

# LIBERTY

PROTECTING CIVIL LIBERTIES  
PROMOTING HUMAN RIGHTS

## **Liberty's response to the draft Home Office DSO on Care and Management of Pregnant Women in Detention**

1. Liberty believes that the use of limitless detention – unashamedly for administrative convenience and far removed from the enforcement of removal decisions – leaves a dark stain on this country's human rights record. Fundamentally, the Government should not detain anyone for such purposes – much less those who are vulnerable.
2. Liberty is absolutely opposed to the use of immigration detention in anything save the most exceptional circumstances to effect immediate, lawful removal. For pregnant women and other vulnerable individuals, the use of immigration detention must be absolutely prohibited.
3. The administrative detention of individuals vulnerable for reasons of illness, age, or pregnancy, for example, is especially egregious and inappropriate. So too is it deeply inappropriate to forcibly remove women from the UK whilst they are pregnant. Some of the dangers of flying whilst pregnant are severe and life-threatening, such as ectopic pregnancy rupture on long-haul flights. But the process of being forcibly removed from the UK whilst pregnant, at whatever stage, will place extreme strain on a pregnant woman's body and on the pregnancy itself. It cannot be right to place individuals under this stress whilst they remain vulnerable and needing medical monitoring as they carry their pregnancies to term.
4. Stephen Shaw's Review into the Welfare in Detention of Vulnerable Persons – a Government-commissioned study into immigration detention – found it to be “obvious” that “detention has an incontrovertibly deleterious effect on the health of pregnant women and their unborn children.”<sup>1</sup> As a result, he concluded that pregnant

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<sup>1</sup> See 'Review into the Welfare in Detention of Vulnerable Persons A report to the Home Office by Stephen Shaw', January 2016, p. 87, available here: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490782/52532\\_Shaw\\_Review\\_Accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490782/52532_Shaw_Review_Accessible.pdf).

women should never be detained, a finding echoed by many other independent bodies, such as All-Party Parliamentary Groups on Refugees and on Migration.<sup>2</sup>

5. The health risks to pregnant women in immigration detention are obvious and severe. As Medical Justice stated in evidence to the Shaw Review:

“... the healthcare pregnant women receive in detention is inadequate and falls short of NHS equivalence and the National Institute for Health and Care Excellence (NICE) standards. Immigration detention introduces discontinuity in women’s care and the stress of detention can impact on their mental health and their pregnancy. Stillbirth, miscarriage and acute psychosis are amongst the problems experienced...A Medical Justice audit showed that only around five per cent of pregnant women were successfully removed, raising questions as to the purpose of their detention.”<sup>3</sup>

### ***Manner of ‘consultation’***

6. The process by which the draft DSO has been drawn up has been deeply unacceptable. Given the gravity of the issue, a full public consultation is necessary. Instead, a draft DSO has been published without any significant public awareness raised. Even worse, the Home Office announced at the same time it asked for responses that the draft DSO will go into effect from June of this year. Responses will only “inform a final DSO” to be published over the summer. The detention of pregnant women for immigration purposes is a severe step for any government to take. For the Government to unilaterally determine how it will do so, without genuine public consultation and engagement, is deeply inappropriate.
7. In addition, there is nothing to suggest that any Equality Impact Assessment has been completed in respect of the proposed DSO. The Secretary of State must comply with her Public Sector Equality Duty under section 149 of the Equality Act 2010 in drawing up any new DSO. In proposing to detain pregnant women by way of the current draft DSO, without having done so, she risks acting unlawfully.<sup>4</sup>

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<sup>2</sup> See All Party Parliamentary Group on Refugees & the All Party Parliamentary Group on Migration, ‘The Report of the Inquiry into the Use of Immigration Detention in the United Kingdom’, available here: <https://detentioninquiry.files.wordpress.com/2015/03/immigration-detention-inquiry-report.pdf>, p. 67.

<sup>3</sup> See Shaw Review, p. 87.

<sup>4</sup> See *R (Hosseini and others) v Secretary of State for the Home Department* [2016] EWHC 1331 (Admin) for the breach of the duty in failing to conduct an Equality Impact Assessment in respect of a change in policy on the making of asylum claims in detention.

