

AN ANALYSIS OF THE NEEDS OF
PREGNANT WOMEN AND MOTHERS
DURING AND AFTER DETENTION
IN IMMIGRATION REMOVAL CENTRES



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BACKGROUND AND INTRODUCTION

The original brief for this report was to carry out a needs analysis into the situation facing pregnant asylum seeker/refugee women and refugee/asylum seeker mothers in detention across the UK. However it became apparent early on that it was unlikely that there would be enough time to analyse the needs of women in both prisons and immigration removal centres (IRCs), and that refugees are not usually held in immigration removal centres, unless they are due for deportation because, for example, they have committed a crime, and their permission to remain in the country has been revoked as a result. The decision was therefore taken to focus on women detained in immigration removal centres, and also to investigate, as far as possible, their needs once they have been released, as a need for support once women have been released also became apparent.

This report therefore examines on the needs of asylum seekers, refused asylum seekers and people without documentation who are being held in immigration removal centres, and at the needs of failed asylum seekers and people without papers who are released from removal centres.

Definition of terms

The entitlements and legal position of foreign nationals in the UK are complex and are subject to change. However, the situation at the time of writing is as follows:

Asylum seeker – someone who is seeking safety (in the UK for these purposes) due to a fear of persecution in their own country for reasons of race, religion, nationality, membership of a particular social group or political opinion. Accommodation and subsistence support for asylum seekers who are in need of it is provided by the UK Borders Agency (UKBA). Asylum seekers are entitled to free NHS primary and secondary health care. Generally they are not permitted to work.

Refugee – an individual who has been given a positive decision on their asylum application and granted permission to stay in the UK for a period of time. Initially people in this position fall into three categories: those granted refugee status, those granted humanitarian protection, and those granted discretionary leave. People who fall into these categories have broadly the same rights and entitlements to services as other UK residents and citizens. They are able to work, apply for welfare benefits and are entitled for free health care provided by the NHS.

Refused or 'failed' asylum seeker – a person whose claim for asylum has failed and who has no other claim awaiting a decision. Most people in this position are expected to return to their home country; some are unable to do so for the moment however as it is not deemed safe or practical for them to do so for a variety of reasons. Their entitlements differ according to their situation, but most have no recourse to public funds or accommodation and many are effectively destitute. However they are currently entitled to free NHS primary and secondary health care.

People without documentation – for the purposes of this report this includes 'overstayers' – people who have not claimed asylum but whose permission to stay in this country has expired, and who remain here; people who were never properly registered in the UK; and

people who were granted permission to stay in the UK but who have had this revoked as a result, for example, of having committed a crime.

Reasons for detention in IRCs

Those detained in immigration removal centres fall into several categories: people whose asylum claim has not been successful and who are to be removed from Britain, migrants facing removal, foreign nationals who have completed a prison sentence and are due to be deported, and asylum seekers whose claims are being 'fast-tracked'. With regard to this last category, people can be detained at any stage of their application for asylum. BID notes that it seems that detention is increasingly being used to 'fast track' asylum claims that the government decides are straightforward and capable of being decided quickly. There is currently a fast track process in operation at Yarl's Wood IRC. BID has stated that in the whole of the Detained Fast Track (DFT) the success rate so far has only been 1% – in other words only 1% of those held in the DFT were recognised as refugees during 2007.

UKBA's Enforcement Instructions and Guidance (EIG) lists categories of people who are "normally considered suitable for detention in only very exceptional circumstances..." (BID, September 2007 pp 18). The categories listed in EIGI include pregnant women (unless there is the clear prospect of early removal), people for whom there is independent evidence that they have been tortured (including being raped) and people with severe health problems, both psychological and physical. However, BID's experience is that vulnerable people are detained, often without access to appropriate or adequate medical help, and I was told by the same organisation in March 2008 that three women had been referred to them in the last month who were pregnant and had been detained although removal was not imminent.

ACKNOWLEDGMENTS

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NEEDS ANALYSIS

A. The women

1. Where are they?

There are ten removal centres in the UK. Women and children are held only in Yarl's Wood near Bedford, Tinsley House near Gatwick, and Dungavel in Scotland. Women may also be held in Colnbrooke Short-Term Holding Facility although this should only be overnight. Information about children being held in this facility was not available.

