report documents my findings and conclusions. It has been published after providing the UKBA and SERCO, the contractors at Yarl's Wood, with generous opportunity to examine and comment on the first draft. I am pleased to confirm that I have taken their comments seriously in preparing the final manuscript, and I thank UKBA for their ongoing co-operation and the thoughtful way in which they have responded to both this and the previous report.

My new report sets out the children's perspective of their experiences following any changes arising from my previous report. In particular, we have focussed on the recommendations from that report and considered whether the arrangements now in place have addressed our concerns.

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I also make recommendations from the standpoint of promoting the United Nations Convention on the Rights of the Child (UNCRC). The Convention underpins the work of my office and stands as the international standard for how we should treat children and young people in our society today. I am, of course, very pleased that the UK Government decided to remove its reservation on the UNCRC in 2008, and from my contact with children subject to immigration control I am convinced that the application of the UNCRC's Articles is particularly important for these especially vulnerable children. This is an assertion that is supported by the Concluding Observations of the UN Committee after its formal Periodic Review of the UK Government's performance on the realisation of children's rights in 2008.

Overall, there is much to report that is positive. I acknowledge the positive and constructive relationship between me and my staff and UKBA and SERCO and appreciate the good intent on all sides that has resulted in the number of significant changes in policy and practice. I welcome all of these developments, many of which relate directly to the concerns raised in my previous report, and I draw particular attention to improvements in the physical environment and to the commitment to promoting the welfare of children as outlined in section 55 of the Borders, Citizenship and Immigration Act 2009 and subsequent guidance.

I also welcome UKBA's stated commitment to seeking alternatives to the detention of families, and I await with interest the outcomes of the pilot initiative in Glasgow on Assisted Voluntary Return and the community-based holding facility.

While I fully acknowledge the Government's right to determine who is allowed to stay in this country, my contention remains that detention is harmful to children and therefore never likely to be in their best interests. There is a growing body of evidence, not least from the medical Royal Colleges, that documents that detention has a profound and negative impact on children and young people. Therefore, while I welcome UKBA's commitment to implementing and realising many of the recommendations of my last report, I will continue to urge that the detention of all children should cease. Yarl's Wood Immigration Removal Centre is no place for a child.

I extend my thanks to SERCO and the staff at Yarl's Wood for their co-operation and honesty. I know that removal from the UK will always be a difficult and distressing time for families and children, and I acknowledge the human challenges that staff face in performing their public duties. I have

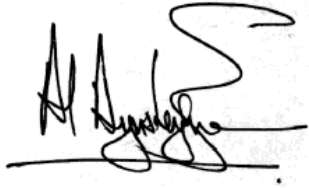
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witnessed staff working in these challenging circumstances and respect that they do so with sensitivity and compassion. We are always made welcome when visiting Yarl's Wood and very much appreciate this. Further thanks are due to Bedford Borough Council for their willingness to engage with us.

Finally, and most importantly, I wish to thank the children and parents who spoke with us so openly and who were prepared to share their records and the personal details of their lives with us. This report is dedicated to them.

A handwritten signature in black ink, appearing to read 'Al Aynsley-Green', with a horizontal line underneath.

Professor Sir Al Aynsley-Green
Children's Commissioner for England

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Who are we?

11 MILLION is a national organisation led by the Children's Commissioner for England, Professor Sir Al Aynsley-Green. The Children's Commissioner is a position created by the Children Act 2004.

The Children Act 2004

The Children Act requires the Children's Commissioner for England to be concerned with the five aspects of well-being covered in *Every Child Matters* – the national Government initiative aimed at improving outcomes for all children. It also requires us to have regard to the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC underpins our work and informs which areas and issues our efforts are focused on.

Our vision

Children and young people will actively be involved in shaping all decisions that affect their lives, are supported to achieve their full potential through the provision of appropriate services, and will live in homes and communities where their rights are respected and they are loved, safe and enjoy life.

Our mission

We will use our powers and independence to ensure that the views of children and young people are routinely asked for, listened to and that outcomes for children improve over time. We will do this in partnership with others, by bringing children and young people into the heart of the decision-making process to increase understanding of their best interests.

Our long-term goals

1. Children and young people see significant improvements in their wellbeing and can freely enjoy their rights under the United Nations Convention on the Rights of the Child (UNCRC).
2. Children and young people are more highly valued by adult society.

Spotlight areas

Asylum and immigration is one 11 MILLION's policy 'spotlight' areas for 2010-2011. These are areas in which we will influence emerging policy and debate.

For more information

Visit our website for everything you need to know about 11 MILLION:
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1 Executive summary

Introduction



This report concerns the third visit of the Children's Commissioner to Yarl's Wood Immigration Removal Centre which took place in October 2009. It follows on from our visit in May 2008 and the subsequent report *The Arrest and Detention of Children Subject to Immigration Control* (2009).

The aim of this report is to examine the progress made in addressing the concerns raised regarding children's experience of the immigration removal process and detention. In doing so we are mindful of our statutory duty to promote awareness of the views and interests of children in England and to have awareness of the United Nations Convention on the Rights of the Child. The Children Act 2004 also requires the Commissioner to have particular regard to groups of children who do not have other adequate means by which they can make their views known.

While we fully acknowledge the Government's right to determine who is allowed to stay in this country, my contention remains that detention is harmful to children and therefore never likely to be in their best interests, and we continue to argue that the detention of children for immigration control should cease.

Following our first report, and through positive ongoing dialogue with UKBA and SERCO we are pleased to note progress in a number of areas. We acknowledge these encouraging developments, and summarise them in Appendix A. Where we believe further work needs to be carried out in addition to our original recommendations (set out in Appendix B) we have stated these at the end of each chapter, and summarised them in chapter 10.

Methods

11 MILLION has been as thorough and rigorous as possible, and a detailed description of our methods is set out in **chapter two, Research methods**.

We visited Yarl's Wood Immigration Removal Centre twice. On the first visit we conducted face-to-face interviews with detained adult family members, and held participation sessions with school aged children. In the following visit we took health and social care professionals to study a sample of medical records and welfare files, in order first to examine in greater detail the issues raised by families, and second, to assess progress following our report in 2009. UKBA and SERCO helpfully supplied us with written evidence and material to inform our work and the subsequent writing of this

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report. UKBA also made possible further meetings with staff and officials in order to discuss our initial findings, and we have incorporated their comments where possible.

The United Nations Convention on the Rights of the Child and the decision to detain

The removal of the Government's reservation on the UN Convention on the Rights of the Child (UNCRC) is welcome. Article 37(b) of the UNCRC requires that detention is used only as a measure of last resort and for the shortest appropriate period of time. The application of this principle is considered in **chapter three, The decision to detain**. UKBA has placed on record how they consider the current system upholds this principle. Our evidence that some children are admitted to Yarl's Wood for prolonged periods, and sometimes repeatedly, challenges this intent. This report does not examine these differences in view in detail. Our purpose is to record the application of policy and families' experiences.

Preparation for removal

We do not dispute the official figure that the average length of time in detention for children and young people is 14 days, with some children being held for much longer periods. This is unacceptable and further research and debate is needed to understand why the children we identified who had spent lengthy periods in detention, had been forced to do so. We were told that the reasons for this include, but are not restricted to, attempts by the family to avert removal through further legal challenges.

Since our visit we know that the role of the Family Detention Unit has been increased. We urge that greater rigour is applied to ensuring that all the necessary checks are made by local enforcement teams to minimise the time children spend in detention since we found evidence in files examined that some of the required checks were either not made or made insufficiently well before arrest, and this is unacceptable.

One way to minimise the period in detention is to work with families on their voluntary return. We are pleased to note UKBA's commitment to developing and promoting Assisted Voluntary Return (AVR), but remain concerned about the timing and method of delivery of information about voluntary departure.

The arrest process

Children's experiences of the **arrest** process are outlined in **chapter four**. During our previous visit arrest had been the subject children complained about most consistently. To test whether children's experience of arrest had

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improved since then, and to evaluate subsequent changes to the *Enforcement Instructions and Guidance* (EIG) issued by UKBA, children were given a series of statements concerning the arrest process and asked to say whether these were true or false. They were also given the opportunity to comment further on the issues these statements raised.

We asked children whether the people who had brought them to Yarl's Wood were 'friendly and helpful'. Six agreed they were, while 10 disagreed. This finding echoed concerns raised in Yarl's Wood's children's forums that are chaired by their teachers. Children commented on the loud or violent way in which homes were entered, rude behaviour or treatment by officers, and the shadowing of children using the bathroom and toilet. Children also complained about being physically escorted from their homes, thereby making them feel and look like criminals.

In subsequent questions only three children (and another three undecided) felt they had received an adequate explanation concerning what was happening on the day of arrest, and only three out of 14 children said that they knew what had happened to their property after their arrest. Children's comments are listed in full in the main report and clearly show that this process can have a significant impact and causes distress.

We were pleased to note that there were also positive comments in both the children's forums and participation sessions indicating that with the exercise of discretion the experience of arrest can be made less distressing for children. These findings must be used as a stimulus to provide further training for family enforcement teams.

The use of 'caged vans' to transport children has now stopped. This is to be welcomed. However, one perhaps unintended consequence of this policy is that there appears to have been a coincident increase in the use of separate vehicles to transport children and parents at the point of arrest. We argue that separating young children from their parents – even for a short time during transportation - is potentially extremely damaging and should only be used in the most extreme circumstances.

We examined the systems open to children and young people through which they could make complaints. UKBA have tried to ensure that in principle there is a formal process in place which can culminate in referrals to appropriate ombudsmen's offices. Furthermore, SERCO have redesigned children and young people's complaints forms in order to make them more age-appropriate.

However, our concern remains that the accessibility of the formal complaints appeals process and young people's perception of the system's independence are still inadequate.

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Children's concerns during detention

Chapter five describes **children's concerns during detention**. There have been important and valuable improvements to the environment in the family unit at Yarl's Wood since our previous visit. There are now pleasant, newly constructed classrooms, less prison-like uniforms being worn by custody officers and genuine attempts to make the unit brighter and less institutional. These changes are welcome.

We are also pleased that there are now fewer formal roll counts. There were a number of positive comments regarding the provision of play equipment and opportunities, although there were some complaints of either equipment not working or competition for scarce resources which had led to arguments.

Problems that remain since our last visit include children not being able to retrieve friends' contact details from confiscated mobile telephones, and a lack of information about what had happened to their pets after their arrest. We have been given assurances that SERCO will address these issues.

Many of these matters had been raised in the children's forums held at Yarl's Wood. These are a useful initiative acting as a channel for comment on facilities and services and providing valuable feedback to SERCO and UKBA. However, improvements could be made in how minutes of these meetings are recorded and identifying formal action points for audit. We also recommend that the forum's outcomes should be linked to the complaints system, so that the Local Safeguarding Children Board or other body could exercise independent scrutiny and quality assurance.

Healthcare

In **chapter six** we review **the healthcare of children at Yarl's Wood** and in chapter seven look at safeguarding. Both chapters are based on examining healthcare and welfare records of 49 children from 27 families.

Our examination highlights a number of improvements in healthcare. The majority of nurse and GP consultations contained an acceptable history and appropriate examination. Diagnosis was made logically and a healthcare professional would be able to take over care of the child from the information documented. Vaccination status was generally well recorded.

Nonetheless, significant concerns in policy and practice remain. For example, while the initial nursing assessment was completed for all children in our sample the space for comment on 'emotional state' was inadequate for recording the general psychological state of the child, and often contained subjective and inadequate statements such as 'jolly' or 'happy'.

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Similarly, the pro-forma used for the GP's initial medical record examination is inadequate for a proper assessment of a child's physical and emotional needs.

Yarl's Wood medical staff have difficulty obtaining healthcare records from the child's previous GP. Files showed that records had been obtained for 24 of the 49 children; reasons for the shortfall included a lack of parental consent, refusal of a community GP to provide the record, and having no UK-based GP. Whatever the reason for the lack of medical records, this lack of continuity is unacceptable.

We are concerned that too many parents still arrive at Yarl's Wood without possessing the parent held health record (the Red Book).

Issues regarding vaccinations are detailed in particular gaps in the use of MMR and BCG vaccinations. We also call for children's weight to be recorded on a growth chart and to review the false distinction between children under five who were prescribed malarial chemoprophylaxis and those marginally older who were not. We are concerned that bed nets are still not being provided for those returning to regions with endemic malaria.

We highlight a number of individual cases in chapter seven that caused us concern with reference to the adequacy of welfare assessments. These may not necessarily reflect the general quality of care, but illustrate how lessons from these incidents need to be learnt. For example, four accidents were recorded as leading to referral to Bedford Hospital's Accident and Emergency department. In one case 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. That this happened must be symptomatic of a failure to provide, as the UKBA claims it does, a standard of NHS care that any citizen child could expect.

Safeguarding children

In **chapter seven** we look at arrangements for **safeguarding children** and we raise a number of concerns about compliance with the need for staff to work together. Some of these cases are cause for serious concern and we will continue to demand evidence that safeguarding arrangements and policies meet national standards.

We draw particular attention to the failure to recognise harm in specific cases whose records we examined, and the quality of intervention following referral to the local authority's Children's Social Care. There are specific cases that caused us concern. Their details are noted in the main report and the issues they raise have been brought to the attention of the appropriate authorities.

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Access to mental health services is an issue that we consider in detail. There was evidence from our visit and audit of records that children in detention have emotional and psychological needs that are not always being met. New arrangements are being put in place to provide access to CAMHS, but these were not in place at the time of our visit, and our report suggest that access to appropriate care is an issue we will want to examine again during further visits to Yarl's Wood.

In chapter seven we also review the application of Rule 35 reports. These require the centre's medical practitioner to report to the centre manager where health is being injuriously affected by continued detention, and we consider their use as a 'safety valve' to ensure that those children whose health is detrimentally affected by detention are considered for release. We note some progress in the use of Rule 35 reports with the Medical Practitioner sometimes issuing Rule 35 reports in respect to children. We continue to draw attention to where this system can be improved.

Reviewing detention

In **chapter eight** we examine the system of **reviewing detention** and look at the formal Welfare Assessment Reports (WARs) that are produced by Bedford Borough Council social workers on all children detained beyond 14 days. The WARs play a crucial role in the reviews of detention undertaken by UKBA's Family Detention Unit and in the information that goes to the Minister to authorise detention beyond 28 days. Our focus in this section was to assess whether sufficient weight was being given to the impact of detention on a child's welfare, and we are grateful for the access we have had to records and supporting information that has enabled us to complete this work.

The normal practice in planning children's services of assessments being informed by information from different statutory agencies (e.g. schools, nurseries, GPs, health visitors, Sure Start, etc) does not seem to be followed in WARs, and this is unacceptable. In cases we examined the only agency contacted was the local authority. In the view of the professionals who audited the records, greater clarity is required concerning the recommendations that detention 'be kept to a minimum' or 'an absolute minimum' and the actual length of detention granted. We are concerned that there were instances where children's needs were not properly addressed or where there was evidence that continued detention was detrimental to their welfare.

We call for parents to have the right to challenge the accuracy of the WAR prior, given their use as the basis of the submission to the Minister authorising further detention.

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Arrangements for pregnant and nursing mothers and their babies and infants

Chapter nine looks at the arrangements for pregnant and nursing mothers and their babies and infants. A considerable amount of information was provided before the visit concerning details of the health visitor service, staff training around breastfeeding management, as well as recent reviews and documents describing the arrangements for infant feeding at Yarl's Wood. We are pleased that significant thought had gone into reviewing the feeding arrangements since our previous visit, and positive changes had occurred including unlimited parental access to a range of formula milk preparations including sterilised UHT milk. Kettles were now provided in rooms where mothers were bottle feeding to allow fresh feeds to be made up as required.

An International Board Certified Lactation Consultant was part of the visiting team, and she talked to the staff responsible for infant feeding policy as well as listening to detainees who were feeding infants. The consultant's detailed comments are outlined in this chapter.

We are pleased to document that staff at Yarl's Wood are clearly committed to providing the best support possible. They see their role to be supporting mothers in whichever feeding choices they have made. However, we argue that this is a missed education opportunity to provide information that could increase the infant's chances of survival following removal to countries with lower standards of water supply and hygiene. We realise that most families will be in detention for short periods of time. Nevertheless, even this provides opportunities for staff to take a greater role in educating parents and ensuring that safe best practice is observed. This will include advice on breastfeeding, preparation of formula, and the cleaning and sterilising of bottles.

Concluding remarks

UKBA and others have quite clearly made significant efforts to respond to the recommendations from the report of our visit to Yarl's Wood in 2009. We fully understand and acknowledge the substantial hard work that has been applied and this is to be welcomed. The significance and impact of these developments must not be underestimated.

Foremost amongst them is the new duty on the UK Border Agency to safeguard and promote children's welfare. Our concluding hope is that this commitment to children's welfare will be the basis upon which we can continue to work together to realise our shared aspirations.