8. Liberty therefore proposes that the Government abandon its published draft and launch a full, 3-month consultation on the subject, with a full Equality Impact Assessment conducted in addition.

### ***Detention***

9. During the passage of the Immigration Act 2016, Liberty sought a total ban on the detention of pregnant women for immigration purposes. Crucial to Stephen Shaw's review of the detention of pregnant women was his finding that there is "little evidence" to suggest that the existing requirement that pregnant women be detained "exceptionally" was being followed.<sup>5</sup> The moral and practical case for an absolute ban is overwhelming. As Stephen Shaw found, on the basis of extensive witness evidence, 'exceptionality' requirements in guidance have repeatedly failed to provide the protection that pregnant women need.
10. Section 60 of the Immigration Act imposes permits the detention of pregnant women for a 72-hour period, where the woman will shortly be removed from the UK or there are exceptional circumstances which justify her detention. Detention may be extended to up to 7 days when personally authorised by the Minister. Guidance building on these legislative requirements must fully reflect the findings of the repeat reviews into the detention of vulnerable persons.
11. It is therefore extremely concerning that the draft DSO provides no details as to the exceptional circumstances in which pregnant women may be detained. All that is said of section 60 is that it will "place restrictions" on the detention of pregnant women.<sup>6</sup> It is completely unacceptable that the draft DSO makes no attempt to improve on previous guidance the failings of which have been conclusively demonstrated by the Government's own review.
12. This is especially important in light of recent revelations as to the ongoing practice of detaining pregnant women. Despite the general ban, the Government has repeatedly refused to release information as to the number of pregnant women it detains. It has only released some of the relevant data over a month after being compelled to do so by the Information Commissioner, who in June upheld a request for the information under the Freedom of Information Act by Women for Refugee Women.<sup>7</sup> The request

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<sup>5</sup> See Shaw Review, p. 26. These requirements are contained in in Chapter 55 of the Enforcement Instructions Guidance, available here:

<sup>6</sup> See paragraph 2.

<sup>7</sup> See Information Commissioner's Office, Decision Note FS50624827, 13 June 2016, available here: [https://ico.org.uk/media/action-weve-taken/decision-notices/2016/1624503/fs\\_50624827.pdf](https://ico.org.uk/media/action-weve-taken/decision-notices/2016/1624503/fs_50624827.pdf). See also

revealed that, over a five-month period, 52 pregnant women were detained under immigration powers.

13. Given that a previous report into the detention of pregnant women placed the number of those detained for all of 2014 at 99, there appears to have been no decline.<sup>8</sup> Moreover, as reported from the recent data, “Most of the women had been detained for less than a month, but 12 were held for longer – four of them for up to two months, six of them for up to three months and two of them for even longer. Of those four women still sat in detention centres on December 31st, two had been held for three months or more.” This is deeply unacceptable. Liberty urges the Government to comply with its own guidance, and now its legal obligations, not to detain pregnant women. These figures demonstrate the urgent need for the draft DSO to emphasise that pregnant women must not be detained.
14. To ensure that pregnant women are rarely, if ever, detained, it is imperative that decision-makers are given guidance as to the exceptional circumstances deemed to justify it. At the very least, the draft DSO should detail some of the circumstances which are *not* sufficiently exceptional to justify the detention of a pregnant woman. For example, since a person’s being removed “shortly” is expressly provided for in the legislation, as per section 60(2)(a), it would be obviously inappropriate to detain a pregnant woman who may be removed in the less-than short-term – much less the longer-term. The guidance must state that section 60 cannot be read so as to provide that such circumstances are “exceptional”.
15. At paragraph 13, the draft DSO notes that healthcare providers will “offer the detainee a pregnancy test”. Pregnancy tests must be immediately given to women who claim to be pregnant when they arrive at a detention centre or when they first claim to be pregnant (if that takes place after their arrival), if the matter is in doubt. There is no reason to think women will routinely or at all falsely claim to be pregnant, since it is easy to provide pregnancy tests in such cases. Guidance must make clear that staff must not adopt an attitude of routine disbelief, and must require the making of a pregnancy test only in circumstances in which there is genuine uncertainty.

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*politics.co.uk*, ‘Home Office forced to reveal pregnant women kept in immigration detention centres’, 3 August 2016, available here: <http://www.politics.co.uk/blogs/2016/08/03/home-office-forced-to-reveal-pregnant-women-kept-in-immigrat>.