2. How many pregnant asylum seeker women/women without documentation are held in detention across the UK? Where have they arrived from?

These statistics are not available. The Home Office produces snapshot figures every quarter on 'persons in detention solely under Immigration Act powers'. The most recent figures available are for 29th December 2007; those which may be of interest are as follows:

As at 29th December 2007:

Numbers of people held in detention:

	Total detainees	of which asylum seekers
Yarl's Wood	285	210
Dungavel	165	120
Tinsley House	105	60

Numbers held in all IRCs centres, by sex:

	Total detainees	of which: asylum seekers	of which: children
Female	275	200	15
Male			20

Numbers held in all IRCs by nationality (figures for top six countries):

	Total detainees	of whom: asylum seekers
Nigeria	230	120
Jamaica	205	85
China	160	140
Pakistan	115	85
Iraq	100	85
Algeria	90	65

Numbers held at Yarl's Wood under the Fast Track process:

Total in last quarter of 2007 – 110

By nationality (sex not given):

China, Nigeria and Pakistan each: 15

Ghana, Kenya, Turkey, Gambia, India, Jamaica, South Korea, Uganda, Sri Lanka each: 5

Other nationality: 20

The Home Office ceased to make available figures for length of detention for adults some time ago. However the **figures for children in all detention centres as at 29th December 2007** are as follows:

Up to 7 days	5
8-14 days	5
15-28 days	15
29 days to 2 months	10
2 months to 3 months	5

Yarl's Wood Befrienders are currently in touch with about seven detainees who are pregnant and say that this is a fairly normal situation. The majority of the women they support are African and Caribbean, although there is an increasing number of women from the Middle East.

3. How many asylum seekers/women without documentation are held with young babies or separated from young babies?

As above, statistics are not available. However there is evidence from both BID and Yarl's Wood Befrienders that breastfeeding babies have been separated from their mothers. In one case, the mother was no longer able to breastfeed by the time they were reunited and the baby had been extremely distressed and initially refused bottle-feeding during the separation. In the meantime, no breastpump was provided for the mother, who was in considerable pain as a result. The Befrienders were eventually able to procure one for her. Further examples of similar cases can be found in BID's report 'Obstacles to Accountability'.

Yarl's Wood Befrienders also report that occasionally women will choose not to have their babies with them in detention if they have family who are able to care for them. However, most do not have this choice. One woman is known to have asked to have her baby taken into care as she could not cope in detention and had no-one else to look after the child.

4. How long are the women held and what happens at the end of their detention?

Until recently, regulations stated that families with children should only be held at Tinsley House and Dungavel for 72 hours. However in reality, BID found that they were regularly detained for longer. The time limit at Dungavel has recently been increased to 10 days and there is no limit to the length of detention at Yarl's Wood, (one ex-detainee interviewed for this report was detained for 4 months while pregnant) although the Immigration Minister must authorise the detention of children after 28 days and the child must be assessed by a

social worker. However anecdotal evidence suggests that this is in reality a rubber-stamping exercise, and that children are either superficially assessed or not assessed at all. Women who are pregnant can only be subject to the fast track process if their pregnancy is under 24 weeks. However, reference is made to non-compliance with guidelines for this process in the Independent Asylum Commission's recent report 'Fit for Purpose Yet?' All women in immigration removal centres should be released from detention once they reach 30 weeks of pregnancy, as they are at that point unable to fly and it is therefore not possible to remove them from the country. Yarl's Wood Befrienders note that efforts to remove women are often made as their pregnancy reaches this stage. It seems that generally women *are* released at around 30 weeks, although it may be at 32 or 33 weeks. Crossroads Women's Centre reports coming across cases where removal has been attempted after 30 weeks of pregnancy and several women have reported to Yarl's Wood Befrienders that their gestation dates were not given correctly on their removal papers. What happens to them at the end of their detention will be examined in Section 7.

B. Their care

The information given below refers to conditions in Yarl's Wood Immigration Removal Centre.