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We stand by our contention that arrest and detention are inherently damaging to children, and that Yarl's Wood is no place for a child.

While this does not mean that those with no entitlement should be allowed to stay, it does mean that attention must continue to be focused on the circumstances in which they are arrested and brought into detention, the process of detention itself and their removal and the conditions to which families return.

We look forward to working with UKBA and others to reach a position where applications for asylum are processed with the utmost speed, and are fair and transparent; where families have early education on the reality of likely return coupled with encouragement to apply for Assisted Voluntary Return; where arrest and detention is used as a very last resort, and where every child is returned properly and comprehensively protected from risks to health. Finally, the UK Government must be held to account over its knowledge of what happens to families who are returned as a consequence of its immigration removals policy.

Key recommendations

The full list of recommendations from this report are summarised at the end of each chapter and are all listed together in chapter 10. The following reflect some of the key concerns we have highlighted.

Decision to detain

- We call on UKBA to commission an independent review of why some children remain detained for long periods.

Arrest

- Children should have readily available access to an independent advocate to assist them in making a complaint, and it should be clearly spelt out in the children's complaint literature that complaints are handled separately from case owners and that complaining will not affect their immigration case.

Children's concerns during detention

- Independent review of the children's forums followed by advice and training to those running them.

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The healthcare of children at Yarl's Wood

- There is an urgent requirement for the Yarl's Wood medical records to be computerized, and the advantages of this are spelt out in chapter six.
- A thorough review of clinical governance should be undertaken in order to ensure that a system is instituted that includes audits of care, significant event analysis, prescribing analysis, professional development plans and reviews of episodes of care.
- We recommend that UKBA supports a prospective research study to assess the mental health status of children at the time of detention, and to repeat the assessment at intervals thereafter.
- Children who do not arrive with a parent held health record should be issued with one. All health encounters while a child is detained should be recorded in the parent held record as well as in the notes, including a regular record of their weight, plotted on a growth chart.

Safeguarding children

- Safeguarding children systems require urgent systemic review. This should be considered high risk.
- The Bedfordshire Local Safeguarding Children Board should establish a standing sub-committee to consider child protection and safeguarding issues at Yarl's Wood.
- The impact of detention on the welfare and safeguarding of children must be considered before arrest. Therefore a Welfare Assessment using the Common Assessment Framework (CAF) must be undertaken prior to any decision to detain being made.

Reviewing detention

- The same standards of quality and thoroughness should prevail when assessing children in immigration removal centres (IRCs) as those which apply to all children in the public care, as regulated by The Children Act 1989, and associated Guidance and Regulations. (The Commissioner has previously recommended that the principles and practice of the Common Assessment Framework be adopted in IRCs.)

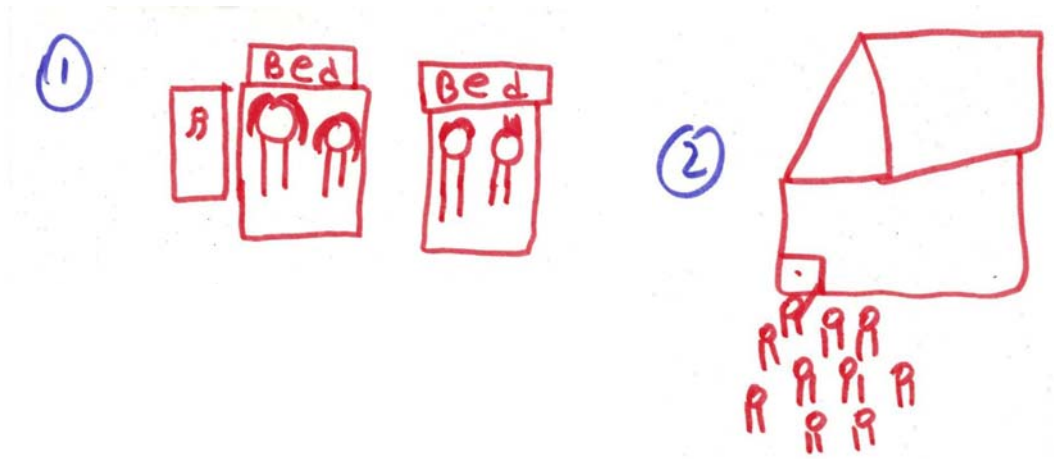
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Arrangements for pregnant and nursing mothers and their babies and infants

- We recommend that UKBA, DCSF and the Department of Health consider how to provide families with infants who are at risk of removal with early information regarding the feasibility of formula feeding / breastfeeding in their home countries.



Drawings showing a child's recollections of the process of being arrested and taken to Yarl's Wood Immigration Removal Centre.

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2 Research methods



We have used a range of methods to research and consider the interests of children in immigration detention.

Before the October 2009 visit, we were provided with a substantial amount of documentation relating to detention arrangements by SERCO, who operate the centre on behalf of the UK Border Agency. This included minutes from the ‘children’s forum’ meetings held during 2009.ⁱ

Following receipt of UKBA’s formal response to our recommendationsⁱⁱ we asked for further written clarification,ⁱⁱⁱ which has now been provided.

During the visit in October we conducted face-to-face interviews with ten families, and held participation sessions throughout the day with 14 primary school age children and seven secondary school age children. The visit also enabled us to directly observe the detention environment and ask detainees and staff about matters that concerned us. A baby feeding expert who accompanied the 11 MILLION team was able to review the arrangements now in place to support mothers in the task of feeding their children.^{iv}

Following the visit in October 2009, we returned in early November to conduct audits of children’s medical records and welfare assessment reports, which were undertaken by independent medical and welfare professionals. We were accompanied on this visit by a team of professional advisers.^v

The necessity to obtain parental consent to view records meant that the sample was ‘self selected’ rather than random. 11 MILLION obtained consent from 28 parents of 51 children to review health and welfare records. SERCO were helpful and obtained the consent of 11 families (19 children) who were detained at the centre at the time of the visit – approximately 40% of the sample. We obtained the remaining consents through organisations and individuals who we knew had worked with detained families in the recent past. The medical notes of one family who had been detained in 2007 appeared to have been lost in the changeover of the health care provider, meaning that we were able to consider the medical records of 49 children in 27 families. Parents were invited to supply biographical information with their consent form.

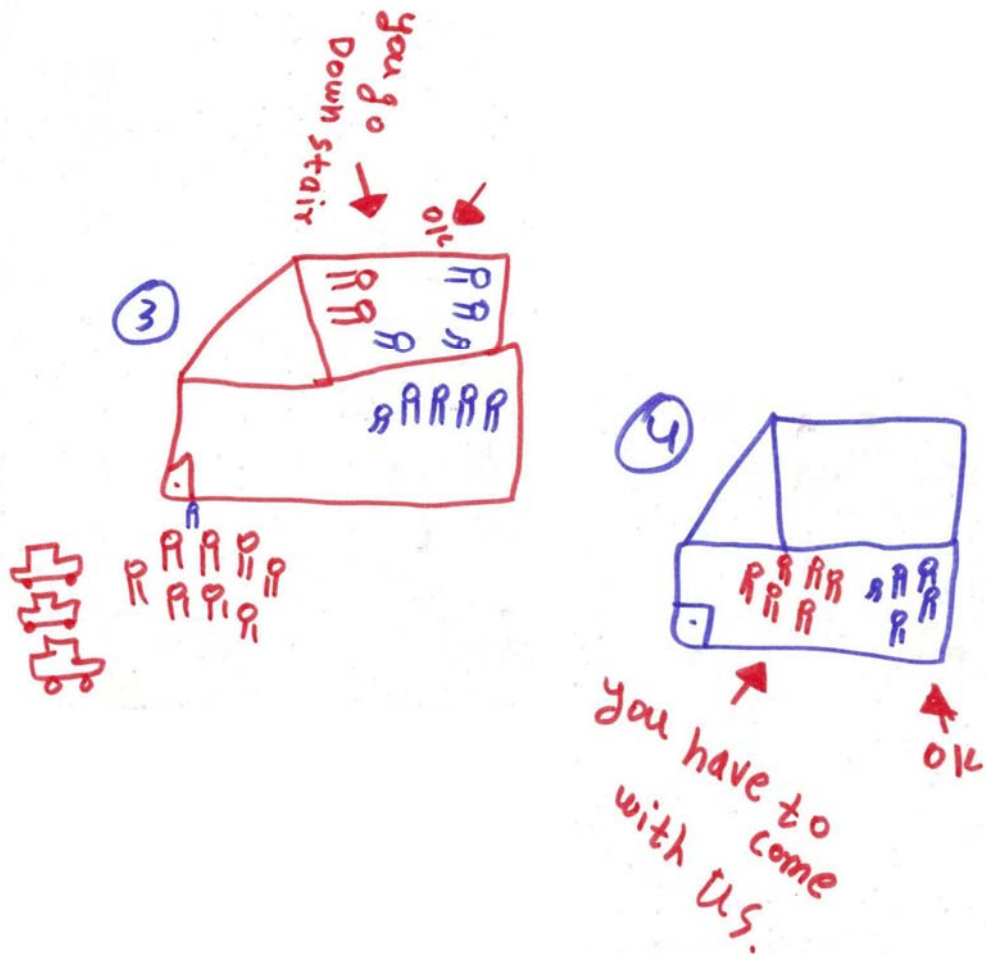
Alongside the medical audit, we reviewed the formal welfare assessments. These are produced by on-site social workers from Bedford Borough Council after a child has been detained for approximately two weeks^{vi}. For some children no formal welfare assessment existed because the family had left detention before an assessment was due.

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As part of the continuing dialogue regarding recommendations in our previous report, the UKBA Children's Champion arranged for 11 MILLION to visit the Family Detention Unit (FDU) in December 2009. As a dedicated unit within the UKBA, the responsibilities of the FDU cover co-ordination and management of the family detention space, reviews of children's detention, chairing the regular weekly conference call that considers the detention of any child held for over 28 days, and making submissions to the Minister of State for Immigration relating to the continued detention of children detained for that length of time.

Following the collection and analysis of this information we shared a draft of our report with UKBA, SERCO and Bedford Borough Council and provided an opportunity for each agency and organisation to comment on our findings. The issues they raised were discussed at a joint meeting in January 2010 before a final draft was prepared and shared with those named and involved in the report. We believe that this rigorous approach has allowed us to produce findings that are accurate, credible and robust.



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3 The decision to detain

Summary of previous recommendations



Our 2009 recommendations concern compliance with international standards in relation to the detention of children (recommendation 4.1), finding alternatives to detention through working with families whose asylum claims were unsuccessful (4.2), providing families with information on Assisted Voluntary Return (AVR) at an appropriate time and in an appropriate way (4.3), and ensuring families were aware of their liability to detention (4.4). We also raised concerns about how UKBA considered a child's length of residence in the UK following abolition of the 'seven year concession' (4.5).

International standards

Article 37(b) of the United Nations Convention on the Rights of the Child (UNCRC) requires that detention is only used as a measure of last resort and for the shortest appropriate period of time. UKBA maintains that its approach complies with the UNCRC.

In respect of the "measure of last resort" (limb of Article 37(b)), UKBA says that families are given "numerous opportunities" to leave voluntarily under the Assisted Voluntary Return scheme, and that the Enforcement Instructions and Guidance (EIG) require that "*all reasonable alternatives to detention must be considered before detention is authorised*". The EIG sets out the factors to be considered when deciding on initial or continued detention.

The EIG requires consideration of alternatives to detention. Matters such as illegal entry or the use of verbal deception to enter are contributory factors in the decision to detain or to continue detention, and are recorded in documentation such as the enhanced detention reviews conducted by the Family Detention Unit. Other factors that might mitigate against the use of detention, such as a history of torture, history of mental or physical health problems or being a child are also recorded, but it is not possible to identify how decisions are made and the different elements prioritised.

Article 37(b) requires that detention of a child should only ever be for 'the shortest appropriate period of time'. At the time of our visit the UK Border Agency's Family Detention Unit operated a booking-in system for family detention spaces. The system asked local enforcement offices (LEOs) and others completing the forms to ensure that arrangements are in place in order to minimise the time children spend in detention. For example, the

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LEO must ensure travel documents and removal directions are all arranged prior to the detention space being made available. They must also indicate any 'barriers to removal', such as outstanding applications, appeals or representations. What is unclear is the extent to which this booking-in system is audited. We found evidence in the files we reviewed that some of the required checks were either not made or made insufficiently well, thereby increasing the risk of prolonged detention.

In a number of the cases audited by 11 MILLION in November 2009, children had been detained for lengthy periods.^{vii} The Family Detention Unit have produced provisional management information identifying the reasons why removal directions are cancelled, which may shed some light on why families are detained for several weeks or months (see Appendix E). Sometimes this is due to final attempts made by the family to avert removal, and in these circumstances the parents are usually blamed for the lengthy detention suffered by their children. Parents are sometimes successful in averting removal and, after long spells in detention, end up obtaining the right to remain.

Legal processes could and should be completed outside of a detention environment and we call on all parties involved in the system to work towards this objective. Efforts are made not to detain if there are extant legal proceedings, yet the records we saw indicated that detention sometimes continued for up to 70 days before release was authorised. This issue was investigated further in a recent report by the Home Affairs Select Committee.^{viii}

We should stress that the length of detention does not always appear to be determined by parents' efforts to avert removal. In many cases flights are cancelled, traffic problems result in flights being missed, travel warrants expire and some countries require notice before accepting the return of nationals. These and other administrative factors often appear to play a significant part in lengthening the duration of detention and are recorded in some of the medical notes we considered. We recommend that the UKBA commissions an independent review of why some children remain detained for long periods.

We remain very concerned at the length of detention experienced by significant numbers of children and are not convinced that this is always 'for the shortest appropriate period of time' as required by the UNCRC. We consider these issues further in the chapter 'Reviewing detention'.

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Assisted Voluntary Return (AVR)

It is not clear what the ‘numerous opportunities’ given to families to leave voluntarily amount to in practice, although it is encouraging to hear from UKBA that 350 families left under AVR arrangements last year.

During our visit to the Family Detention Unit (FDU) we were shown the booking-in forms which LEOs complete and on which a place in the family detention estate is predicated. The booking of a family into detention requires the LEO to certify that ‘voluntary return has been offered to the family, and that the offer and response are documented on file’^{ix}. We do not have information regarding how the quality, method and timing of delivery of information about AVR by the case owner or the enforcement office is audited by anyone, and this must be addressed.

We are aware that information on AVR is provided in writing in the ‘Reasons for Refusal’ letter sent to applicants when their initial claim is refused. However, a lack of face-to-face opportunities for applicants to discuss AVR with their case owner after receipt of the initial decision falls short of a meaningful attempt to ensure families have a full opportunity to consider their options. UKBA have offered further meetings with 11 MILLION to discuss these issues, which we welcome.

Of the ten families interviewed while we were at Yarl’s Wood, eight were asylum applicants and two visa overstayers. We were able to test the proposition that families are ‘fully informed’ about AVR and know that they will be detained if they do not depart voluntarily^x.

Knowledge about liability to detention

As we found at our previous visit, families told us again on this occasion that they did not expect to be detained. This is contrary to what UKBA believes to be the case.

When asked, only two families *remembered* receiving information about voluntary departure. This does not of course mean that they did not receive it, as a great deal of information is imparted throughout the asylum process. However, the fact that most families did not remember being told about AVR does suggest that either it was not discussed with them through an interpreter, as opposed to information being provided in writing, or that the information was provided in a manner or at a time that did not make it a meaningful option for consideration.

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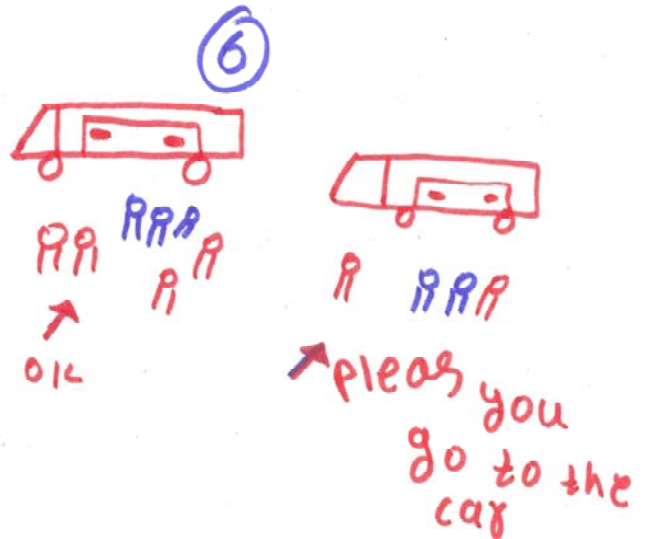
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Some families reported being arrested *at the same time* as being served with the notice from the court that their appeal had been dismissed. This clearly does not provide the window for reflection on AVR called for in our recommendation 4.3.