<sup>8</sup> See Her Majesty’s Chief Inspector of Prison, ‘Report on the unannounced inspection of Yarls Wood Immigration Removal Centre’, 13 April – 1 May 2015, available here: <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2015/08/Yarls-Wood-web-2015.pdf>.

16. Indeed, where the pregnancy is sufficiently plain or obvious, or otherwise evidenced by the individual's medical records, for example, tests will be unnecessary. In other cases, the detainee herself may be unsure or only suspects she may be pregnant, and therefore requires medical consultation. This must be provided as soon as possible.
17. Detention centres must give detainees the option of multiple pregnancy tests where it is claimed that an earlier test was defective, inconclusive, administered too early to deliver a positive result, or is suspected of having erroneously failed to deliver the correct result.
18. Paragraph 4 of the draft DSO covers the point at which the time limit on the exceptional detention of pregnant women will be taken to run. The draft DSO must clearly state that pregnancy tests must be provided as quickly as possible, since delays will risk extending a pregnant woman's detention beyond the permissible limits under section 60. There is no reason why pregnancy tests cannot be provided speedily and efficiently.
19. The requirement of paragraphs 9 and 18 that pregnant detainees only be searched by female staff is to be welcomed. However, there is nothing in the draft DSO to make clear that male staff must not be present during such searches. This requirement must be expressly stated.
20. During any attempt by the authorities to take into detention a person known or suspected to be pregnant (or who claims to be pregnant), a medical escort must be present. The process of arrest and transfer to detention is plainly a very serious stressor for women who are pregnant. No "dynamic risk assessment process"<sup>9</sup> is required to ascertain the necessity of a medical escort in such cases. They must be provided as a matter of course. Nurses or midwives trained in the care of pregnant women could accompany the transfer of pregnant detainees, but Liberty urges the Home Office to consult with the Royal College of Midwives as to what they believe to be the most appropriate solution.
21. Paragraph 23 of the draft DSO requires the provision of information to "the detainee" setting out the "IRC's specific provisions for pregnant women". Such information must include all the IRCs' obligations towards pregnant women in legislation and applicable guidance, and it must be provided to all detainees, as matter of course, whether or not they are pregnant. This information must unambiguously include the

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<sup>9</sup> See paragraph 11. The draft DSO provides nothing to clarify the meaning of this expression.

requirements of section 60, and of detainees' rights to raise the issue with the Removal Centre staff.

22. This information must be repeated to any detainee who informs staff that she is or may be pregnant. The Pregnancy Liaison Officer (PLO), or the officer with PLO functions, must also be responsible for the provision of information about pregnancy, whenever requested by detainees.
23. Paragraph 22 of the draft DSO provides that centre and healthcare staff must “work together to undertake” a risk assessment of a pregnant detainee within 24 hours. In view of the paramount need to safeguard their well-being, and the 72-hour detention limit in section 60, this is far too long a period for there to be no risk assessment in respect of pregnant detainees. Instead, the draft DSO must provide that a risk assessment be conducted and completed as soon as possible once a pregnant detainee is detained or she is identified as being pregnant. At the very latest, a risk assessment must be conducted within two hours.
24. Paragraph 10 of the draft DSO provides that the timing of the transfer of a pregnant woman to a place of detention must “be arranged to limit the impact on the detainee” and “[w]here possible inter-centre transfers at night should be avoided”. In light of the vulnerability of pregnant women in immigration detention, the draft DSO must provide that no pregnant women can be transferred to or from a place of detention, or between places of detention, at night.
25. Plainly, detention centres must comply with their duties under section 60 and not exceed the time-limit of 72 hours. Therefore, rigorous planning for detainee transfers must be conducted to make sure that these limits are not breached. It must be made clear in the DSO that deadlines missed (or which risk being missed) as a result of failures to work within these requirements do not amount to “exceptional circumstances” for the purposes of section 60.
26. The draft DSO contains no provision as to the appropriate treatment of pregnant women in immigration detention who lack capacity. This is a serious and concerning omission. The Shaw Review detailed the evidence of individuals in immigration detention without capacity, which included legal challenges in which breaches of Article 3 of the Human Rights Act – the right against torture and inhuman or degrading treatment – were found to have been committed.<sup>10</sup>

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<sup>10</sup> See, for example, Shaw Review, p. 188.