5. What are the conditions of their detention?

a) The experience of being detained

BID reports that medical and psychological symptoms already experienced by asylum seekers at the time at which they are arrested are frequently compounded by the experience of detention. Detainees are routinely not informed of the progress of their case, are not told for how long they are being detained, face the prospect of removal to a country where they may have experienced extreme trauma and where they face the possibility of similar trauma being repeated, and are generally subject to random and sudden changes in circumstance. Although recreational activities such as volleyball, karaoke and dancing are provided in Yarl's Wood, the institutional culture seems, overall, to be one of deprivation, and the general regime seems to be both restrictive and punitive.

b) Medical care

There is a medical centre at Yarl's Wood but medical care is reported to be minimal. Paracetamol seems to be given as a standard panacea for all ills, with little else provided. Nurses are on duty 24 hours a day but anecdotal evidence suggests that they do not always respond. Whether this is because they themselves are not responding or because the wing officer has not actually called them is unclear. There is a doctor's surgery at the centre at specific times and a doctor is on call if needed at other times. It is worth noting that the removal centre is charged for calling a doctor out-of-hours. Ex-detainees interviewed for this report speak of a general culture of disbelief on the part of medical staff when women say that they are unwell. This led in one case to the woman concerned, who was pregnant, having to be hospitalised on two occasions because she eventually became so ill and dehydrated. She reports that her second hospitalisation was due to E.coli infection.

This culture of disbelief also seems to include medical staff being dismissive of existing health problems. In addition, the suddenness of the processes of arrest and placement in a detention centre, and the extremely short notice often given regarding transferral from one detention centre to another may mean that detainees are unable, for a period of time, to access prescription medicine which they have already been taking.

BID reports cases of women experiencing problems in accessing medical appointments whilst in detention. This is because they are externally provided and women are therefore required to leave the centre under escort to access them. The escort service seems to be overstretched, meaning that medical appointments are often cancelled as there is no-one to escort detainees. Until recently it was the case that medical appointments were sometimes cancelled as the fact that detainees knew the date in advance is considered a security risk. However, BID complained to the Home Office and this policy has now changed.

c) Legal representation

This is reported by the organisations I spoke to as being generally poor or non-existent. The situation is not helped by cuts in legal aid which have drastically limited the amount of funding (and hence the amount of time) which can be spent on each case and with each client. Reference is made to this situation in 'Fit for Purpose Yet?' The situation is further complicated by the fact that the legal system in Scotland is separate from that in Britain and is funded differently. This means that it is not uncommon for detainees transferred from

Dungavel to Yarl's Wood to lose their legal representative. A lack of interpreters/interpretation services is also reported.

6. Are there any particular issues relating to their pregnancy/motherhood? eg what access do they have to antenatal/postnatal care? Proper diet? Where do pregnant women give birth? Does anyone support them? How are they treated? What happens after the baby is born?

It is worth noting that, overall, maternal deaths among refugees and asylum seekers are considerably higher than those in the mainstream population. (Kelley, N. and Stevenson, J. June 2004)

The parliamentary Joint Committee on Human Rights notes that "In addition to its duty not to discriminate against foreign nationals, the state has particular responsibilities towards women. These responsibilities apply equally to nationals and non-nationals. The state is required to refrain from engaging in any act or practice of discrimination against women and has particular health responsibilities to women, especially relating to pregnancy and post-natal care – ... state's parties shall ensure to women appropriate services in connexion [sic] with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation." (Joint Committee on Human Rights 2006-7 pp 23).

It seems that this is not the reality for women in immigration removal centres. The 2002 report 'A Crying Shame' paints a vivid picture of the experience of women in detention centres (as they were then called). One of the co-authors of the report states that, to her knowledge, the situation has not changed since this report was written. She also reports that in her experience, pregnant women who are moved to removal centres from prison have had more support in prison than they receive in removal centres. This may be partly because while there are at least operating instructions relating to pregnancy for staff in prisons, no such regulations exist for removal centres.

a) Maternity services

A midwife visits Yarl's Wood once a week, or fortnightly (reports differ); there may be too many women for her to be able to see them all, although these midwives are felt to be generally kind and supportive. Some women do not seem to receive any ante-natal care and there is no ante-natal training on baby care. One woman I spoke to reported that when she came to give birth she did not even know how to push. (She consequently had an extremely difficult birth - although it seems that this was exacerbated by an unhelpful midwife - and during the process her baby became oxygen-deprived).