Recommendations from this visit

- 3.1 That UKBA commissions an independent review of why some children remain detained for long periods.



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4 Arrest

Summary of previous recommendations



During our last visit to Yarl's Wood in May 2008, the process of arrest was the subject that children most vocally complained about. The recommendations in the subsequent report concerned the need for arrest teams to treat children and their parents with humanity and respect when depriving them of their liberty (5.1); accounting for families' property (5.2); using control and restraint on children and their parents only in exceptional cases and as a last resort, with incidents being logged and reported (5.3); providing adequate information to families about what was happening to them (5.4); and reviewing the complaints system available to children (5.5)^{xi}.

During the participation sessions when we visited, children were asked to respond to a number of 'true or false' statements about the arrest process, and were then asked to elaborate on their answers. The purpose of this was to try to capture children's experiences of arrest. Where they provided responses we have recorded them without edit, and note that while some showed a preference for or against our statements, they may not have provided further comment to explain this decision. We report what they told us below.

Treatment on arrest

Statement One was designed to test whether children who had been deprived of their liberty were treated with humanity and respect for their dignity in line with recommendation 5.1. UKBA had responded to the recommendation that measures to ensure this were 'already in place'.

Statement One

"The people who brought us to Yarl's Wood were friendly and helpful"

Responses

True – six children and young people.

- *"We were sleeping and the officer came. It was scary and Mum was crying. They gave us permission to call a solicitor and that was helpful."*
- *"They woke us up and they told us to start packing. They gave us some food and asked us to go to the toilet and they explained what was happening."*
- *"They woke me up and said we have to go with them. They were really nice."*

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False – ten children and young people.

- *“I found it funny to be taken to the toilet and dress in front of an officer.”*
- *“It’s not nice going to the toilet in front of an officer.”*
- *“I don’t like people seeing me when I’m getting dressed.”*
- *“I didn’t get to take a bath.”*
- *“I didn’t think it was real, not real life.” (Girl aged nine)*
- *“That’s not true because of how they came to our house.”*
- *“Because they were not nice. They will take us back to our country and I want to go home.”*
- *“They didn’t give us any information so how can you believe them?”*
- *“It’s not true because of how they treat you and everything. They treated us badly.” (Girl aged five)*
- *“They broke our house.”*
- *“They were bashing and kicking the door.” (Boy aged 14)*
- *“They were disrespectful and shouted loudly.”*
- *“They went straight upstairs and were rude.”*
- *“They just put things in the back [of the van] and didn’t ask us.”*
- *“When they give you a ticket they send you to your country and they say you will come back but you don’t.”*
- *“A girl came in when I was changing my clothes in the toilet. I said what are you doing, I’m changing my trousers? She just laughed.” (Boy aged 15)*

Many of the themes mentioned in response to this question echo what has been said consistently to teachers in the children’s forums held throughout 2009. In addition to the ‘frightening’ or ‘terrifying’ way in which children’s homes were entered^{xii} and the disrespectful attitude of officers^{xiii}, children in the forums mentioned how the arrest process was deeply embarrassing and made them feel like criminals – particularly when they were physically escorted from their homes in the sight of neighbours^{xiv}.

UKBA has stated that new guidance to arrest teams was issued in April 2008 and that this is underpinned by Tier Three ‘Keeping Children Safe’ training. This training is designed to equip delegates with ‘best practice in carrying out enforcement operations involving children and young people’.^{xv}

While it is encouraging that some children responded that officers had been friendly and helpful, the weight of children’s experience of arrest remains mainly poor – both as expressed to us during our visit and as expressed to teachers during the children’s forums. There is significantly more that the

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UKBA could do to make the experience of arrest less traumatic for children. Listening to what children have to say about arrest should inform a review of current practice and the training of enforcement teams dealing with family visits. This may have been partly acknowledged by the UKBA already.^{xvi}

Information

Recommendation 5.4 concerned providing information to families about what was going to happen following arrest in order to minimise their distress. In our consultation with children and young people about their experiences, Statement Two was designed to test whether children felt that they had been given adequate explanation of what was going to happen by the arresting officers. UKBA accepted this recommendation 'in part' stressing that currently 'enforcement officers tell the families what is going to happen and where they are going'.

Statement Two

"The day I came to Yarl's Wood everything was explained to me and I knew what was happening."

Responses

True - three children and young people.

- *"I've been here four times before so I knew."*

False – ten children and young people.

- *"We didn't know anything. We asked and they said we go to a big hotel like prison but we didn't really know."*
- *"They should have told us we could take all our clothes because we'd be here a long time and then go to Pakistan."*
- *"We had to take two cars, first to the police station or Home Office and then a car here and we didn't know what was happening."*
- *"They told us we were going to a hotel not a prison and then they locked us up." (Girl aged 6).*

Undecided – three children and young people, all of whom had been detained before, so knew what to expect.

- *"They explained that we were getting 'detained'. I didn't know what 'detained' meant. They didn't really explain where we were going or what we were going to do."*

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Children are entitled to an explanation of where they are going and what the planned outcome of the arrest is. Officers should be trained to talk directly to children and explain what is happening at a level appropriate to their understanding. This explanation should include arrangements for the journey to detention and issues around the children's property.

Property

Recommendation 5.2 related to the development of policies and procedures for the security, inventory, storage, return or disposal of property not accompanying the family to detention. The UKBA rejected this recommendation on the grounds that families are aware that they have no further legal basis to stay and have 'ample opportunity' to make their own arrangements for returning property, including by taking up the offer of Assisted Voluntary Return (AVR), one of the benefits of which is assistance with excess baggage.

Children found the issue of their property and what had happened to it highly distressing. Statement Three was designed to test whether children knew what had happened to their possessions.

Statement Three

"I know what has happened to all my stuff"

Responses

True - three children and young people.

- *"They told us to pack our clothes. We had to leave our toys behind. When they came in they said all the stuff you left behind will be in the house, no one will touch them."*
- *"We are only allowed to take one suitcase up to your room here. The other stuff stays in a room downstairs. You have to request to get to access your stuff downstairs."*

False - 11 children and young people.

- *"I don't know whether it has been burnt or anything."*
- *"I had 16 fish in a tank and everything, what's happened to them?"*
- *"It's gone."*

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This statement raised a significant number of issues, and so many comments came up that it was impossible to record them all. Some of the children and young people appeared quite angry about this issue, while others were just resigned to having lost all their belongings.

We remain concerned about what happens to a family's property following removal to detention, and the ability of children to bring treasured possessions with them. We know of cases of children released from detention to find that the accommodation provider had disposed of their property in their absence.

We reiterate that the rules about what happens to the property of people who detained prior to intended removal should be made public and readily available to families.

Use of force

We did not ask children directly about the use of control and restraint during the visit. Recommendation 5.3 proposed that, in line with Article 37 of the UNCRC, restraint must only be used in exceptional circumstances and as a last resort where a child poses an imminent threat of injury to her/himself or others. We also recommended that any use of control and restraint against a child be treated as a serious incident and logged and fully reported up the management line.

We were surprised that UKBA rejected this recommendation. UKBA did so on the grounds that situations are sometimes encountered where children seek to frustrate their removal by refusing to co-operate with staff. Where such action is anticipated, UKBA says that ministerial authorisation is sought in advance to use 'minimum force' to ensure compliance. All instances of the use of force on a child are video recorded and require the completion of a 'use of force' form.

However, a number of parents reported to us that force was used during arrest operations, particularly when children are being escorted to the awaiting vehicle. Children in the children's forums regularly described 'being gripped by the arms as they were escorted to vans'^{xvii} which made them 'look and feel like criminals'.

During an interview with a parent it was claimed that her 10-year-old child had her head banged against a wall by an officer to wake her up and that the child then attempted to self-harm by swallowing shower gel.^{xviii} It is alleged that this child was not given a prompt medical examination, but rather was taken to the vehicle in her night clothes and brought to detention This incident has been referred for further investigation.

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Arrest

It was pleasing to note positive comments regarding the arrest process from children in both the minutes of the children's forums and in what some children told us during the participation sessions. This is encouraging and shows that with the proper exercise of discretion and 'better attitude' from officers, as encouraged in the EIG, the experience of arrest can be made less distressing for children. However, the evidence we encountered also suggests that there remains significant scope for further improvement.

There has been a welcome commitment by UKBA to stop the use of 'caged vans' for transporting children to detention. Children had reported that their use made them feel like criminals. The evidence suggests that these vans are no longer used. However, we have noted a trend that we believe to be connected with their withdrawal. We have received at least three reports in which children – even very young children – have been separated from their parent when initially taken from home to the local enforcement office. The information provided to us suggests that the rationale appears to be that the parent's anticipated behaviour requires the continued use of a caged vehicle for their transportation. The risks concerning their behaviour are assessed before a decision is made as to whether the child or children must be transported separately in the company of an immigration official. This has the potential to be extremely damaging to the child who may not have the capacity to understand when or how they will be reunited with their parent. We have documentary evidence of the effects of this on one small child and it makes very uncomfortable reading. Only in the most extreme circumstances should a child be separated from a parent during arrest or removal.

Although we do not yet have figures on the extent of the Tier Three training that has taken place with enforcement teams, we are concerned that the impact of the training on operational practice appears to have been fairly limited to date. We have asked UKBA for further details of the training including copies of the training programme and sight of the staff evaluation of the training. We have now received the trainer's notes and an invitation to provide an input into the next review.

Complaints

Recommendation 5.5 concerned reviewing the complaints system with a view to providing mechanisms that better met the needs of children.

UKBA accepted this recommendation and informed us that a new complaints system had been introduced in December 2008 and that 'child friendly' complaints forms had been introduced in March 2009.^{xix}

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UKBA were to undertake a review of the new adult complaints system at six months, in July 2009. The children's complaints system was due for review in September 2009. While we have since received information that UKBA were undertaking the review at the time of our visit, neither the SERCO nor UKBA staff interviewed at the time appeared to know how or when the review would take place, or who would be involved in the process.

The new children's complaint forms are indeed more user-friendly. They appeared to be quite accessible and located in accessible and safe places for children to obtain them (e.g. the youth club, school and corridors).

The complaints system for children appears to be quite separate from the formal DCF9 system for adults. We were told that children's complaints were collected by a youth worker and processed by SERCO rather than by UKBA's contract monitor. We would like to see evidence that children's complaints are being forwarded to the UKBA central complaints unit as mentioned in UKBA's formal response.

While we recognise the importance of dealing with concerns and worries quickly through the mechanism of the children's forum, we are concerned that this may sometimes result in complaints not being fully acknowledged and acted upon. For example, there were reports from children on two separate occasions in the forums that escort staff were smoking in the vehicle when escorting them to detention. There is now some acknowledgement of this effect and an instruction has been issued to rectify the situation.

Appeals against the outcome of individual complaints can be made to the Prison and Probation Ombudsman who will re-investigate. Furthermore, the UKBA Independent Chief Inspector reviews complaints processes and the Independent Monitoring Board scrutinises complaints.

We are pleased to hear that the compliance and assurance manager at Yarl's Wood ensures that all children receive a child-friendly acknowledgement and response to any complaint they make. We would like to see a full review and evaluation of the adequacy of the new complaints arrangements for children. We recommend the establishment of an independent person to help children complain, a Complaints Review Panel and a link between the children's complaint system and the Bedfordshire Local Safeguarding Children's Board.

Our queries about children's access to remedies for their concerns were strengthened by some of the children who told us they did not find the school forum useful as a mechanism for complaint stating that it took too long for them to see any real differences when an issue was raised and discussed.

Although we have been assured by UKBA that formal complaints are

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handled independently of case owners^{xx} and would not be brought to their attention unless it had a direct impact on the handling of their case, there does not appear to be a mechanism for explaining this to children, which may result in the new complaints system being underused through fear of a complaint 'affecting their case' as expressed in an earlier children's forum. This concern underscores the need for an independent person to assist children to complain where necessary.

Recommendations from this visit

These recommendations are in addition to those made in our last report.

- 4.1 There should be a systematic way of feeding back children's comments on the arrest process to enforcement teams. This should inform Tier Three training.
- 4.2 Children should have readily available access to an independent advocate to assist them in making a complaint.
- 4.3 It should be clearly spelt out in the children's complaint literature that complaints are handled separately from case owners and that complaining will not affect their immigration case.
- 4.4 A children's complaint's review panel should link to the Bedfordshire Local Safeguarding Children Board.



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5 Children's concerns during detention

Sources of information about children's concerns



We have considered the minutes of the children's forums provided along with what children told us during the participation session and at other times during the visit, as well as some of the interviews with staff and our own observations of the current environment. We note that forum minutes only appear to have been provided for the upper school and that there were only minutes for sessions in 2009. There are no records for May onwards during 2008.

Summary of previous recommendations

Our recommendations had concerned ensuring friends' contact details were available following arrest (6.1), ensuring families knew about the arrangements for their pets (6.2), provision of emotional support and counselling – particularly to older children (6.3), effective procedures to progress the issues raised in the children's forums (6.4), roll count to be conducted in a way that respects privacy (6.5) and provision of play equipment and opportunities (6.6). We had also commented on the presence of uniformed staff on Crane Unit (the family unit at Yarl's Wood), and on some children's views on the facilities and living arrangements and on their feelings of loss over their property left at home.

Improvements to the environment at Yarl's Wood

We were pleased to note that there have been some tangible and visible improvements at the centre since our last visit. SERCO has made obvious and genuine attempts to improve the living areas for children and families with more pictures, murals and paintings, fewer locked doors, an improved reception area, new, less institutional staff uniforms and newly constructed classrooms in wooden log cabins. The result is a more relaxed environment for which SERCO deserves to be congratulated.

Contact with friends

We had hoped to report that arrangements for contacting friends had shown a significant improvement, but unfortunately this is not the case. A number of children commented that they did not have their friends' contact details with them in Yarl's Wood. This indicates that the guidance given in the Enforcement Instructions and Guidance (EIG) at Chapter 45.2.13 relating to families being encouraged to bring 'friends and family contact details' is not being followed in respect of children. No child commented that they had been able to retrieve numbers from mobile phones confiscated on arrest.

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One ten-year-old girl said that the only way of talking to friends was if they contacted her: *“they have to call me, it’s impossible”*. A boy aged 15 commented that; *“there is a phone but I haven’t spoken to anybody - I don’t have anybody’s number”*.

UKBA’s formal response to our recommendation indicated that there had been arrangements in place since April 2007 for children to recover telephone numbers of friends once in detention^{xxi}. We found no knowledge of this among children and no evidence of this facility being used. We question how and whether children are actively encouraged to contact friends and informed of the facility for recovering telephone numbers.

Pets

UKBA had responded to the issue of children’s concern about their pets by saying that arrangements for the care of pets are made in the presence of the family who are consulted and given the opportunity to contact family and friends to care for animals. We were told that a family would not normally be removed from the property without their being aware of what was happening^{xxii}.

The response also stated that welfare officers were available at the IRC to assist families to contact people and agencies. These procedures were not followed in the case of a child who had left a tank with 16 fish at home and had no idea what had happened to them.

We understand that very few detained families have pets and the welfare officer present at Yarl’s Wood during our visit told us that he had never dealt with an issue involving pets and that his job mainly involved sorting out clothes for detainees brought directly from enforcement offices and assisting people with their problems in accessing bank accounts. The welfare officer has one hour and thirty minutes contact time per day with Crane unit, as their responsibilities cover the whole of the removal centre.

Children’s property

There were a number of other concerns raised by children in the participation sessions – particularly around access to property and clothes – that could have benefited from the assistance of a welfare officer. Our strong impression from what children told us is that provision for accessing their things is still lacking. We urge that issues around property are made a standing item on children’s forum agendas, as they are obviously of great concern.

Children’s forums

We recommended that effective procedures were put in place in order to

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progress issues raised through the children's forums. UKBA responded that such procedures were already in place and improvements had taken place since our last visit.

The children's forum is a welcome and valuable initiative. The forums function as a channel for complaint and comment on facilities and services and provide valuable feedback to SERCO and UKBA on the facilities and services used by the children.

Meetings are minuted and mostly dated, but are not signed, have no record of attendees, no action points, no outcomes and no list of recipients. This appears to leave actions and feedback very much to the discretion of the staff running the sessions. There does not appear to be a systematic link to complaints, representation or review of complaints. There is no quality assurance of the forums' performance, and no external or independent scrutiny. We recommend that all these are put in place.

The minutes we have been provided with suggest the forum is an adult-led structure with a set agenda, and we recommend that children and young people are given opportunities to lead on or generate issues for discussion. At present, the same issues are discussed, usually in the same order, at each session.

We asked the managers about the training available for staff running the children and young people's forums. The response was that they are led by teachers who are trained to do it in their teacher training and, as forums are in all schools, they are experienced. Yarl's Wood cannot be seen to be a 'normal' school.