27. The risks to those who lack capacity but who are – shockingly – in immigration detention are manifest, and will be all the more severe for those who are also pregnant. Such persons should never be detained under any circumstances. For as long as they are, the draft DSO must provide adequate detail as to how pregnant women in immigration detention who lack capacity are to be appropriately and lawfully dealt with.
28. Paragraph 2 of the draft DSO also states that the requirements of section 60 “do not apply to pregnant women detained at the border (whether held in port holding rooms or transferred to IRCs or residential [short-term holding facilities]) pending examination or further examination to determine entry to the UK, pending a decision to cancel leave to enter, on embarkation, or as a person liable to arrest/subject to an arrest warrant.” All pregnant women in detention will face the same serious health risks, regardless of the power under which they are detained. The draft DSO must reflect this. It must make clear that the requirements it sets out as to the safeguarding of their well-being during detention, transfer, and removal apply to all pregnant women, regardless of the detention power under which they are detained.

### ***Force and restraint***

29. Paragraph 15 of the draft DSO provides for the use of force in respect of pregnant women in detention. It fails to make clear the vital imperative not to use force against pregnant women in detention. The DSO must clearly state that pregnant women must never be subject to force or otherwise restrained, other than – and exceptionally – where absolutely necessary to prevent her from harming herself or another person. The draft DSO must also state that force or restraint can only be applied with appropriate medical supervision at the time or, where this is not practicable, at the earliest possible opportunity. The prohibition on restraint must include all forms of physical restraint, including handcuffing.

### ***Healthcare for pregnant women in detention***

30. In paragraph 7, in view of the importance of the health of pregnant women, the word, “known”, should be supplemented with the words, “or suspected”. Women who are at risk of adverse health complications as a result of being detained whilst pregnant should be treated with the utmost care, especially where they are detained without any medication or medical records. A person may suspect she is pregnant but need medical treatment before she is able to confirm her pregnancy through a test. It is plainly right that healthcare providers in immigration detention take the utmost

precautionary measures to safeguard the health of pregnant women and the safety of their pregnancies.

31. Moreover, it is not appropriate for healthcare treatment to be delivered by a 'Welfare Officer' of the Immigration Removal Centre. When receiving any form of healthcare, pregnant women in detention must be seen by dedicated healthcare staff only. Liberty urges the Government to remove the reference to the IRC Welfare Officer in paragraph 7 of the draft DSO.
32. Paragraph 21 of the draft DSO provides for appointments with a GP within 24 hours of arriving at an Immigration Removal Centre. This is not acceptable. Pregnant women must be given the option of seeing a GP as soon as possible. At the very latest, a risk assessment must be conducted within two hours.
33. Moreover, pregnant women must be given the option of seeing a female, rather than male, doctor during such appointments. Detention centre staff and Home Office officials, including detainee escorts, must be excluded from these appointments.
34. The DSO must also provide for pregnant women to receive confidential meetings with healthcare staff whenever requested, and as soon as possible. No other detention centre staff members or Home Office officials, including detainee escorts, are to be present during these meetings.
35. Where requested, healthcare must be provided by women, unless the individual clearly states that she is happy to be seen by a man.
36. Given the vulnerability of pregnant women in immigration detention, all material changes to their physical or mental health should be notified to the Home Office case owner as a matter of urgency. Given the clear healthcare requirement of continuous monitoring over the 72-hour detention period, the qualification in paragraph 25 of the draft DSO – by the word, "significant" – is inappropriate.
37. Specialist antenatal care must also be available in all Immigration Removal Centres in which pregnant women are proposed to be detained. It must be made a condition of such detention that antenatal care be available, without which detention of pregnant women cannot take place.

### **Release**

38. As detailed above, pregnant women must not be forced to travel at night. Similarly, they must not be released at night. A cut-off time of 16.00 would be most appropriate

to ensure that women are able to leave the centre and make their way to their accommodation in the daytime. Plainly, detention centres must comply with their duties under section 60 and not exceed the time-limit of 72 hours. Therefore, rigorous planning for detainee transfers must be conducted to make sure that these limits are not breached. It must be made clear in the DSO that deadlines missed (or which risk being missed) as a result of failures to work within these requirements do not amount to “exceptional circumstances” for the purposes of section 60.