The majority of maternity services are provided externally, and given the problems experienced with medical appointments generally, it would seem likely that pregnant women have also experienced difficulties accessing external maternity services. Indeed, Medical Justice Network reports that access to scans seems to be patchy and tells of one woman under threat of imminent removal who was 19 weeks pregnant and had not had a scan. It also reports that women are not informed when their scans are going to be as this is considered to be a security risk.

The need for privacy during medical examinations is not always respected by escorts; one woman I spoke to talked of her doctor having to insist that the escorts left the cubicle while he examined her.

Pregnant women should have a maternity notebook in which the results of blood and other tests are reported. However Yarl's Wood Befrienders supported two women at the end of 2007 who had not been given a notebook. One of them was a Hepatitis B carrier. It has also been reported that the medical centre within Yarl's Wood does not always pass on external test results to detainees. It is said to be the detainee's responsibility to phone the hospital for results but they are not always given the telephone number. Medical notes may be kept by midwives and not by the women. Clearly there is the potential for this to cause complications and gaps in medical care if the women concerned are moved suddenly or frequently as is often the case.

With reference to the lack of response by duty nurses at the medical centre mentioned previously, Yarl's Wood Befrienders report an incident during which a pregnant woman who was in acute abdominal pain was unable to get a response from the medical centre. She eventually phoned for an ambulance herself, but when the ambulance arrived the paramedics were initially denied entry to the removal centre. They insisted and the woman was taken to hospital, but was chastised by staff at Yarl's Wood when she returned after the incident.

b) Giving birth

Women do not give birth in detention as they will be released at 30 weeks or will have been removed before this. However, Yarl's Wood Befrienders have supported women in the removal centre who have given birth in prison (where they had been detained due to arriving in Britain on false papers) and then been transported to Yarl's Wood. The Befrienders have noticed that women who have been detained frequently give birth to low birthweight babies.

c) Care of babies

Yarl's Wood Befrienders, BID and the Refugee Council all report difficulties experienced by mothers regarding the care of their babies. Mothers are not permitted to keep medication with them; this (including medication that may be needed extremely quickly, for example for asthma) is held in the medical centre and given out one dose at a time. Nappies, too, are generally given out one at a time, so mothers have to go back and queue each time, for example, a baby needs changing.

Access to formula milk is a problem; limited brands are provided so babies are sometimes unable to have the milk they usually use. This means that mothers often have to buy their children milk when the only cash they may have is their allowance of 71p per day. There are no breast pads and there is a lack of adequate sterilising equipment (including even a lack of detergent to wash out babies' bottles), no liquidisers and no other provision for weaning. Breastfeeding is an issue; the Refugee Council also reports cases of women not being allowed to breast feed, and one woman I spoke to said that she was unable to do so because of the acute distress and anxiety caused by being detained in such difficult conditions. She also talked of mothers sometimes hitting their children due to these stressful circumstances.

The Refugee Council also reports cases of babies with coughs, colds, diarrhoea and vomiting, eczema and asthma not being given the medical attention they require. There is no provision for toys in the rooms after the nursery is closed although some toys are at least provided in the nursery. Much of this is cited in a statement to Jacqui Smith (NCADC 17th April 2008) by a group of women in Yarl's Wood, who at the time of writing, are on hunger strike, protesting against both the attempted removal of one of their number and her baby, and at the conditions in which they are living. They also state that there is nowhere to nurse babies or to wash bottles; the latter has to be done in the toilet or laundry room sink.