The teachers are doing a useful job in documenting children's concerns, but training and guidance could be given to those running the forums in exceptional circumstances in order to enable the children to take more of a lead.

Roll count

We welcome the reduction in the number of obtrusive roll counts since our last visit. Previously, families had been required to return to their rooms for roll count at 12.00 and 17.00. These roll counts are now conducted by counting residents into the dining room at mealtimes – a less obtrusive way of ensuring everyone is present.

Forums continue to report that the morning roll counts are intrusive with incidents occurring where officers either fail to knock or fail to be heard knocking and entering into rooms with residents who are showering or undressed. We recognise that there may be some challenges in replacing the morning roll count in rooms with a roll count at breakfast as is done for

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lunch and tea, but nonetheless urge SERCO to find an alternative that would help to further 'deinstitutionalise' Crane Unit.

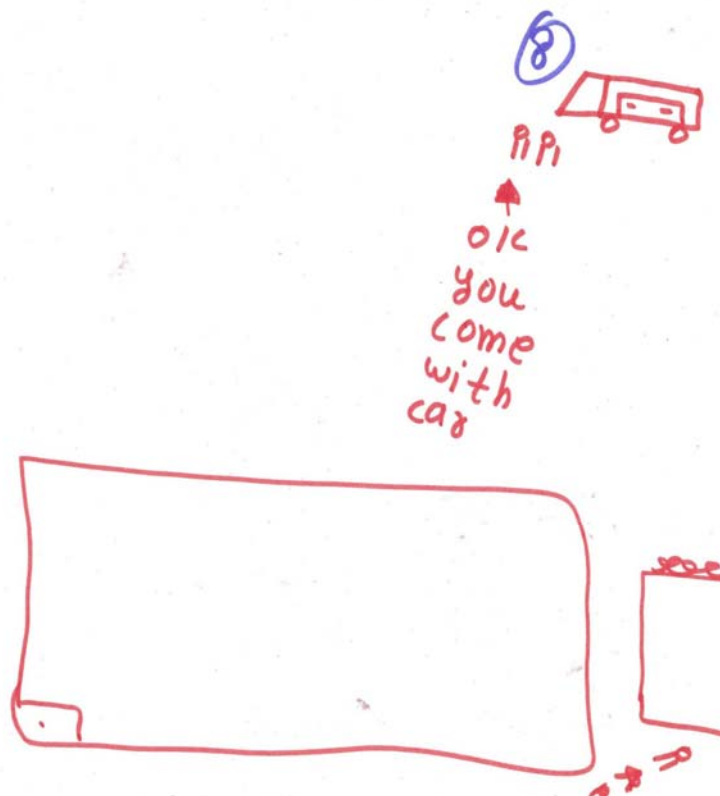
Play

The provision of play equipment and opportunities for play is an area where children themselves have generally commented positively both in forum meetings and in the participation sessions. There are some complaints of equipment not working or competition for scarce resources leading to arguments.

The 'music in detention' initiative we have been told about is very positive and we look forward to hearing how this is received by children during our next visit.

Recommendations from this visit

- 5.1 Better provision and systems to ensure children can access friends outside the centre. The welfare officer for Crane Unit should be provided with greater support and resources to assist children with issues around property, pets and accessing friends.
- 5.2 Independent review of the children's forums followed by advice and training to those running them.
- 5.3 Roll count to be considered further to ensure that they are less intrusive and respect the privacy of individuals and families.



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6 The Healthcare of Children at Yarl's Wood

Summary of previous recommendations



In our last report we stated our strong conviction that children who are detained should be entitled to the same standard of healthcare provided to all children. We also noted that detention is harmful to children's health and wellbeing, this opinion being strongly supported by the recent publication of commentary from the medical Royal Colleges. We made 10 recommendations. These concerned recognition of entitlement to the enjoyment of the highest standards of health (7.1); recognition that some medical conditions should preclude detention (7.2); prioritisation of continuity of medical care previously provided in the community (7.3); the conducting of a 'baseline' assessment of a child's health on arrival in detention (7.4); clear lines of responsibility for the provision of healthcare both within and outside of Yarl's Wood which prioritised the child's needs (7.5); the granting of Temporary Admission to those needing hospital admission (7.6); full assessment of health needs and provision of immunisation and prophylaxis prior to removal (7.7); provision of insecticide treated bed nets to those being removed to malarial areas (7.8); health policy to be determined with reference to the National Service Framework for children and the Government's global health strategy (7.9); protocols to be established between SERCO and the PCT to deliver and monitor mental health support (7.10).

UKBA and SERCO have made some improvements to children's healthcare since our last visit. This includes the appointment of a head of clinical governance and two GPs, contracted to work on site. We welcome the progress in this and other areas of healthcare, but continue to have significant concerns regarding healthcare provision for children.

Audit of medical records

On this visit the Commissioner was given consent to review the health and welfare records of 28 parents and of their 51 children. Since the notes of one family were lost, the records that were analysed were of 49 children from 27 families. The dataset analysed is from families in detention in 2009 with one exception of a family detained in 2008. We asked for the records of one family detained in 2007 but were not given these and were told the records had been lost^{xxiii}. Some parents provided biographical information together with their signed consent form.

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23 of the 49 children were under five years old, 14 were aged between five and 10 years old, and 12 were aged 11 and older. 36 children were from African families and 13 children were from other parts of the world – eight from Pakistan, three from Turkey and two from Jamaica.

Analysis of the Health Centre Records

Recording the parent's name

The mother's or father's name was recorded on the front of 14 out of 49 sets of children's notes. The parent's name was recorded on the notes for eight out of 27 children detained from Aug 2009. This shows that the standard of recording parents' names remained poor up until the time of our visit. In the 35 records where the parent's name was not recorded the parent was identified by a seven digit reference number.

Initial Nursing Assessment

The Child Full Medical Review (0-16 years) was completed for all the children on the day of their admission to Yarl's Wood. This is completed by a nurse who books an appointment for the GP. However, it contains an 'emotional state' box that in all cases contained a subjective statement such as "jolly" or "happy". This section of the medical review requires revision to assess even at an elementary level the general psychological state of the child.

Initial Medical Assessment^{xxiv}

The majority of the nurse and GP consultations contained an acceptable history and appropriate examination. It was clear that the diagnosis was made logically and a healthcare professional would be able to take over the care of the child. However, some had no diagnosis, signature or designation of the healthcare professional that had seen the child.

In addition we have raised concerns regarding the medical record completed by the Yarl's Wood GP. This is a pro forma, used by the doctor at the admission medical consultation and contains just four boxes (family history, past medical history, examination and current health needs). This is wholly inadequate for the proper assessment of a child's physical and emotional needs. No complete assessment of the emotional needs was undertaken in any of the reviewed cases.

The examination in the majority of cases was perfunctory, with statements such as "o/e well". It is unclear from such notes what examination has taken place. The restrictions of the pro forma also meant that there were frequent

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errors in the family history, while in other cases no entry was made (cases 3a, 3b and 13 abc).

The medical record of child 1a was deficient in view of the completed Rule 35 (a process by which UKBA are informed of any person where detention would be injurious to their health there was an allegation of torture or that the person had suicidal intent). The medical record states “*fit and healthy*” and there was no psychological assessment. There is a clear case for staff to carry out such an assessment given the reported history of the family.

Some of the clinical assessment records are incomplete, for instance, immunisation status (28ab) and the mother’s medical conditions (3a).

The mother of child 2 was raped in Africa and was Hepatitis B positive. The nurse reception note states that child 2 is on Hepatitis C prophylaxis but no further information is obtained. The medical record under family history states “*nil of note*” and under current medical needs “*none*”. Despite the difficulties in recording histories from parents, this case highlights that greater care must be taken to ensure the quality of the medical record.

Community general practitioner (GP) notes

Recommendation 7.3 was that the continuity of children’s healthcare should be prioritised, with staff obtaining health records without delay. UKBA had said that this was ‘already in place’ and noted that records could only be requested with the express permission of the child’s parent and details of the GP. We were told that where consent is obtained, records are requested within 24 hours and that requests and receipts of records are logged at the health centre and, where not received, are chased up on at least a weekly basis.

The health centre had obtained the community GP notes of 24 of the 49 children. Of those which could not be obtained, the reasons for failing to get the notes included refusal of the parent to consent (three children from two families), refusal of the GP to provide records (three children from one family) and not having a GP in the United Kingdom (two children in one family). The immunisation status of one family (three children) was determined by phoning the GP surgery, although the notes themselves were not received.

Parent held child health records (the Red Book)

The presence of the parent held child health record (the Red Book) was well documented, but only four of 23 children under the age of five had their Red Book with them. The lack of parent held immunisation records was compensated for by medical staff finding out children’s immunisation status from GPs.

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We were told that children arriving in detention without a red Book and who receive immunization while at Yarl's Wood are given a new Red Book, and that all children are given a copy of their immunization record upon leaving detention. The Red Book is a health passport to which all children are entitled. The importance of this document leads us to recommend that a new Red Book should be issued by the PCT to every child who does not arrive with one, and that weight charts and other health encounters are also recorded. (The lack of parent held growth charts is discussed in the 'weighing children' section below.)

Weighing children

Recommendation 7.4 was to conduct a baseline assessment of children's health on entry to detention. Part of such an assessment must be the accurate weighing of children – particularly babies and infants - to monitor whether or not they are thriving.

We are very pleased that the introduction of paediatric scales and the regular weighing of children at the nursery have addressed deficiencies identified at the last visit, when children were neither weighed accurately nor regularly.

Children's weight is still not recorded on a growth chart. This means that staff are not able to recognise when a child is failing to thrive. The use of an arrow up or down in the child's health record to indicate whether weight has been gained or lost is not appropriate.

One child (2) was detained at age 14 months weighing 10.16kg and was granted Temporary Admission at age 16 months weighing 10.06kg. Her failure to thrive was not identified by healthcare or other staff, though her weight was 600g below that expected at the time of release.

Vaccination

Vaccination status was generally well recorded. Only three children were recorded as being given vaccines at Yarl's Wood. Two of the vaccinated children who received appropriate doses of Hib/MenC vaccine according to the routine immunisation schedule should also have received the MMR vaccine (9c, 18c). One of these should also have received pneumococcal conjugate vaccine (PCV) (18c) but this was not given. These children were removed from the UK without appropriate immunisations.

The mumps, measles and rubella (MMR) vaccine is normally given to children in the UK at the age of 13 months. There was no awareness of the need - recommended by the *Children's British National Formulary*^{xxv} - to give

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MMR vaccine to infants over the age of six months going to a measles endemic area. Most children who are removed are sent to measles endemic areas.

The head of healthcare stated that children would be given any travel vaccines that were requested, but it appeared that no travel vaccines have yet been requested.

BCG

Vaccination against tuberculosis (TB) is recommended for children living in areas where TB is prevalent. Most children are removed to high prevalence areas. The BCG was documented as having been given in 31 children. The other 18 children either had not been given BCG or had no comment on their BCG status. UKBA and SERCO should address why none had been given BCG while in detention.

Malaria Prevention

We had recommended that a full assessment of a child's health needs be completed prior to their removal, followed by the provision of malaria prophylaxis (7.7). We also recommended the provision of insecticide treated bed nets. (7.8). UKBA had responded that all children under five returning to malarial areas are offered prophylaxis. A record is kept of the offer and, if initially refused, it is still prescribed and is available up to the point of departure. The provision of insecticide treated bed nets was still under consideration.

Current UKBA policy is to give malarial chemoprophylaxis to provide four to six weeks' protection to children under the age of five due to return to Africa. This was prescribed to 20 out of 21 of these children but only in four out of 15 children age five and over. For example, children 18a and 18b and 29a and 29b were not provided with prophylaxis, whereas their younger siblings aged under five were. The policy of not prescribing malaria protection to children aged five and over has no medical basis and is not acceptable.

Malarone can be started the day before travelling, but nine prescriptions were for 12 or 14 days only. Mefloquine, which is given to infants under 11kg, should be started two weeks before travel. All prescriptions were for four weeks only.

Despite being told by the Head of Healthcare during the visit that the recommendation to provide insecticide treated bed nets had been accepted,

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UKBA have subsequently informed us that this is not the case. Current policy and practice in this area therefore remains ineffective in preventing malaria in children returning to Africa.

Prescribing

Metoclopramide (an anti-sickness drug) was prescribed for a nine-month-old child (25b) with gastroenteritis, though it is well recognized that it should not be prescribed for children with gastroenteritis and that it can cause side effects such as facial and skeletal muscle spasms and oculogyric crises. Its use was outside the licensed indications for this drug in this age group. In addition, the prescription chart had the wrong sex entered. This prescription did not trigger a concern from other healthcare staff nor a significant event analysis. When the incident was brought to SERCO's attention no clinical governance issues were recognised.

Many parents complained to us that their children were getting frequent bouts of diarrhoea and vomiting. This is reflected in frequent consultations at the health centre for children with gastroenteritis.

Accidents

Four children were sent to the Bedford Hospital Accident & Emergency (A&E) department, two with fractures (of the humerus and of the clavicle) due to falls (5, 29c), a third after falling out of a highchair (with a normal CT brain scan) (16b) and the fourth after a finger was trapped in a door (23). Three others came to the health centre following assault by other children, and a further three had a 'Raised Awareness Support Plan' opened following traumatic events (1, 4).

In one of these cases the mother informed the nurse at 23:20 that her child (5) had fallen in the playground at 18:00. The subsequent nurse consultation was of an unacceptable standard for a health professional. It is stated that the child could not lift her arm and that she was screaming. This should have triggered a prompt referral to A&E. The child was seen the next day at 14:05 by the GP and left for A&E at Bedford Hospital at 19:02. She had a proximal fracture of the left humerus (upper arm) and therefore should have been sent to A&E shortly after the nurse assessment, or at the very least been seen by a doctor from the Out of Hours service. The delay of fifteen hours before the GP assessment is unacceptable. There was also an unacceptable delay of five hours before going to hospital. Since raising this case we have been informed that the nurse has now received further training.

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Infections: tuberculosis

The mother of three children aged seven, nine and 12 had symptoms suggesting possible tuberculosis (12a, b, and c). She was isolated in the health centre together with her children for nine days. The use of the health centre for the isolation of well children is inappropriate. SERCO have informed us that new arrangements are now in place and we will wish to view these during our next visit.

Infections: HIV

The European Court has been concerned about the fate of children who might be orphaned by the death of their mothers from AIDS. Three cases have been reported to the Children's Commissioner for England in which women living with HIV have been detained with their children, only to be released back to the community on the instruction of the European Court. Case 23 from our sample was one such example. We recommend that children whose parent is HIV positive should never be detained.

Summary of key concerns

In the context of healthcare assessment the following areas of risk should be considered;

- The delivery of healthcare must be reviewed given the concerns we have raised from our visit. These concerns range from not keeping growth charts to not recognizing or responding in a timely manner to serious injury. Despite the appointment of a paediatric nurse, there remains a lack of paediatric medical expertise. This should be considered high risk.
- We also call for a review of healthcare policy, for example in addressing children's emotional needs, in accident prevention and in preventive health programmes. This should be considered high risk.
- The lack of access to a permanent on-site consultant paediatric / child health practitioner must be addressed as soon as possible in order to ensure the best possible care is available for children and young people who are likely to have complex problems and needs given their vulnerable position. Therefore there should be weekly visits by a consultant community paediatrician to perform child health medicals and advise on child health services.

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Recommendations from this visit

We reiterate the ten recommendations specific to child health made in our previous report. In addition we make these further recommendations.

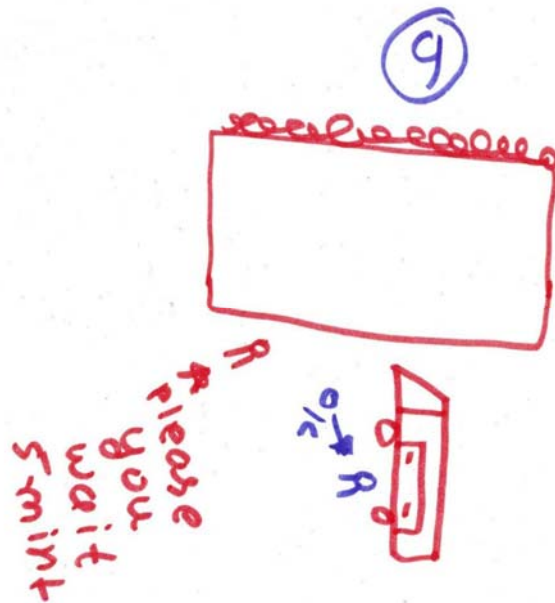
- 6.1** There is an urgent requirement for Yarl's Wood medical records to be computerised. Advantages of computerised record-keeping include: audit; setting prompts for administrative and medical processes (such as requesting GP notes and follow-up of non-attendance at consultations); templates for the reception nurse and doctor consultations that would include a pro forma full history and examination; templates for the structured care of chronic conditions, and the production of good quality referral and discharge letters. In addition, all entries would be timed, legible and attributable.
- 6.2** A thorough review of clinical governance should be undertaken in order to ensure that a system is instituted that includes audits of care, significant event analysis, prescribing analysis, professional development plans and reviews of episodes of care.
- 6.3** The mental health needs of all children entering detention should be addressed as a matter of priority. There should be a formal assessment of a child's emotional and mental state upon admission. There should be adequate provision for counselling by a trained children's counsellor and rapid access to child and adolescent psychiatry.
- 6.4** Despite mounting evidence of the significant harm caused to children's mental health by immigration detention there has been no attempt by UKBA to gather evidence on mental health outcomes for children. We recommend that UKBA supports a prospective research study to assess the mental health status of children at the time of detention and to repeat the assessment at intervals thereafter.
- 6.5** Children who do not arrive with a parent held health record should be issued with one. All health encounters while a child is detained should be recorded in the parent held child health record as well as in the notes.
- 6.6** Children should be weighed regularly and their weights should be plotted on a growth chart.
- 6.7** Full travel immunisations should be given according to national policy.