39. Detention centres must consider the welfare of pregnant women when planning their release and should not detain them up to the 72-hour limit if this would result in their release from detention later than 16.00. If this is unavoidable, then the detention centre must provide the pregnant woman with alternative accommodation until the morning.

### **Removal**

40. The draft DSO states that “at any stage in the pregnancy”, “the onus” is on the pregnant detainee to “produce medical evidence” to support her claim that she is having problems which would preclude her from flying. This is deeply inappropriate.
41. Firstly, women must not be removed whilst they are pregnant for the reasons identified above. If they are to be removed, there must be an absolute ban on the removal of any women whose pregnancies are beyond 36 weeks. The International Air Transportation Association’s (IATA) guidelines – on which the draft DSO appears to rely – provide precisely this restriction in respect of what it describes as ‘single, uncomplicated’ pregnancies.<sup>11</sup> For ‘multiple’ pregnancies, the cut-off point is 32 weeks.
42. Most importantly, however, pregnant detainees are in a very different position from the leisure and commercial travellers regulated by the IATA’s guidelines. Having already undergone the stress of immigration detention, they face forcible removal. As a result, the draft DSO must take even more care than that recommended by the IATA to safeguard the wellbeing of pregnant detainees and their pregnancies.
43. In view of the severe stressors placed on pregnant women in being removed from the UK, and after the already serious strain of being placed in immigration detention, the burden must be on the Home Office to demonstrate that pregnant women are fit to fly.

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<sup>11</sup> See IATA, ‘Medical Manual’, 8<sup>th</sup> ed., April 2016, available here: <http://www.iata.org/publications/Documents/medical-manual.pdf>, p. 53

44. Medical escorts, as described above, must accompany all attempts to remove pregnant women from the UK. They must monitor pregnant detainees' health at all stages of the removal process. Those conducting the removal must halt the removal process at any time where a pregnant detainee's health is at risk as a result of removal. Again, Liberty urges the Home Office to consult with the Royal College of Midwives as to what they believe to be the most appropriate solution.
45. Moreover, before any removal of a pregnant woman takes place, a multi-disciplinary meeting must take place to agree the removal plan and risk assessment. Paragraph 37 of the draft DSO wrongly states that "the IRC supplier should consider" holding such a meeting.
46. At paragraph 33, the draft DSO states, without explanation or comment, that the refusal to take prescribed malaria prophylaxis, or delay in taking it, "will not affect a detainee's planned removal". This is deeply unacceptable. It may well be perfectly appropriate for an individual to refuse to take malaria prophylaxis when pregnant. As the NHS's own online guidance states, "You can take some anti-malaria medicines safely during pregnancy, but should avoid others".<sup>12</sup>
47. Indeed, the latest guidance of the Royal College of Obstetricians & Gynaecologists details the serious adverse health risks of some anti-malarial drugs when taken during the pregnancy, along with the serious risks posed to pregnant women by malaria.<sup>13</sup> The draft DSO must be amended to remove this provision, and reflect the fact that pregnant detainees may well not be removable when they are unable to take the available and required malaria prophylaxis, leaving them at risk of contracting malaria during their pregnancy, or when the drugs that they are able to take still leave them at risk of contracting malaria during their pregnancy.
48. Paragraph 12 details provision for pre-departure accommodation and residential short-term holding facilities. It states that access to ante-natal supplies will be provided "on a case by case basis". It is unclear what this means, if anything other than that pregnant women must receive these supplies when needed. The draft DSO must unambiguously state that pregnant women in such facilities are to receive ante-natal supplies whenever they are needed.

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<sup>12</sup> See NHS Choices, 'Can I take anti-malaria medication if I'm pregnant?', available here: <http://www.nhs.uk/chq/Pages/2475.aspx?CategoryID=54>.

<sup>13</sup> See Royal College of Obstetricians & Gynaecologists, 'The prevention of malaria in pregnancy', Green-top guidance No. 54a, April 2010, available here: <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg54apreventionmalariapregnancy0410.pdf>.