Medical Justice Network reports cases of babies missing vaccinations in detention and then being deported despite not being protected against disease. This was verified by one of the women I spoke to, whose baby would have missed his Hepatitis B vaccination had Medical Justice Network not intervened.

d) Food

This is reported to be culturally unsuitable and unpalatable, and is not considered to be a balanced diet by supporters or detainees. The fruit allowance is minimal (two pieces per day) and it is not always available. Regulations state that salad should be available at every meal, but this is not always the case. Pregnant women have reported not being able to eat the food provided, going hungry and losing weight or buying unsuitable food such as chocolate or Pot Noodles from the shop in the removal centre. There is no entitlement to extra milk or other types of nourishment during the later stages of pregnancy or for breastfeeding mothers. There is a rigid schedule of meals and no access to food at all between approximately 7.00pm and 8.00am or 9.00am. Many detainees do not go to breakfast as they often stay up late at night. Lunch is at 12.30 and evening meal at 5.30 or 6.00pm. Detainees are not permitted to have food, water, or even milk for babies in their rooms and report, for example, being searched as they leave the dining room, or managing to smuggle a banana to the bedroom and having it confiscated during one of the random searches of rooms. Detainees discovered with food in their rooms are given a 'strike'; having two strikes results in transferral to an isolation cell as punishment. Nor are visitors allowed to bring food into the removal centre for detainees. One Yarl's Wood Befriender reported circumventing this rule by taking food to hospital for a client who was attending a medical appointment. Her way was barred by the escort, who attempted to take the food away from her before she could give it to the detainee, but with some determination she prevailed.

e) Malaria prophylaxis

Yarl's Wood Befrienders and Medical Justice Network both note that Home Office regulations state that pregnant women and their unborn children must be protected from malaria; the disease is dangerous for the mother and potentially life-threatening for the foetus. Due to chloroquine-resistance malaria prophylaxis is often given in the form of methaquine, which cannot be given to patients experiencing mental health problems. The Befrienders and Medical Justice Network report that women in this situation have been released because they cannot be deported. However, it may be difficult for them to access the care and support they need post-release as will be seen later.

Medical Justice Network also reports that medical guidelines advise caution in administering methaquine to pregnant women during their first trimester. This is a complex area but in summary, women who are pregnant should be provided with counselling so that they are able to give their informed consent to taking the drug; women in detention are not provided with this counselling. Furthermore, babies under 6kg cannot be given methaquine and so should not be deported to areas where there is chloroquine resistance. However, one woman was recently deported to Equatorial Africa with her baby, who was not protected from malaria. Medical Justice Network reports cases of mothers and children under 5 not being given malaria prophylaxis in sufficient time for it to take effect before deportation, despite Immigration Directorate's Instructions advice to the contrary.

f) Treatment of HIV/AIDS

Two pregnant women supported by Yarl's Wood Befrienders in 2007 were concerned that they were HIV positive. Both were tested at Bedford Hospital but did not get the results. When this was queried the Befrienders were told by the hospital that patients are only informed if test results are positive, although this was denied by senior staff at the hospital during a subsequent court case. Medical Justice Network reports the case of one woman who was 17 weeks pregnant and taking anti-retrovirals for HIV/AIDS. She was detained for a week without her tablets and an attempt was then made to remove her from the country

without her drugs. I was told by one source that the European Court of Human Rights is currently blocking deportation of all detainees who are HIV positive. However, another source informed me that she believed that this was changed by a recent ruling. (This is illustrative of the constant changes in legislation which mean that advisers need to be constantly ensuring that their information is up-to-date.)

7. What happens after their release?

The situation that women find themselves in on release from IRCs is hugely complex and subject to change. It should be stressed that the women who are the subject of this report are not a homogenous group as far as entitlements are concerned and their rights and entitlements are assessed on a case-by-case basis. As such a specialist adviser is needed to clarify the position at any one time for a particular individual. The relatively limited information that I was able to find however indicates that the basic overall picture is currently as follows.

a) Asylum seekers

Detainees in the group relevant to this report may be released either because their claim for asylum has been successful, because they have been granted bail and are still awaiting a decision on their claim, or because they are too heavily pregnant to be removed. In the latter case their claim may or may not have been successful. They may also be released despite their asylum claim having been unsuccessful because they cannot be deported for another medical reason, for example they are HIV positive (see above).

Those who have had a positive decision on their asylum claim, or whose claim is ongoing, should be entitled to healthcare, accommodation and support as noted previously, although there may be a delay in the receipt of these entitlements and they may be sent to live in a part of the country where they have no contacts and as a result experience isolation at a vulnerable period in their lives.

Those whose claims have failed are currently entitled to free NHS healthcare, and some may be entitled to accommodation and support, but the evidence suggests that they often experience problems in accessing accommodation and support, and may also experience problems accessing healthcare as discussed below.