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- 6.8 Insecticide treated nets and four to six weeks of antimalarial chemoprophylaxis should be given to all mothers and children to be removed to malarial areas.
- 6.9 An accident prevention policy should be formulated and implemented, in collaboration with the Royal Society for the Prevention of Accidents.



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7 Safeguarding children



Since 2nd November 2009, Section 55 of the Borders, Citizen and Immigration Act 2009 has placed a statutory duty on the Home Secretary to make arrangements to ensure that UKBA functions - and services carried out by third parties on UKBA's behalf – “*are discharged having regard to the need to safeguard and promote the welfare of children who are in the United Kingdom*”.

An audit of the medical records and of the welfare assessments conducted by social workers funded by UKBA and employed by Bedford Borough Council enabled us to consider some aspects of the safeguarding of children at Yarl's Wood.

The threshold for determining that child protection procedures should be invoked is that of 'Significant Harm' as defined in *Working Together to Safeguard Children (2006)*.

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'development' means physical, intellectual, emotional, social or behavioural development;

'health' means physical or mental health; and

'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under s31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

The records we examined gave rise to concerns about safeguarding with regard to a number of children. Some common themes emerged and are described below.

Safeguarding children: failure to recognise harm

A four-year-old boy (11) was noted to appear withdrawn and traumatised on arrival. His mother had taken an overdose of antidepressants at the time of arrest. The notes state that he was “*not affected by father's extremely*

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disruptive behaviour at failed removal'. When the child subsequently wet himself repeatedly at nursery, having previously been dry, his urine was sent to test for infection. The test was negative. Regression secondary to psychological trauma was not considered as a possible diagnosis. The father was removed to another detention centre. The notes record that the child does not know where his father is and misses him, "however continued playing, mood not affected".

An eight-year-old boy (7) was seen by a visiting doctor because his behaviour had "changed dramatically" since his admission. He had previously been a happy child who was successful at school, but now became very sad, skipped school, lost his appetite, slept poorly, was plagued by nightmares, and screamed in the night. There was no evidence in the notes to suggest that a Children's Conference was convened or care plan or any other action considered or taken.

A child was detained at age 14 months (2), weighing 10.16kg and was granted Temporary Admission at age 16 months weighing 10.06kg. The possibility and significance of a failure to thrive was not investigated.

A child aged three had a fracture of the left humerus (upper arm) after a fall (5). She woke crying at night, unable to lift her left arm. She was seen by a nurse that night but not seen by a doctor until 14:00 the next day. It was not until 19:00, more than 24 hours after the incident, that she left for the A&E department of Bedford Hospital.

Safeguarding children: access to child and adolescent mental health services (CAMHS)

We had recommended that in recognition of the specific mental health needs of the Yarl's Wood population, protocols between SERCO and the PCT should be established to ensure delivery and monitoring of mental health support and to inform service planning by Bedfordshire CAMHS (7.10).

This is particularly critical given the concerns about their children's psychological welfare raised with us by parents.

A mother of a four-year-old reported that he had been "*another child*" at Yarl's Wood, swearing, not listening to her, kicking and hurting her. He had been searching her and trying to "arrest" her with handcuffs, having witnessed his mother being searched and handcuffed during a failed removal attempt.

Another four-year-old was described as "*traumatised*", "*not eating and not happy*" and "*scared – he hates to see police even on the street outside*" (this child had been detained previously).

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A 10-year-old girl was described as OK with her friends, but when alone with her mother screamed a lot and was very upset. The mother says she is concerned at her daughter's strange behaviour and asked for help but "they don't give counselling". If the mother is wrong about this then there is clearly a 'perception gap' that SERCO needs to address by finding ways of ensuring that those who need mental health services can access them.

Problems may not always be evident to staff from observing a child's 'social' behaviour. Monitoring systems for requests, referrals and take up of Child and Adolescent Mental Health services should be introduced and these should be open to audit.

The medical records we examined predate any commissioning of CAMHS services, though UKBA tell us that an agreement has recently been made to provide such services, and this gave rise to a number of concerns about access to appropriate care.

The father of a 12-year-old girl (13a) reported that she had been arrested, beaten, sexually abused and humiliated by Nigerian soldiers. On admission to Yarl's Wood she was mute. Like her younger brother, she showed no response when encouraged to answer questions and she also refused food for seven days. Despite appropriate referral from Yarl's Wood, the local CAMHS service refused to see her. She was later granted Temporary Admission.

Child 10a drank a quantity of shower gel on arrest in the morning. At Yarl's Wood at 15:00 the girl began to vomit and was assessed by the nurse, where the observations were noted to be normal and a Raised Awareness Support Plan was instituted. The following day (time not recorded) the plan's assessment states that the child is now "*happy, undistressed, settled well and expressed no further thoughts of self-harm*". The mother and child were referred for counselling and the plan was closed.

A doctor did not assess the child until two days after the self harm incident. The GP consultation is not timed and is partly illegible. The notes read "*well (illegible) c/o abdo pain, walked in, not in any apparent distress o/e tender epigastrium, soft, (illegible), (illegible)*". There are shortcomings to this consultation: no history of type or quantity of liquid, no subsequent check with the Poisons Agency, no emotional assessment and lack of consideration of referral to child psychiatry. Indeed, the current medical needs are described as "*nil*".

A counsellor saw the child and stated that there were "*no major issues*" and "*no thoughts of self-harm*" although it is noted that the child is having

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nightmares and poor sleep and expresses the view that being taken from your home is the “*worst part*”.

She was seen three weeks later by an independent child psychiatrist who diagnosed post-traumatic stress disorder (PTSD) and depression (due to detention, fear of female genital mutilation (FGM) and fear of her father hitting or killing her mother) and advised psychotherapeutic help. The family was granted Temporary Admission two days later.

This case demonstrates that child 10a had emotional and psychological needs that were not assessed in any meaningful way for three weeks. Early referral and assessment by a child psychiatrist was required in this case. Also, it is not apparent from the notes that the outside GP was informed of the need for psychiatric follow-up.

Safeguarding children: quality of intervention following referral to local authority children’s social care

Examination of case number 21(c) family’s detention medical and welfare records revealed what appeared to be an allegation of sexually harmful behaviour between unrelated young children within the family unit. Our further investigation of additional management records raised questions regarding whether the incident had been fully investigated and whether the local authority’s safeguarding procedures had been implemented. Records showed that repeated requests from the victim’s mother for independent investigation and medical examination had been refused. Our detailed report on this matter has been submitted to UKBA, SERCO, Bedford Borough Council and the Bedfordshire Safeguarding Children Board for further review.

A 14-year-old girl from Sudan (29a) was referred to Bedford Children’s Social Care by an independent visiting doctor because of concern about the risk of female genital mutilation (FGM) should she be returned to Sudan. The concern was based on the new medical evidence of her mother having undergone radical FGM, the high (90%) prevalence of FGM in Sudan, and the disappearance of the girl’s father who had previously protected his daughters against the wishes of his family. The girl had not made an asylum claim in her own right. The Strategy Meeting minutes state that the Children Act 1989 and 2004 does not apply to risk of offence overseas and speculates as to whether or not an asylum claim by the girl would be successful. No action was taken to safeguard the girl or her two younger sisters.

No referral to Children’s Social Care was made for two other girls whose notes we examined, despite documentation of FGM risk (3a, 3b).

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Rule 35 reports

Rule 35 of the Detention Centre Rules concerns 'special illnesses and conditions' (including health injuriously affected by continued detention, suicidal intentions and torture claims). It requires the 'medical practitioner' to report to the manager of the detention centre when such illnesses or conditions are encountered. The manager is then expected to send a copy of the report to the Secretary of State without delay. Rule 35 reports should act as a 'safety valve' to release those who are unsuitable for detention on medical grounds.

We had previously recommended that the full ambit of Rule 35 needed to be recognised (8.5) and applied to children who are in detention given that we had been told that there were no Rule 35 reports issued in respect of children.

Analysis of the health records showed that three Rule 35 reports had been completed for children in our sample (1a, 13a, 3b). Although it is progress that the medical practitioner is now sometimes issuing Rule 35 reports in respect of children, only one of the three reports was acknowledged by the UKBA case owner (1a).

The family of a girl from Malawi reported that she had been raped by her uncle at the age of nine and was psychologically disturbed (1a). When this was reported under Rule 35 to UKBA by health staff, the response from Leeds asylum team three was "*The contents of the report have already been considered as part of the decision to refuse the family asylum and therefore detention is considered appropriate and is to be maintained.*"

Safeguarding children: ministerial authorisation never refused

The requirement for ministerial authorisation to prolong detention of a child beyond 28 days has been described by UKBA as a 'safeguard'. The fact that such authorization has never been refused raises questions about the way in which the process is applied and therefore of its safeguarding value.

Recommendations from this visit

- 7.1 Safeguarding children systems require urgent systemic review. This should be considered high risk.
- 7.2 There should be improved staff training and assessment of competencies in the areas of child protection and in the recognition and assessment of PTSD.

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- 7.3 Monitoring systems for requests for, referrals to and take up of CAMHS should be instituted and should be open to audit.
- 7.4 The Bedfordshire Local Safeguarding Children Board should establish a standing sub-committee to consider child protection and safeguarding issues at Yarl's Wood.
- 7.5 The impact of detention on the welfare and safeguarding of children must be considered before arrest. Therefore a Welfare Assessment using the Common Assessment Framework (CAF) must be undertaken prior to any decision to detain being made.



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8 Reviewing Detention

Summary of previous recommendations



In our previous report we had noted that the average length of time children are detained at Yarl's Wood had increased. The process of reviewing children's detention lacked clarity and failed to give sufficient weight to the impact of detention on children's welfare.

We recommended that welfare assessments should be completed for all children in detention within seven days, and that these should be immediately sent to the caseworker responsible for reviewing detention (8.1); that the independence of social work staff and their assessments must be maintained and accorded full weight in decisions to continue detention (8.2); that ministers reviewing detention must be fully informed of the social worker's recommendations as recorded in the welfare assessment (8.3); that where removal had not been effected within 48 hours, a judge should review whether continued detention is lawful and appropriate (8.4); that the full ambit of Rule 35 of the Detention Centre Rules needed to be recognised and applied to children who are in detention (8.5) and that independent medical reports should be reviewed immediately with a view to deciding whether the evidence meets the threshold for a Rule 35 referral (8.6).

Analysis of Welfare Assessment Reports (WARs)

The Welfare Assessment Reports play a crucial role in the reviews of detention conducted by Family Detention Unit and in the information that goes to the Immigration Minister to authorise detention after 28 days. We wanted to consider these reports within the detention review apparatus.

The Commissioner and his team obtained consent to look at the welfare records of 28 parents and their 51 children. Not all of the families from whom we obtained consent had a WAR as these are only requested from the social worker by UKBA after a child has been detained for 14 days and are produced at 21 days.

Table 1 shows that a total of 24 WARs were considered by the Commissioner's team. By excluding three reports which were in connection with repeat periods of detention, this produced a sample size of 21 WARs written by five social workers, mostly during the period August to October 2009, in respect of 39 children aged 12 months -17 years of age.

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Table 1

Sample size	24 - total number of Welfare Assessment Reports (WARs). 21 - total number of families (3 families detained more than once). 39 - total number of children. 12 months – 17 years = age range of children. 12 = the average number of days in detention prior to WAR.
Sample for analysis	21

The WARs are written in standardised format with prescribed headings relating to children’s needs, parenting capacity, family and environmental factors.

The beginning of each report is prefaced with the requirement to identify sources of information. Normal practice in planning services for children is for assessments to be informed by assembling information from the statutory children’s services agencies (schools, nurseries, GPs, health visitors, Sure Start, etc) which know the children, parents and families well because they reside in the area and use the services. Table 2 shows that this did not happen in any of the 21 cases.

Table 2

Sources of information upon which the WARs are based (Sample = 21)

Pre-existing information (prior to detention in Yarl’s Wood) i.e. from children’s home area schools, nursery, children’s services, health service)	0
Verification of pre-detention local authority children’s services involvement – arising from post-detention WAR related interviews with parents	4
Post-detention WAR related interviews with parents and consultation with Yarl’s Wood’s education, nursery and healthcare staff	21

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In only four reports (19%) was there evidence of any contact with local authority children’s services. In each case contact was made to verify information received from parents. It is noted by the WAR authors in their reports that previous children’s services involvement was not recorded on initial referral documentation. This is surprising given that the Family Booking Form used by Family Detention Unit asks the referring LEO specifically to “confirm that appropriate checks have been conducted and that the family are known/ not known to social services.”^{xxvi}

In all 21 cases the primary basis for the assessment is derived from interviewing parents and obtaining observations from SERCO staff (in the nursery, school and healthcare) based on the few days in detention in Yarl’s Wood prior to the preparation of each WAR.

Much of the information presented, therefore, is uncorroborated and so far as presenting an accurate picture of the children’s needs is concerned, the assessments do not (and cannot) present the level of detail required to correctly identify what those needs are, nor how they may or may not be met in the circumstance of their detention. This is exacerbated when parents have opted not to consent to the disclosure of medical information (to WAR authors). The fact that parents have exercised their right in this respect is reported in the WAR as a ‘refusal to give consent’.

Table 3 analyses the WAR authors’ recommendations. Seven out of 21 (33%) and eight out of 21 (38%) recommend “detention to be kept to the minimum” or “detention to be kept to the absolute minimum” respectively. The frequency of these standardised phrases leads us to question the formulaic nature of reports and the degree to which they are used to determine the length of detention. Greater clarity and transparency is required concerning the varying degrees of difficulty and disadvantage children and/or their families are experiencing in detention.

Table 3

Analysis of WAR Recommendations (Sample = 21)

‘all needs being met in detention environment’	1
‘review detention if removal fails’	1
‘detention to be kept to a minimum’	7
‘detention to be kept to an absolute minimum’	8
‘none’ or ‘nothing’	4

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We were interested to try and assess whether the recommendation as expressed in the concluding section of the WAR had any impact on either outcome for the family or on the length of stay in detention. Although it is not possible to provide a statistical analysis of this information, Table 4 gives an accurate indication of both length of stay in detention and outcome at the end of the period in detention of our sample.

Table 4

WAR recommendations, length of stay (LOS) in detention and outcome at the end of stay.

Key to 'Outcomes':

'Temp Admission' = family released back into the community on Temporary Admission; 'Foster Care/crim' = child taken into foster care and parent taken to criminal prison; 'Detention ongoing' = the family's detention was ongoing at the time data was collected (November 2009); 'Mvd to Tinsley House' = family moved from Yarl's Wood IRC to Tinsley House IRC pending removal from the UK. 'Removed' (3rd att) = family removed from the UK (number following indicates attempted removals before removal effected); 'Bail' = family granted bail by the courts.

Case No.	Recommendation	Length of stay (days)	Outcome
25	'all needs being met in detention environment'	73	Temp Admission
3	'review detention if removal fails'	41	Temp Admission
1	'detention to be kept to a minimum'	65	Temp Admission
4	'detention to be kept to a minimum'	38	Temp Admission
5	'detention to be kept to a minimum'	32	Temp Admission
7	'detention to be kept to a minimum'	50	Temp Admission
19	'detention to be kept to a minimum'	49	Foster care/crim

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22	'detention to be kept to a minimum'	>39	Detention ongoing
29	'detention to be kept to a minimum'	57	Temp Admission
2	'detention to be kept to an absolute minimum'	65	Temp. Admission
9	'detention to be kept to an absolute minimum'	>42	Mvd to Tinsley Hs.
10	'detention to be kept to an absolute minimum'	24	Temp. Admission
16	'detention to be kept to an absolute minimum'	>41	Detention ongoing
20	'detention to be kept to an absolute minimum'	16	Temp. Admission
21	'detention to be kept to an absolute minimum'	44	Removed
23	'detention to be kept to an absolute minimum'	49	Temp Admission
24	'detention to be kept to an absolute minimum'	54	Removed
11	'none' or 'nothing'	>40	Detention ongoing
12	'none' or 'nothing'	68	Bail
13	'none' or 'nothing'	14	Temp Admission
28	'none' or 'nothing'	3	Removed (3 rd att)

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Several features stand out from Table 4. There were very few (three out of 21) removals at the end of the stay in detention. This is so even if the possibility is allowed that the three cases in the sample where detention was ongoing at the time data was collected may have resulted in removal. The majority (12 out of 21) were temporarily admitted back into the community with a further one being granted bail.