49. Travel arrangements must prioritise a pregnant woman's need for rest, with night time travel avoided where it is not absolutely necessitated by the length of the flight. Again, detention centres must comply with their duties under section 60 and not exceed the time-limit of 72 hours. Rigorous planning for detainee transfers must therefore be conducted to make sure that these limits are not breached prior to a detainee's proposed removal. It must be made clear in the DSO that deadlines missed (or which risk being missed) as a result of failures to work within these requirements do not amount to "exceptional circumstances" for the purposes of section 60.
50. Finally, the table on page 11 of the draft DSO appears to correlate the 'pregnancy status' of pregnant detainees with whether they can be accepted for flight (under the heading, 'Accept')<sup>14</sup> and whether they are unfit to fly. Additional comments are provided. No detail is provided as to the use to which the table is to be put by decision-makers in detention centres, other than that it "may assist case-owners when making requests to detain".<sup>15</sup> The ambiguity surrounding this table renders it of dubious value, and risks misinterpretation and misapplication. For these reasons alone Liberty suggests it be removed.
51. In addition, the draft DSO claims to have taken the information contained in the table from the IATA's "criteria for fitness to fly". Bizarrely, the draft DSO provides no citation for the information used, and so it is unclear whether the information has been used correctly or properly sourced. Online searches discovered the IATA's Medical Manual, which provides that women whose pregnancies are "[s]ingle" and "uncomplicated" must not fly "[b]eyond end of 36th week", whereas "[c]omplexed pregnancies" have a window of 32 weeks.<sup>16</sup> The draft DSO, by contrast, inexplicably claims that women with single pregnancies will be fit to fly for "up to 37 weeks". This obvious error must be amended.
52. Furthermore, some of the information provided in the table is plainly misleading. As to single and multiple pregnancies with no complications, the draft DSO leaves blank the column as to the woman's 'fitness to fly'. There is a real risk that this will be interpreted as stating that there are no issues relevant to such individuals' fitness to fly. There is nothing in the IATA's Medical Manual which warrants any such

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<sup>14</sup> It is by no means obvious that this is the function of the column, but it is assumed for the purposes of responding to the draft DSO.

<sup>15</sup> Paragraph 40.

<sup>16</sup> See IATA, 'Medical Manual', 8<sup>th</sup> ed., April 2016, available here: <http://www.iata.org/publications/Documents/medical-manual.pdf>, p. 53.

conclusion. A person with single and multiple pregnancies with no complications may still be unfit to fly.

53. Similarly, the table claims that complicated pregnancies will be “[i]ndividually assessed”. This too is highly misleading. The very purpose of the draft DSO is to lay out the manner in which individual pregnant women will be individually assessed for their fitness to fly before removal. Paragraphs 37 to 39 set out the way in which pregnant detainees are to be individually assessed for their fitness to fly. There is a real risk that the table at page 11, with its apparent suggestion that only complicated pregnancies merit individual assessment, will result in breaches of the DSO itself and the mistreatment of pregnant detainees during the removal process. The table of page 11 must be removed. If it remains, it must at the very least be amended to reflect the need for individual assessment in all cases.
54. These misleading and inaccurate uses of IATA information stem from a more basic error. Pregnant women who have been in immigration detention are in an extremely different position from women who are flying for leisure or commercial purposes. The IATA material does not even refer to pregnant detainees (of any kind) being forcibly removed, much less provide guidance in respect of them. As a result, the draft DSO must take even more care than that recommended by the IATA to safeguard the wellbeing of pregnant detainees and their pregnancies.
55. In view of the stresses that immigration detention and forced removal place on pregnant woman, each woman – at whatever stage of pregnancy – must be individually assessed prior to her flight. Indeed, this is accepted throughout the rest of the draft DSO. The table at page 11 must therefore be amended to reflect this or, better, entirely removed.
56. The remainder of the further information in the table does not appear to originate in the IATA material. For instance, there is no source for the claim that “[t]he most common complications [in pregnancies] are bleeding and hypertension”. Again, it is plainly more appropriate to rely on individual medical assessments and detailed, substantive guidance – which it is the very purpose of the DSO to provide – rather than any ‘one-size-fits-all’ approach which the table represents, using poorly-sourced information of dubious accuracy. The table must be removed from the draft DSO.

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