In theory, it seems that those women who have been released because they cannot be deported due to late pregnancy or a particular medical condition should be eligible to apply for Section 4 support from UKBA, which provides accommodation and some subsistence. (Refugee Council website 2008). However, Yarl's Wood Befrienders tell of women who are released while pregnant having to rely on churches and local charitable organisations, or friends or family if they have them. One of the ex-detainees who I interviewed also spoke of being in this situation. This anecdotal evidence indicates that some women are not getting Section 4 support, whether because they have been erroneously denied it, or because they are unaware of their eligibility, or because they are not in fact eligible is not known. Whatever the reason, the outcome is the same; as a result they are in danger of destitution.

Women with babies may also be able to apply for Section 4 support, but the situation is, as always, complicated (Asylum Support Appeals Project website 2008). These women should be able to apply to the Local Authority for a Community Care assessment (see below). The asylum claims of all three of the ex-detainees I met had failed, but two were making fresh claims, and one had a judicial review of her case pending. Neither of these situations is uncommon and fresh claims may be made, for example, on the basis of new evidence, or by solicitors using a different legal angle or approach. All of these women had babies, however, none of them was in receipt of material support from the state, and I was unable to discover why in the limited time available (and nor, had there been more time to investigate, may they have been able to tell me, as they are frequently left in the dark about the ins and outs of

their situation). Regardless, it seems that it is not unusual for ex-detainees to find themselves in this position.

The particular vulnerability of young destitute asylum seeking women has been noted by Parliament. (Joint Committee on Human Rights 2006-7). The fact that detainees are often released with very little notice, believing that they have nowhere to live, no money and no means of acquiring any puts them at serious risk of harm, and clearly the situation is exacerbated if they are pregnant or have a young baby. Living on the margins of society, and in some cases, in a state of destitution, means that women may well not get access to healthcare even though they may be entitled to them, and essential post-natal care may well not be provided for them or their babies.

b) Women without documentation

Women without documentation may be released on bail or because they are too pregnant to be deported. This is a complex group and may include for example, women who were brought here as children and were never registered, women who have been working illegally (this may occur for a number of reasons, because for example they came with a spouse or partner and have had to leave their homes because of violence), women who have overstayed their visas, and women who are in Britain because they were trafficked here; some of these categories cut across each other. Some of these women will have applied for asylum and may still have cases pending. Others may apply for asylum on their release (see below).

As noted previously all cases are different and there are so many factors to be taken into account that there are too many variables in each case to be able to state definitively what women in these situations are entitled to. However, as a general rule, women who, for example, have been found to be working illegally, will have no recourse to public funds on their release. This term, used by Local Authorities, refers to people who are subject to immigration control and have no entitlement to welfare benefits or UKBA support, and means that although they have access to healthcare (in theory at least), they are not entitled to accommodation or benefits. This applies even to women who are pregnant and those with young babies and those who are breastfeeding. Clearly this means that they are in danger of becoming destitute. Women in this position can apply to the Local Authority for a Community Care assessment and may get some support from Social Services if they are assessed as having care needs. However, it seems that this support is for the child and not the mother.

Some groups of people are excluded from this right to Local Authority support, for example, people who are unlawfully present in the UK (including those whose visas have expired), but they may still be a duty on the Local Authority to support them if not doing so would constitute a breach of human rights. (London Borough of Islington/No Recourse to Public Funds). Pregnant women and those with babies are not released from Holloway Prison unless they are able to prove that they will have accommodation by providing an address. I was unable to find out what happens to women who are released from Yarl's Wood because they are too pregnant to fly, and further research into this area is recommended.

Whilst women without documentation do have access to healthcare, it is reported that they are often turned away by GPs and so find it difficult to get the primary care that is their due. This in turn can hamper their access to secondary care and as a result pregnant women may not have the scans that they need. Clearly there is also a danger that babies in this situation may miss out on necessary vaccinations.

Women who have no recourse to public funds frequently apply for asylum just to gain breathing space, as this means that they then become entitled to UKBA support. There may however, be a gap of several weeks between application to the UKBA and women being

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able to access this financial support and accommodation, and women waiting for this support continue to be in danger of destitution.