The other outstanding feature is the length of the individual detention in each case. (Cases where detention was ongoing have the number of days preceded by a > sign in column three of Table 4). Very few cases in the sample resulted in a period of detention of under 1 month and typically most lasted between one month and two months. While there is no clear indication that a recommendation to keep detention to 'a minimum' or 'an absolute minimum' had a bearing on the eventual length of detention it does appear that where no such recommendation was made (e.g. cases 12 and 25) detention could extend beyond two months without a resolution.

What the WARs did not report or recommend, in the sample analysed, was that the needs of the children had not been properly addressed and/or that they were not being met in Yarl's Wood or that detention was not in their best interests and that they should be moved forthwith, even though elsewhere (in the WAR) there was evidence for so concluding and, in fairness to the WAR authors, that is probably what these recommendations really mean.

The WARs are all signed by their reporting authors but while there is provision for countersignature by the 'Team Manager' (presumably for quality assurance purposes), none of those analysed had been so countersigned. We have subsequently been informed by Bedford Borough Council that assessments are also copied to the Head of Service. If, having read the assessments, the Head has concerns these can be discussed with the social worker and/or raised directly with UKBA.

The phrase "parenting good enough" was recorded in a small number of WARs without reference as to precisely what standard of judgement is used to arrive at such a conclusion. In interview with the Commissioner's team the senior independent social worker referred to the welfare of children in detention still being the responsibility of their parents – parental rights not having been removed – rather than the UKBA or SERCO.

Whilst this may be technically correct, our view following the visit is that parents are not in a position to exercise their de facto parenting and welfare responsibilities, especially so far as meeting their children's healthcare, education, emotional and social developmental needs as well as deciding where they should live.

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In the context of quality assurance it is noted that parents and children do not have access to these WARs and are unable to challenge or comment upon their accuracy and/or the fairness of their content. This is particularly important where the assessments are based, as all in the sample were, on uncorroborated interviews with parents with whom there are known communication and understanding difficulties. Given the gravity of the issue at stake – the continuing welfare of the child in a detention environment – it is a serious matter that a parent has no right to challenge the accuracy of facts, assumptions and opinions contained in the WAR. We recommend that parents are given the right and the means to comment on WARs in a timely manner and before the assessments are used as a basis for the submission to the Minister.

One report states that a parent was being persuaded (at best) by the WAR author to abandon her right to challenge the Government's application. *"After discussion [mother's name] confirmed she knows she is a good parent and simply wants the best for her children. [Mother's name] was able to accept that her current immigration status is impacting on the children and while she wishes to remain in the UK she understands that it is her responsibility not to prolong matters and consequently extend detention."* This appears to be beyond the purpose of welfare assessment and by suggesting to the mother that she herself is responsible for the distressing circumstances of her children in detention, something that a good parent would not do, it undermines the independence of the author and the report's purpose.

Recommendations from this visit – welfare assessments

- 8.1** When assessing the needs of children, detailed information should be obtained from the statutory local authority children's services agencies for their home area prior to their detention – a formal consultation requirement to ensure that relevant antecedent information about children is always available.
- 8.2** The same standards of quality and thoroughness should prevail when assessing children in IRCs as those which apply to all children in the public care, as regulated by The Children Act 1989, and associated Guidance and Regulations.
- 8.3** The Commissioner has previously recommended that the principles and practice of the Common Assessment Framework be adopted in IRCs.

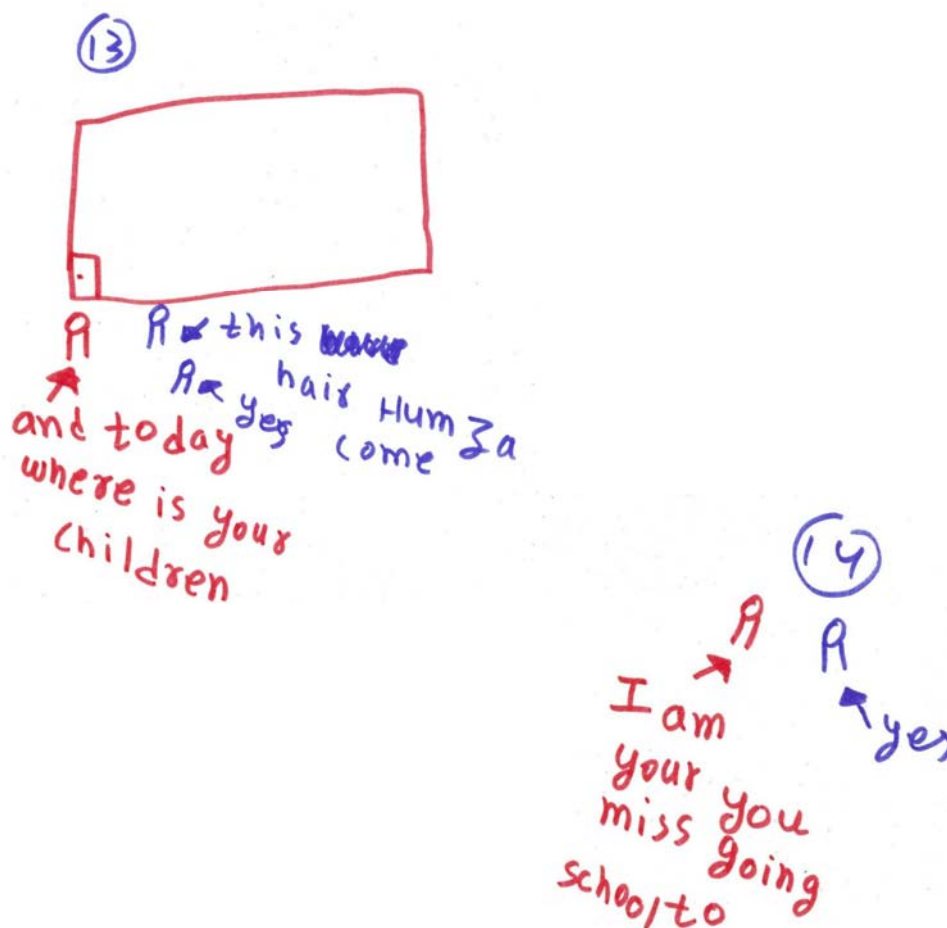
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8.4 It is recommended that the contents of WARs:

- a) are free from jargon and formulaic or standardised language
- b) do not imply criticism of parents who do not give consent for medical disclosure to WAR authors
- c) do not seek to lay blame for children in detention on parents exercising their legal right(s) to challenge the Government's decisions
- d) are countersigned by the team manager (for quality assurance purposes)
- e) are made available for the parent to comment on before they are used as a basis for the submission to the Minister.



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9 Arrangements for pregnant and nursing mothers and their babies and infants

Summary of previous recommendations



Our recommendation had been that detention is particularly damaging for babies and infants and that as a matter of policy, no babies or infants should be detained (9.1). We also recommended that women should have access to appropriate services relating to pregnancy, confinement and the postnatal period with attention to ensuring that such women had access to adequate nutrition (9.2). We recommended that mothers with infants under four have access to a health visitor for advice and support on feeding in particular and that the feeding policy operated by SERCO was made public (9.3). Finally we recommended that mothers feeding their babies formula milk be provided with appropriate facilities to make up fresh feeds in their own rooms (9.4).

SERCO provided us with a considerable amount of useful documentation prior to our visit including information about the health visitor service, details of staff training around breastfeeding management, an internal review of feeding babies and toddlers, a feeding children action plan, and a policy document on breastfeeding and formula feeding of infants and young children.

It was clear from these documents that there had been significant thought put into the review of feeding arrangements for babies and infants. The changes made to the arrangements - including unlimited access to a range of formula milk - including sterilised UHT milk – were welcome. Furthermore, on visiting the centre we were shown that residents with babies and infants now have access to kettles in their rooms, which is a key component in enabling mothers to make up fresh feeds in a safe manner. This is very welcome and we congratulate SERCO on this initiative.

11 MILLION were accompanied on their visit by an International Board Certified Lactation Consultant who talked to key staff responsible for infant feeding policy and also to detainees who were feeding infants. As we had free access to Crane Unit we were able to look at the equipment and facilities in detainees rooms and elsewhere on the wing and consider in some detail the feeding arrangements that were in place.

Context of infant feeding at Yarl's Wood

Mothers detained at Yarl's Wood are being removed abroad to situations where they may not have access to the same safe feeding arrangements for their babies and infants – for example electricity and clean water – as they

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do in the UK. This is of particular concern where mothers have chosen to feed their babies formula milk while in the UK.

Given this context, we wondered if Yarl's Wood staff or UKBA acknowledged any responsibility to provide anticipatory guidance on safe infant feeding in resource-poor settings such as those to which many of the mothers are being returned. Such guidance could be vital in ensuring that young children survive following removal.

We found that there hadn't been any consideration of this and that staff took the view that their role was to support mothers in whatever existing feeding choices they were making for their babies and infants. This appears to be a missed opportunity for providing information that could increase the chances of infant survival following removal. We make a further recommendation about the types of information that might be provided at the end of this chapter.

Formula feeding arrangements

We had recommended that mothers feeding their babies formula milk have access to appropriate facilities for making up fresh feeds safely (9.4).

Access to formula milk and feeding equipment

Staff at Yarl's Wood now provide formula milk on demand for any mother who requests it. Supplies are kept in a cupboard in the wing office and the cupboard contained several of the most used brands on the day of our visit. There are ample supplies of ready-to-use formula. Mothers are provided with three bottles and with whichever brand of infant formula they ask for, either liquid ready-to-feed or tins of powdered infant formula. If using powdered infant formula, they are encouraged to take a tin to their rooms, and may request another tin when they need it.

Mothers who are due to be removed are given a Care Pack for the flight, containing a pack of nappies and if formula-feeding, may take enough formula for the flight, either powdered or ready-to-use, or both. This supply could also be increased to cover a short period after return.

Arrangements for cleaning bottles and feed preparation

SERCO staff went through procedures for how mothers washed the bottles of formula-fed babies, and explained how this was done in the laundry. Alternatively, mothers could wash their bottles in their rooms. We were shown the kettle in each mother's room, and the cold water sterilizing set provided to each mother for her bottles, for which they were provided with Milton tablets. We were told that there was no room for a milk kitchen, and

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no facility for refrigerating milk since mothers were encouraged, for safety reasons, to prepare each bottle as it was needed, and were advised not to prepare formula in advance and store it for later use.

Detainees have written information about how to prepare their babies' formula. Staff are aware that some of the mothers may prepare powdered formula incorrectly, e.g. putting the powder in the bottle first, rather than the water, and sometimes adding extra powder to the mix (e.g. four scoops instead of three to 90 ml of hot water). On questioning about how staff would react to observation of incorrect practices in making up feeds, we were told that staff would not interfere, and that it is left to the mother to choose about how she makes up the feed.

Observation of detainees' formula feeding practices

The laundry is mentioned in the SERCO report as being available for mothers to wash infant feeding bottles, and prepare formula. This is situated close to mothers' rooms, and allows access to hot water coming from the tap at a temperature of 80°C as measured during the visit (i.e. sufficiently hot to safely prepare formula). However, the laundry did not contain washing up bowls we could see, although we have been informed that bowls for this purpose are placed in residents' rooms.

There was no dedicated preparation space in the laundry area for mothers to prepare their bottles of formula. The mother observed washing her bottles and caps under a running tap (which is more hygienic than washing them in a bowl) was draining them on the top of one of the washing machines while cleaning other items. This is not a sterile surface.

One mother we observed was first seen in the canteen and was subsequently observed washing her bottles in the laundry. She had a 14-month-old baby who was being formula-fed and also eating solid foods. She had given up breastfeeding two months previously. On visiting her room her cold-water sterilizer was found still in its box on top of the wardrobe indicating that this mother was not using it; she had been washing her baby's bottles and preparing the next formula feed in an unsterile bottle in contravention of recommendations in the WHO 2007 publication *Safe preparation, storage and handling of powdered infant formula*.^{xxvii} Staff had mentioned the WHO guidance as being handed out to parents "if required", and SERCO have commented that WHO leaflets are handed to all bottle feeding parents.

Formula feeding – conclusions

As a result of improvements made, with one exception, it would seem that safe conditions for formula feeding now exist in Yarl's Wood. Mothers are

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now able to access boiling water in their rooms, and they are provided with cold-water sterilizing facilities with which to sterilize their feeding equipment. They also have easy access to UHT (ready-to-feed) formula, bypassing concerns about the risks of bacterial contamination for babies under two months of age, and long storage of already-prepared formula at night.

There is room for improvement in the washing of bottle-feeding equipment. Mothers currently have access to bottle-washing facilities only in their own bathrooms, or in the communal laundry, neither of which provide an easily-accessible, clean and hygienic surface on which to drain already-washed equipment, or prepare the next bottle to feed the baby.

Recommendations from this visit - formula feeding

- 9.1 Staff should be sure to make appropriate recommendations to bottle-feeding mothers of very young babies (under eight weeks) about the comparative safety of ready-to-feed formula over powdered formula.
- 9.2 Ideally there should be a dedicated area, *which is not intended to be used for any other activity*, in which to wash and prepare babies' bottles. As well as being supplied with a clean cot/play-pen in which parents can place their babies while their hands are full, it needs to have clean, running hot and cold water and a clean, hygienic surface on which to drain used bottles and prepare the next ones.
- 9.3 If a dedicated milk kitchen cannot be provided, then a second-best option is for the parent to do all washing of equipment and preparation of formula in their own rooms - moving between their own bathrooms and the table between the beds. It would be possible to wipe the table between the beds with soap/water or antibacterial solution, wash and rinse their equipment under warm running water in their bathrooms and drain these items on the tables, before placing everything in the cold water sterilizer, which is also close by. After cleaning the table surface again, they could then prepare the next baby's bottle using boiling water from their kettle, and cooling the formula-bottle with cold running water in the bathroom. This is not ideal; none of us would wish to wash our own crockery and cutlery in our bathrooms, but it may be an improvement over doing the same thing in the communal laundry.

Support for breastfeeding

We had recommended that mothers with infants have regular access to a health visitor for advice and support on feeding infants and equipment needs (9.3).

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General breastfeeding support

Unfortunately the midwife who provides mothers with information about infant feeding was away at the time of the visit. However, we were told that any classes, or videos or other information for pregnant women would be provided by her. Phone help would also be available for breastfeeding mothers during the day, and the health visitor would come in to help with any problems.

The usual health visitor was on holiday at the time of the 11 MILLION visit. We spoke instead to the Head of Service for Children and Families, and the Locality Manager, 0-19m Team for Bedford. Both confirmed most of the information provided by SERCO. However, they were unclear about the detailed information and advice given by the health visitor about breastfeeding. We were told that the health visitor provided a mainly "reactive service" on breastfeeding, responding to phone calls received, which may be two to three times a week, or once a month.

Staff training

Of 16 staff that had originally undergone training on breastfeeding when Crane wing opened, only 3 remained. Staff turnover meant that few staff remained who were knowledgeable and there was currently no provision for training of new staff on infant feeding. However all staff, including, male staff, were booked to attend an upcoming breastfeeding awareness course to be conducted by the health visitor from the PCT. It was confirmed that both female and male staff attended the course in case fathers wished to discuss infant feeding with the male officers.

Parental feeding choices

It was confirmed that although staff at Yarl's Wood support breastfeeding, above all they do not try to provide advice to mothers to breastfeed but rather support the mother's own choice about how she wants to feed her baby. Practical problems with breastfeeding would be dealt with by the health visitor.

It was the impression of staff we spoke to that most mothers of babies in Yarl's Wood fed their babies breast and bottle (mixed feeding), and that some of the young children were breastfed, especially at night, until they were three or four years old.

Although some staff thought that long-term breastfeeding was often deliberately maintained by mothers because of concerns about returning to their own countries, this impression was not confirmed by interviews with

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three mothers of children under two, all of whom had used formula, and only one of whom was now breastfeeding.

Without exception, staff indicated that they see their role as supporting mothers in whatever infant feeding decisions they had made prior to arrival at Yarl's Wood. Staff saw this as being considerate of mothers, and being eager not to upset mothers who may be distressed simply by being in Yarl's Wood. When pressed, all staff carried this even further, by asserting a duty to parents to support them even in continuing feeding practices which are recommended against in international or national guidelines because they are actually harmful – for example where mothers are adding extra formula to bottles or are offering solid food to their babies too early.

No staff spoken to had considered the possibility of, or the need for, making strong recommendations about safer feeding practices to mothers while they were in Yarl's Wood. Nor had the need to provide anticipatory guidance on safe infant feeding, particularly the importance of breastfeeding in resource-poor settings, and/or in developing countries been considered.

Recommendations from this visit - infant feeding

- 9.4** Families with infants who are at risk of removal require information at an early stage that formula feeding may not be feasible, affordable, sustainable and safe in their home countries, and that their baby's health/survival may require them to follow the breastfeeding norms of their home countries, rather than bottle-feeding norms currently practised in the UK. We recommend that UKBA, DCSF and the Department of Health consider this issue further.
- 9.5** The infant feeding policy at Yarl's Wood should reflect national guidelines and should be publicly displayed in areas used by mothers and staff, e.g. the laundry/milk kitchen (if any), mothers' rooms, lounges, the office, so that both staff and residents alike can be clear about what kind of information is being promoted and what kind of assistance can be provided by staff.
- 9.6** Consideration should be given to providing anticipatory care to mothers at Yarl's Wood. A full list of the recommendations provided by our independent expert are listed in Appendix D.

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10 Summary of 2010 recommendations

Following our visit to Yarl's Wood in 2008, our subsequent report highlighted a number of concerns and made important recommendations that required action. These have been highlighted at the beginning of each chapter now.

We are pleased to note that UKBA have accepted many of these recommendations. From our two visits to Yarl's Wood in October and November 2009, and from the additional information and interviews we were able to carry out, it is apparent that many of our original recommendations have been, or are in the process of being implemented.

Some, however, have not been realised and we are committed to continuing to present the case for all our previous recommendations and calls to be actioned.

It is in this context that we continue to make further recommendations in this report regarding policy, practice and conditions and urge that the appropriate agencies and organisations consider with care how each can be implemented. The Children's Commissioner is committed to working in partnership to achieve this.

Below we summarise the new and additional recommendations noted in this report.

Chapter 3 Decision to detain

- 3.1 We call on UKBA to commission an independent review of why some children remain detained for long periods.

Chapter 4 Arrest

- 4.1 There should be a systematic way of feeding back children's comments on the arrest process to enforcement teams. This should inform Tier Three training.
- 4.2 Children should have readily available access to an independent advocate to assist them in making a complaint.
- 4.3 It should be clearly spelt out in the children's complaint literature that complaints are handled separately from case owners and that complaining will not affect their immigration case.
- 4.4 A children's complaints review panel should link to the Bedfordshire Local Safeguarding Children Board.

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Chapter 5 Children's concerns during detention

- 5.1** We call for better provision and systems to ensure children can access friends outside the centre. The welfare officer for Crane Unit should be provided with greater support and resources to assist children with issues around property, pets and accessing friends.
- 5.2** Independent review of the children's forums followed by advice and training to those running them.
- 5.3** Roll counts to be considered further to ensure that they are less intrusive and respect the privacy of individuals and families.

Chapter 6 The healthcare of children at Yarl's Wood

- 6.1** There is an urgent requirement for the Yarl's Wood medical records to be computerised, and the advantages of this are spelt out in chapter six.
- 6.2** A thorough review of clinical governance should be undertaken in order to ensure that a system is instituted that includes audits of care, significant event analysis, prescribing analysis, professional development plans and reviews of episodes of care.
- 6.3** The mental health needs of all children entering detention should be addressed as a matter of priority through a formal assessment upon admission, adequate provision for counselling, and rapid access to child and adolescent psychiatry.
- 6.4** We recommend that UKBA supports a prospective research study to assess the mental health status of children at the time of detention and to repeat the assessment at intervals thereafter.
- 6.5** Children who do not arrive with a parent held health record should be issued with one. All health encounters while a child is detained should be recorded in the parent held record as well as in the notes.
- 6.6** Children should be weighed regularly and their weights should be plotted on a growth chart.
- 6.7** Full travel immunisations should be given according to national policy.
- 6.8** Insecticide treated nets and four to six weeks of antimalarial chemoprophylaxis should be given to all mothers and children to be removed to malarial areas.
- 6.9** An accident prevention policy should be formulated and implemented, in collaboration with the Royal Society for the Prevention of Accidents.

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Chapter 7 Safeguarding children

- 7.1 Safeguarding children systems require urgent systemic review. This should be considered high risk.
- 7.2 There should be improved staff training and assessment of competencies in the areas of child protection and in the recognition and assessment of PTSD.
- 7.3 Monitoring systems for requests for, referrals and take up of CAMHS services should be instituted and should be open to audit.
- 7.4 The Bedfordshire Local Safeguarding Children Board should establish a standing sub-committee to consider child protection and safeguarding issues at Yarl's Wood.
- 7.5 The impact of detention on the welfare and safeguarding of children must be considered before arrest. Therefore, a welfare assessment using the Common Assessment Framework (CAF) must be undertaken prior to any decision to detain being made.

Chapter 8 Reviewing detention

- 8.1 When assessing the needs of children, detailed information should be obtained from the statutory local authority children's services agencies for their home area prior to their detention.
- 8.2 The same standards of quality and thoroughness should prevail when assessing children in IRCs as those which apply to all children in the public care, as regulated by The Children Act 1989, and associated Guidance and Regulations.
- 8.3 The Commissioner has previously recommended that the principles and practice of the Common Assessment Framework be adopted in IRCs.

Chapter 9 Arrangements for pregnant and nursing mothers and their babies and infants

- 9.1 Staff should be sure to make appropriate recommendations to bottle-feeding mothers of very young babies (under eight-weeks) about the comparative safety of ready-to-feed formula over powdered formula.
- 9.2 Ideally there should be a dedicated area, *which is not intended to be used for any other activity*, in which to wash and prepare babies' bottles.
- 9.3 If this is not possible then a second-best option is for the parent to do all washing of equipment and preparation of formula in their own rooms – moving between their own bathrooms and the table between the beds.

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- 9.4** We recommend that UKBA, DCSF and the Department of Health consider how to provide families with infants who are at risk of removal with early information regarding the feasibility of formula feeding / breastfeeding in their home countries.
- 9.5** The infant feeding policy at Yarl's Wood should reflect national guidelines and should be publicly displayed in areas used by mothers and staff.
- 9.6** Consideration should be given to providing anticipatory care to mothers at Yarl's Wood (with a full list of the recommendations provided by our independent expert listed in Appendix D).

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10 Concluding Comments



This report has highlighted again the damaging effects of arrest and detention on children, and we argue that that these are an inherent part of the arrest and detention process. At the same time, the improvements at Yarl's Wood are acknowledged and welcomed.

We do not ask that those families found not to have an entitlement to remain in the UK should necessarily be allowed to stay. The report does, however, focus attention on the process and circumstances by which they are required to leave. There must be further debate and discussion about this if we are to avoid not only the undesirable outcomes faced by children who are detained, but also to ensure that the services to support their needs are the best that can be attained and are equivalent to the ethos and practices of services supporting citizen children.

The welcome new duty on the UK Border Agency to safeguard and promote the welfare of children only extends to children who are 'in' the UK. However, the strict legal duty should not obscure a wider moral duty to ensure that children who are returned from the UK, following, for example, an unsuccessful asylum claim, are able to return without having their chances of survival jeopardised.

This means, in practice, that as a minimum children should have up-to-date inoculations against diseases they are likely to encounter and have bed nets and prophylaxis supplied to them as needed. Children should never be removed to circumstances where they are destitute, hungry or without someone to care for them. A child's safe and sustainable return can and should be planned in a community setting and not from detention.

11 MILLION is committed to continuing to work constructively with all parties to find alternatives to the detention of children and families and improve the circumstances under which families are detained and deported.

We stand by our contention that arrest and detention are inherently damaging to children and that Yarl's Wood is no place for a child.

We look forward to working with UKBA and others to reach a position where applications for asylum are processed with the utmost speed, and are fair and transparent; where families have early education on the reality of likely return coupled with encouragement to apply for Assisted Voluntary Return;

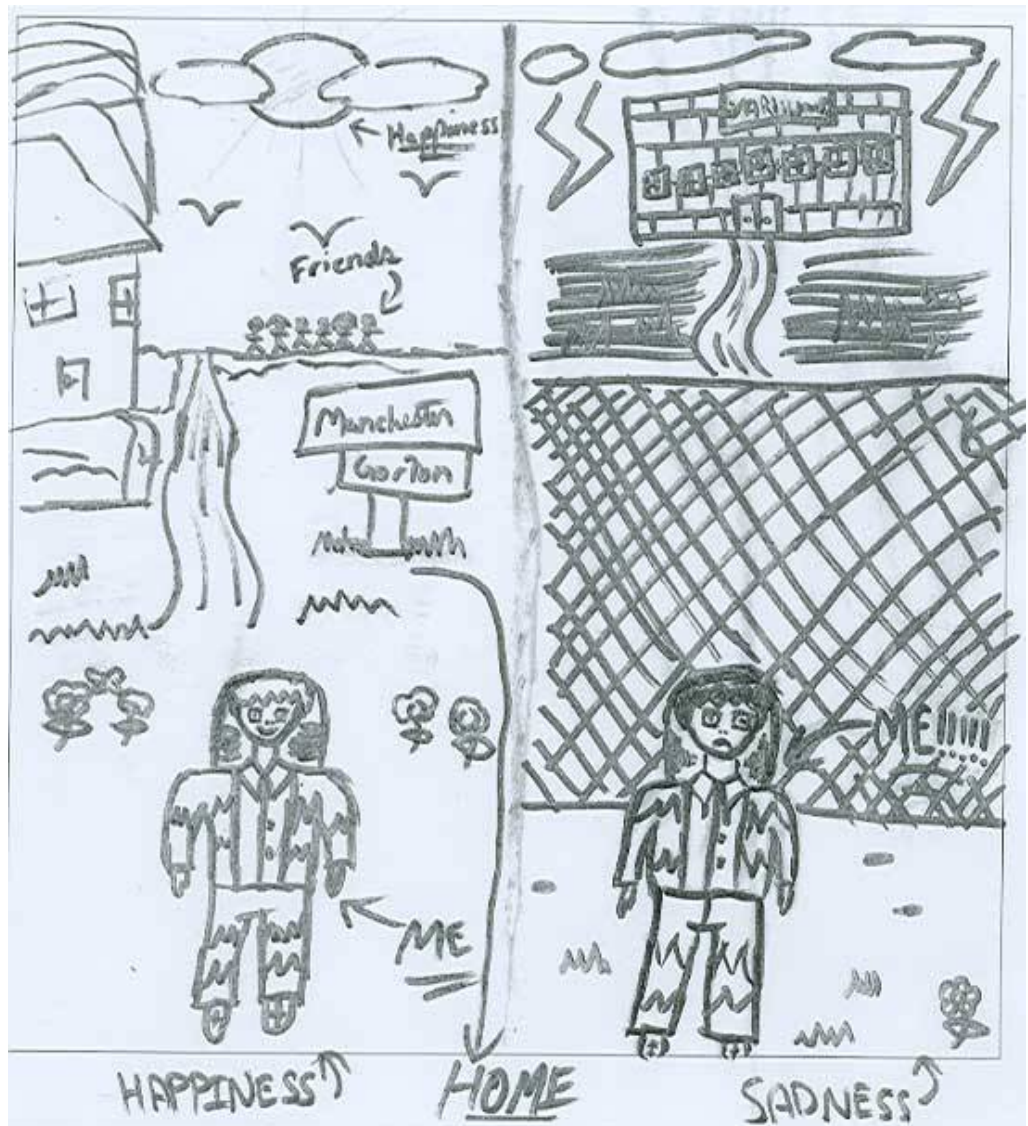
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where arrest and detention is used as a very last resort, and where every child is returned properly and comprehensively protected from risks to health. Finally, the UK Government must be held to account over its knowledge of what happens to families who are returned as a consequence of its immigration removals policy.

Professor Sir Al Aynsley-Green
Children's Commissioner for England



Drawing by a child detained at Yarl's Wood Immigration Removal Centre.

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Endnotes

- ⁱ A full list of the documents requested and supplied is included at Appendix C.
- ⁱⁱ Formal response was received in the form of two documents covering the general and detailed recommendations along with a covering letter from Lin Homer, Chief Executive of the UK Border Agency dated 19.08.09
- ⁱⁱⁱ 11 MILLION to the UKBA Children's Champion office, 25.09.09.
- ^{iv} The team who visited Yarl's Wood in October comprised: Sir Al Aynsley-Green (Children's Commissioner for England); Sue Berelowitz (Deputy Children's Commissioner for England); Oliver Berman, Ross Hendry, Adrian Matthews, and Melanie Quashie (all 11 MILLION staff); Dr Nick Lessof (Consultant Paediatrician, Homerton Hospital); Pamela Morrison (International Board Certified Lactation Consultant); Malcolm Stevens (independent professional adviser - see below).
- ^v The full team (in alphabetical order) consisted of: Dr Steven Loud BA BSc MBBS MRCP MSc, General Practitioner, Nina Murphy Associates; Adrian Matthews, Senior Policy Officer, 11 MILLION; Tom Narducci BA Hons, M. A., CQSW, Senior Consultant, NSPCC; Malcolm Stevens, independent professional adviser and former Social Services Inspector (SSI) and Director of Children's Services, a member of the Government's Child Care Policy Group and Ministerial adviser for 11 years; Dr Nick Lessof, MRCPCH, Consultant Paediatrician and Named Doctor for Child Protection at Homerton University Hospital NHS Foundation Trust. Full biographical details can be obtained upon request.
- ^{vi} Bedford Borough Council has a contract with UKBA to provide welfare assessments for children who have been detained in excess of 21 days. This does not preclude intervention by the social workers at an earlier point during detention with any family that needs it.
- ^{vii} UKBA have provided us with information that states "that the average length of detention is for 14 days, with the majority having been detained for a shorter period."
- ^{viii} Home Affairs Committee - First Report, The Detention of Children in the Immigration System published by the House of Commons on 24 November 2009.
- ^{ix} Family Detention Unit, December 2009; 'Family Booking Form: Checklist.'
- ^x UKBA response to 11 MILLION, 12.08.09, Comment on Recommendation 4.4.
- ^{xi} Complaints can of course be about any aspect of detention and do not necessarily concern arrest. However, we included a recommendation about complaints in the chapter of the report concerning arrest, as this was the area where the most serious complaints from children arose. We consider the current complaints system at Yarl's Wood in this section to stay in line with the structure of our last report.
- ^{xii} Children's forums: 28.08.09, 14.08.09, 16.07.09, 29.06.09, 05.05.09, 13.02.09, 16.01.09, 02.01.09.
- ^{xiii} Children's forums: 14.08.09, 16.07.09, 15.06.09, 13.02.09, 16.01.09.
- ^{xiv} Children's forums: 29.06.09, 15.06.09, 05.05.09, 14.04.09, 02.01.09.
- ^{xv} UKBA response to 11 MILLION, 12.08.09 – response to recommendation 5.1.
- ^{xvi} The UKBA contract monitor at Yarl's Wood provided a response to concerns raised by children at the forum meeting of 02.01.09. A note from the 'Complex

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Advice Team' (CAT) appeared to be a formal written response to concerns raised in the children's forums under the 'immigration' heading between January and August 2009. It is unclear who the CAT response was aimed at and whether the comments were fed back to children. The CAT document acknowledges that *'despite guidance and training being readily available to staff dealing with families, certain themes are recurring'*.

^{xvii} Children's forums: 29.06.09, 05.05.09, 14.04.09, 02.01.09.

^{xviii} After bringing this incident to the attention of UKBA, upon investigation they can find no evidence of the girl's head being banged against a wall, although the claim relating to the shower gel is not contested.

^{xix} Op Cit, comment on recommendation 5.5.

^{xx} Op Cit, comment on recommendation 5.5.

^{xxi} Op Cit, comment on recommendation 6.1.

^{xxii} Op Cit, comment on recommendation 6.2.

^{xxiii} These records refer to periods of detention before SERCO became responsible for Yarl's Wood and may not have been handed to them.

^{xxiv} The standards used for audit are those found in the Royal College of General Practitioners' *Good Medical Practice for General Practitioners (July 2008)*.

^{xxv} British Medical Association, Royal Pharmaceutical Society of Great Britain, Royal College of Paediatrics and Child Health, Neonatal and Paediatric Pharmacists Group *British National Formulary for Children 2009*.

^{xxvi} *Family Detention Unit: Family Booking Form: Special Needs*.

^{xxvii} Available at http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf

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Appendix A

Following our visit to Yarl's Wood, and in discussion with UKBA we were provided with a list of improvements and developments since our previous visits to the centre. Some of these we have commented on in the body of this report. We believe listing these is a helpful exercise in noting UKBA and SERCO's ongoing commitment to addressing the issues we have raised.