8. The impact of new legislation and pilot schemes

Legislation relating to immigration and asylum changes frequently. Where this is as a result of new legislation drafted by government, it has become increasingly harsh over recent years. Legal action through test cases, however, can mean that legislation becomes less harsh, as was seen in the recent High Court ruling on access to healthcare.

a) Healthcare

Until recently, failed asylum seekers were not entitled to free secondary health care, but were asked for payment in accordance with the NHS (Charges to Overseas Visitors) (Amendment) Regulation in 2004. "Whilst asylum seekers' claims are being decided, they are entitled to free NHS care. Once they have exhausted their appeal rights, they remain entitled to continue any treatment they were already receiving, but all other secondary care is chargeable." (Kelley, N. and Stevenson, J. June 2004). Charges applied to all hospital care except that provided in A and E. 'Emergency' care given in other departments was chargeable. A High Court ruling in April 2008 during the writing of this report changed this, but the Department of Health has been given leave to appeal, so whilst at the time of writing, secondary health care is free to all asylum seekers, refused or otherwise, it is useful to examine the impact of charging as the ruling may be reversed at some point.

While charging for secondary health care applied, pregnant failed asylum seekers were being released from Removal Centres at around 30 weeks of pregnancy without access to free maternity care in hospitals. The Refugee Council supported several women who found themselves in this situation despite the fact that the guidance from the NHS for implementing the regulations was clear: "Maternity services are not exempt from charges. However, because of the severe health risk associated with conditions such as eclampsia and pre-eclampsia, maternity services should not be withheld if the woman is unable to pay in advance" (Ibid pp 11). The Refugee Council reports cases of women who tried to give birth at home on their own. Even if hospital care was provided during the birth, women were often pursued for payment afterwards although they had no means of paying. Although refused asylum seekers were, and still are, entitled to free primary health care, this type of experience could well lead to mothers feeling afraid to seek treatment (for example vaccinations) for their babies and post-natal care for themselves, a situation which carries clear health risks. Further details of this are given in the Refugee Council report 'First do no harm'.

It is important to note that Government has for some time been considering measures to deny access to free primary health care to failed asylum seekers. This is now high on the agenda once more (The Independent 27/12/07), and has clear implications for the health of pregnant women and new mothers and their young babies in particular, and would add to the risks faced by an already vulnerable group of women.

b) Powers of removal

The UK Borders Act, which came into force in January 2008, increases existing powers to send ex-prisoners who are foreign nationals directly to removal centres for deportation at the end of their sentence. It will mean that some people will be deported from the UK without any consideration of their personal circumstances, and could include someone convicted of a minor offence, even if they have been sent to prison for only a few days. Some groups of people are exempted from this and what impact the Act will have in reality is yet to be seen. However, it seems possible that increased numbers of women who are already being supported by Birth Companions in Holloway Prison will be not be released into the community but will find themselves in removal centres. Within this there are clearly potential implications for Birth Companions future work.

c) Millbank Induction Centre

It is also worth mentioning a new scheme in operation at Millbank Induction Centre in Kent (which provides accommodation for families at various stages in their asylum claims), an 'alternative to detention pilot' for families. Migrant Helpline (which has staff at Millbank) states on its website that the purpose of the scheme is to '...help families whilst they prepare to return home at the end of the asylum process, without recourse to the detention of children.' Those staying at Millbank have 'freedom of movement' and stay for an 'average of eight weeks'.

One of the women I spoke to, who is making a fresh claim for asylum, is currently accommodated at Millbank with her young child and baby, despite her supporters (who were instrumental in her release from detention) assuring the Home Office that she is welcome to stay with them. She says that she feels physically and psychologically intimidated at Millbank and is being heavily pressurised to return to her country of origin. She has now been there for three months, and is experiencing some distress. She is being supported in North London but would welcome additional support closer to Millbank. Whether this scheme will continue is yet to be seen. If it does, however, there may well be a need for ongoing support for women with young babies and pregnant women if they are accommodated here.

C. Who is doing what

9. What organisations are working to support asylum seeker women/women without documentation in detention in the UK? (plus contact details and include referral details where possible). What is their remit?