Healthcare provision - improvements over recent years:

- Development of the Yarl's Wood PCT partnership board that provide clearly defined routes to access CAMHS
- Registration with the healthcare commission
- Regular baby weight clinics
- Triage on the family unit
- Open access to healthcare for appointments and medication
- Recruitment of a paediatric nurse
- Regular attendance by a female GP
- Full vaccinations given to identified risk groups (including malaria prophylaxis)
- Children's health records "Red Book" issued
- Better mechanisms in place to obtain medical records from community GP
- Improved family referral forms prior to detention to allow HIC to assess the centres ability to meet the specific needs of the individual.

Recent and ongoing improvements to the facilities at the centre for families:

- Removal of the razor wire around the family unit and permission to remove the rest around female area

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- The newly opened school with four classrooms and a play area - providing a normalised going to school experience, staffed by teachers and support staff, not DCOs
 - Planting of fast growing ever green plants to shield view of remaining fence around the school.
 - New staff uniform (pink and blue shirts) to de-institutionalise the centre and reflect more of a care environment
 - Replacement of key chains with covered wire spirals
 - Installation of a multi-cultural kitchen day room (work in progress)
 - Family association room
 - Male focuses association room
 - Study area for 16-18 year olds
 - New bikes and skate boards plus safety equipment
 - Introduction of a holistic care package to include: dedicated multi-sensory room on family unit and the provision of acupuncture, and herbal therapy
 - General softening of the centre's accommodation, with brightly coloured furnishings and child friendly arrival rooms in reception
 - Relaxed security - no longer search children unless intelligence led
 - Reduced roll count on Crane Unit to twice a day (down from four times)
 - 21 gates in the centre opened up to create an open accessed regime with dedicated faith area
 - Removal of gate entering Crane Unit
 - Fast tracking process in reception at busy times to allow early settlement onto the Unit
 - Child appropriate complaints forms for the 5-11, 12-17 year-olds

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- Children's forum
 - Children's servery in the canteen with coloured crockery
 - Children's phone calls to keep in touch with friends and family in the community.

Policy changes

- Stronger links with LSCBs and local children's services
- Grant agreement with Bedford Children's Services
- No caged vehicles for movement of children (other than high risk cases)
- No inter-IRC movements of children at night
- No home visits before 6.30am other than in exceptional circumstances
- On 2 November 2009 a statutory duty came into force to ensure we make arrangements to have regard to the need to safeguard and promote the welfare of children as required in Section 55 of the Borders, Citizenship and Immigration Act 2009.
- The Family Detention Unit (FDU) given the authority to require a local enforcement office to release a family from detention on welfare grounds
- FDU operating an enhanced gatekeeper process designed to increase existing levels of assurance that all families entering detention are suitable for detention and removal
- In addition to the existing published process of enhanced detention reviews, FDU now undertake immediate additional event driven detention reviews when significant changes in circumstances occur. This includes cancellation of a removal, welfare concerns and changes to expected timescales.

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Appendix B

Recommendations from the previous 11 MILLION report - *the Arrest and Detention of Children Subject to Immigration Control*.

Key Recommendations

- 1.1 Detaining children for administrative reasons is never likely to be in their best interests or to contribute to meeting the Governments outcomes for children under the 'Every Child Matters' framework. The administrative detention of children for immigration purposes should therefore end.
- 1.2 Exceptional circumstances for detention must be clearly defined and should only be used as a measure of last resort and for the shortest period of time in line with the requirements of Article 37(b) of the *United Nations Convention on the Rights of the Child*.
- 1.3 UKBA should develop community-based alternatives to detention, which ensure that children's needs are met, and their rights not breached, during the process of removal. We acknowledge that the UKBA needs to take a risk-based approach to immigration. However, we do not believe that this needs to be incompatible with acting in the best interests of the child as required by Article 3 of the UNCRC.
- 1.4 Since the detention of children is unlikely to end immediately as we would wish, the recommendations made at the end of each chapter should be urgently implemented to ensure children are treated in compliance with ECM principles and the UNCRC.
- 1.5 In line with International Human Rights Standards, and the removal of the reservation against Article 22 of the UNCRC, the Government should monitor compliance with these standards particularly in relation to the detention of children.
- 1.6 UKBA should set out the accountabilities of all agencies, from the Home Office through to the providers, clearly and unambiguously so that detainees, interested agencies and the public are aware of the respective agencies responsibilities and accountabilities with regard to the detention and removal of failed asylum seekers.

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The decision to detain

- 4.1 The UK Government should comply fully with international standards for the detention of children as set out in the United Nations Convention on the Rights of the Child and the United Nations Rules on Juveniles Deprived of their Liberty.
- 4.2 UKBA needs to find ways of working with families whose claims are unsuccessful within the community, so that they can continue to access services their children need while being prepared for departure.
- 4.3 Information to support voluntary departure should be delivered when families appeal rights are exhausted, recognising that they are unlikely to be open to return whilst their claim is outstanding. Ongoing face-to-face opportunities to identify and address barriers to departure and appropriate support should be provided for those families unable to remain.
- 4.4 The detention of families should never be a surprise. For those families not choosing voluntary departure, and who are liable for removal, UKBA has an obligation to prepare them for return, including the possibility of detention prior to removal.
- 4.5 The length of time a child has lived in the UK should inform the decision on whether or not to enforce removal. This accords with the 'best interests' principle enshrined in children's legislation and the UNCRC. The current threshold of seven years of residence for a child before settlement is considered needs formally reviewing.

Arrest

- 5.1 When a child is deprived of his or her liberty, particular care must be taken to ensure that they are treated with humanity and respect for their inherent dignity, taking into account their age and maturity. This principle should inform the behaviour of enforcement teams and escort staff and the arrangements for transportation.
- 5.2 UKBA should develop draft policies and procedures on a process for the security, inventory, storage, return or disposal of any items of property not accompanying a person to immigration detention. Instructions and guidance on the processing of such items should be public and available to detainees on arrest and during their detention.
- 5.3 In compliance with the United Nations Convention on the Rights of the Child (UNCRC) (Article 37), restraint must only be used in exceptional

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circumstances and as a last resort and only when the child poses an imminent threat of injury to her/himself or others. UKBA must be fully accountable for any instance of the use of control and restraint against a child or on a family member. All such incidents must be treated as serious incidents, logged, and fully reported to the Regional Director and to UKBA's Children's Champion.

- 5.4 To minimise distress during arrest and removal to detention, information must be provided to families explaining what is happening, where they are going, how long it will take and arrangements for breaks and refreshments. Children should not be separated from their families during removal to detention.
- 5.5 Complaints systems should be reviewed, with a view to providing mechanisms that better meet the particular needs of children. It should be recognised that the current system does not mitigate detainees' concerns that complaining may negatively influence the outcome of their case.

Children's concerns during detention

- 6.1 During arrest, officers should ensure that children are encouraged to bring friends' contact details with them. Detention arrangements should facilitate contact with friends.
- 6.2 Families should be routinely asked whether they have pets and informed about what arrangements have been made for pets which have been left behind.
- 6.3 The provision of emotional support and/or counselling needs to be improved, with priority given to older children who tend to carry the greater stress on behalf of their families.
- 6.4 Effective procedures need to be put in place in order to progress issues raised through children's forums, for example improving facilities and the food provided.
- 6.5 Roll count should be conducted in a way that respects family privacy. The number and timing of roll counts should be reviewed with a view to reducing their frequency and intrusiveness.
- 6.6 11 MILLION welcomes that the provision of play equipment and social opportunities to play have significantly improved. However, the social and emotional importance of children's play should be promoted with regular opportunities provided for them to play collectively.

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The Healthcare of Children at Yarl's Wood

- 7.1 UKBA should recognise the right every child has to the enjoyment of the highest attainable standard of health, and ensure that no child is denied equal access on the basis of their detention status.
- 7.2 Some medical conditions may render detention inappropriate due to serious risk to a child's health. UKBA should commission a review from a suitably qualified body to determine which conditions might fall into this category.
- 7.3 All children who enter immigration detention should have the continuity of their healthcare prioritised, with medical staff obtaining their health records without delay.
- 7.4 A baseline assessment of children's health should be conducted upon entry, with consideration to both physical and mental health needs. Serious consideration should be given to using the Common Assessment Framework for this purpose.
- 7.5 Lines of responsibility for health care provision both within and outside of Yarl's Wood should be clear and prioritise the child's needs, ensuring alternatives are quickly arranged when their needs cannot be met within Yarl's Wood.
- 7.6 Children in detention requiring hospital attention should be granted temporary admission for the duration of their visit or stay in hospital along with their parent. Officers should not be present during hospital appointments or on the children's wards.
- 7.7 A full assessment of a child's health needs prior to removal must be completed, followed-up with the provision of advice, immunisation and prophylaxis.
- 7.8 Children and families subject to removal to endemic malaria areas should be provided with insecticide treated bed nets.
- 7.9 UKBA health policy for children should be determined with reference to the Department of Health's National Service Framework for children, young people and maternity services (2004) and the UK Government's global health strategy Health is Global.
- 7.10 In recognition of the specific mental health needs of the Yarl's Wood population, protocols between Serco Health and the PCT should be

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established to ensure the delivery and monitoring of mental health support at Yarl's Wood, and to further inform service planning by Bedfordshire CAMHS.

Reviewing Detention

- 8.1 Welfare assessments, based on the Common Assessment Framework, should be completed for all children in detention within seven days by an independent social worker and should be immediately sent to the officer responsible for the review of detention. Subsequent welfare assessments should be produced regularly in writing.
- 8.2 The independence of social work staff and their assessments must be maintained and accorded full weight in decisions to continue detention.
- 8.3 Ministers reviewing a child's detention must be fully informed of the social worker's recommendations as recorded in the welfare assessment(s).
- 8.4 Where removal has not been effected within 48 hours, a judge should review whether continued detention is lawful and appropriate, and thereafter on a regular basis.
- 8.5 The full ambit of Rule 35 of the Detention Centre Rules needs to be recognised and applied to children who are in detention. When Rule 35 reports are issued, identifying the injurious impact of detention, the affected child (and their parents/carers) should be released.
- 8.6 Independent medical reports should be reviewed immediately by the centre medical practitioner with a view to deciding whether the evidence meets the threshold for a Rule 35 referral.

Arrangements for Pregnant and nursing Mothers and their babies and infants

- 9.1 Detention is particularly damaging for babies and infants and no babies or infants should be detained by UKBA as a matter of policy.
- 9.2 Women in detention should have access to all appropriate services related to pregnancy, confinement, and the post-natal period, with particular attention given to the provision of adequate nutrition during pregnancy and lactation. These services should be delivered in compliance with the standards established by the National Service Framework for children, young people and maternity services, the NICE Guidelines on Maternal and Child Nutrition and the Department of

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Health's Child Health Promotion Strategy and Serco must be able to demonstrate at audit that all these services are being provided to the relevant standard.

- 9.3 Mothers of infants under four years should have regular access to a health visitor for advice and support on infant feeding and equipment needs. Health visitor contact with mothers and their infants should be recorded so that it can be audited. Serco should make their current feeding arrangements and the feeding review that has been undertaken accessible to healthcare professionals for scrutiny. Serco must ensure that all mothers are made aware of their entitlements to unlimited access to any kind of formula they require.
- 9.4 There should be appropriate facilities provided to allow mothers feeding formula to their infants to be able to make up fresh feeds in their own rooms. This should include access to hot water and refrigeration.

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Appendix C

List of documents supplied by SERCO prior to the 11 MILLION visit in October 2009.

- Detention Centre Rules, 2001
- Notes from the Security Monthly Report where use of force is reviewed
- Log of PCC utilised in 2009 to date
- Children's forum notes
- A week's example of the new children's menu
- Photograph of the new uniform
- Consent letter for medical records from GP
- Routine childhood immunisation programme form
- Request for GP record (example)
- Family request form for medical records to the GP
- Advertisement example for weight clinic
- Parental consent for weight clinic form
- Children's weight clinic record form
- Health visitor clinic log
- Copy of all lists displaying health visitor contacts
- Minutes of partnership meeting, CAMHS Pathway
- Malaria prophylaxis guidance notes
- Email correspondence with Sure Start
- Internal Policy on Breastfeeding and formula feeding
- Emails evidencing engagement with PSHE/CPD
- PSHE/CPD Course outline
- PSHE/CPD Joint agreement
- Advertisement to residents for access to the health visitor
- Paediatric Nurse job description.

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Appendix D

Consideration was given by our independent expert to the provision of anticipatory care to mothers at Yarl's Wood. A full list of her recommendations is listed below:

Ante-natal and postnatal information for all mothers needs to include:

- stronger encouragement to initiate and maintain exclusive breastfeeding in accordance with national guidelines, and to continue partial breastfeeding for 24+ months in order to protect babies' food security, and maximize protection against common infections.
- information on how to prevent and solve common breastfeeding difficulties.
- anticipatory care about the difficulty of reversing the decision to abandon breastfeeding.
- prerequisite conditions for safe formula-feeding, e.g. that clean water, fuel, hospitals, doctors and antibiotics are needed to treat the increased infections bottle-fed babies suffer from.
- the financial costs of bottle-feeding, e.g. that it takes 40 kg of formula to feed one baby for one year, and 63 kg to feed breast milk-substitutes for the "two years or beyond" that breastfeeding is recommended.
- Mothers who are already breastfeeding should be given every encouragement not to start supplementing with formula except on medical indication (e.g. for babies who gain inadequate weight and where the usual remedial measures to increase breast milk are unsuccessful).
- mothers who are breastfeeding and especially those who are pumping for any reason should be taught how to manually express their breast milk. This is a useful self-care skill for mothers, and insurance for babies and forms part of all assessments of baby-friendly hospitals in developing countries.
- mothers who are giving bottles for any reason should be taught how to cup-feed their babies as per WHO recommendations for non-breastfed babies in resource-poor settings, where bottle-feeding is acknowledged to be hazardous.
- unless it is certain that conditions for formula-feeding in place in the country of origin are acceptable, feasible, affordable, sustainable and safe, HIV+ bottle-feeding mothers should be taught how to relactate, and how to pasteurise their breast milk.

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Appendix E

Management Information on cancelled removal directions for 2009

Commentary and Caveats

You should note that each instance of cancelled removal refers to one family unit rather than one child. One family unit may be subject to several sets of cancelled directions. Cancelled removal directions do not necessarily mean that a family were taken to an airport for departure and cancellation may be a paper exercise. In some instances removal directions will have been cancelled before they have been served on the family. This will have occurred on a reasonable number of occasions in the last year as FDU encouraged LEOs to provide firm estimates of when a case was likely to be ready for removal and to pre-book flights in line with that estimate in order to keep detention time to a minimum.

Cancellations will also result from a UKBA decision to release in order to minimise a period of detention. Cancellations will also result from multiple reasons, for the purposes of our MI, we record the principal reason. I cannot subject the data to rigorous statistical analysis but there are some clearly identifiable significant issues.

Judicial Review, Further Representations and MP Intervention account for 232 instances or approximately 42% of the total. The raising of such barriers is outside the control of UKBA.

Disruptive Behaviour is a significant factor in 77 instances or approximately 14%. Internal stakeholders work pro-actively to identify instances where this is judged likely to happen and engage face to face with families in order to minimise this.

Medical Issues can arise where internal health care professionals judge family members to be unfit to travel.

A number of issues arise where it appears that internal processes fail although some transport or airline issues will be outside our control. FDU currently compile regular reports where internal avoidable failures have occurred and these issues are passed to senior managers and local offices for rectification.

A large number of cases are identified as “other”, this relates to reasons such as fresh appeal raised or injunction. FDU current process only identifies a top eleven reasons. FDU will undertake a manual trawl of the “others” category to establish trends and may alter the way it gathers and collates the information but this will take some time and that information is not currently available.

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Reasons for Cancelled Removal Directions

Reason	02.01.09 to 02.04.09	03.04.09 to 02.07.09	03.07.09 to 01.10.09	02.10.09 to 31.12.09	Totals
Judicial Review	46	54	52	39	191
Disruptive Behaviour	22	15	30	10	77
Further Repts	8	8	8	5	29
Medical	7	7	8	5	27
Admin Failure – LEO at Fault	3	7	5	5	20
Documentation	6	3	2	8	19
Escort Failure	4	0	8	5	17
Flight Cancelled or Overbooked	3	1	7	2	13
MP's Intervention	6	5	0	1	12
Ticket/Seat Problem	2	1	1	5	9
Transport	2	2	0	2	6
Other	31	31	33	44	139
Totals	140	134	154	131	559

Family Detention Unit collects data in respect of cancelled sets of removal directions. These data are normally used for management information only and are not subject to the detailed checks that apply for National Statistics publications. These data are provisional and may be subject to change.

Richard McDonald
Assistant Director
FDU
21 January 2010

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