Asylum Aid: Provides legal representation to asylum seekers. Also has specialist Refugee Women's Resource Project.

www.asylumaid.org.uk.

Address: Club Union House, 253-254, Upper St, London N1 1RY.

Advice line tel: 020 7354 9264. Operational Monday 2.00-4.30pm and Thursday 10.00-12.30

Asylum Support Appeals Project (ASAP): Aims to prevent destitution providing free legal representation, advice and support on asylum support (access to food and shelter) to asylum seekers and refused asylum seekers.

www.asaproject.org.uk

Address: 18, Barclay Rd, Croydon, CR0 1JN

Email: advice@asaproject.org.uk

Tel: 020 8686 1888

Advice line: 0845 603 3884

Fax: 020 8686 1899

Bail for Immigration Detainees (BID): Exists to challenge immigration detention in the UK. Works with asylum seekers and migrants, in removal centres and prisons, to secure their release from detention. Has no funding for interpretation services.

www.bid.org.uk

Address not provided to the public

Email: enquiries@biduk.org.

Tel: 020 7247 3590. Clients can be referred by phoning the organisation on between 10.00 and 12.00 from Monday to Thursday. Messages can be left at other times. BID has also placed its publicity in removal centres and has resources in all removal centre libraries.

British Refugee Council: Provides support, advice and information to refugees, asylum seekers and those who work with them. Also campaigns and lobbies on relevant issues and provides training for refugees and asylum seekers.

www.refugeecouncil.org.uk

Address: 240-250, Ferndale Rd, London SW9 8BB

Switchboard tel: (for general inquiries): 020 7346 6700. Opening hours Monday, Tuesday, Thursday and Friday 9.00-5.30 and Wednesday 2.00-5.30.

London advice line tel: 020 7346 6777. Open Monday, Tuesday, Thursday and Friday from 10.00-1.00pm and 2.00-4.00pm, and Wednesdays from 2.00-4.00pm. (Provides information

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on the asylum process, support and entitlements to refugees, asylum seekers and those who work with them).

Clients can be referred by phoning the switchboard.

Crossroads Women's Centre: Has a wide range of groups supporting asylum seeking and refugee women and facilitates a support group for women who have been held in detention.

www.ourworld.compuserve.com/homepages/crossroadswomenscentre

Address: 230a, Kentish Town Rd, London NW5 2AB.

Postal address: PO Box 287, London NW6 5QU

Tel: 020 7482 2496.

Email: centre@crossroadswomen.net.

Clients can be referred by phoning the telephone number above between 10.00 and 4.00, Monday-Friday.

Hibiscus Female Prisoners Welfare Project: Supports foreign national and British-based Black and Minority Ethnic women in prison and after their release from prison and immigration removal centres.

www.hibiscuslondon.org.uk

Address: 12, Angel Gate, 320, City Rd, London EC1V 2PT

Tel: 020 7278 7116

Fax: 020 7837 3339

Email: fpwp@aol.com

Immigration Advisory Service: Provides legal advice and representation on immigration and asylum.

www.iasuk.org.uk

Central London office address: County House, 190, Great Dover St, London SE1 4YP

Tel: 020 7967 1200 (enquiries only, not an advice line)

To make an appointment clients should attend the drop-in sessions at the office on Monday and Thursday at 10.00am or Friday at 1.00pm. An initial assessment will be made of clients' eligibility and needs and a second appointment for advice can then be made.

General advice sessions are also run at Yarl's Wood and it may be possible to make an appointment for an advisor to visit by telephoning the Bedford office on 01234 358 046.

Joint Council for the Welfare of Immigrants: Provides free legal advice on immigration, nationality and asylum matters. *NB:* Due to a shortage of funds, the advice line is currently closed but it is hoped that it will re-open sometime in the future.

www.jcwi.org.uk

Address: 115, Old St, London EC1V 9RT

Tel: 020 7251 8708

Email: info@jcwi.org.uk

London Destitution Advice Network (LDAN): Aims to reduce the destitution of refused asylum seekers in London by building an effective referral network and sharing information and good practice.

Contact: Eiri Ohtani
Tel: 020 8686 1888
Email: eri@asaproject.org.uk

Medical Justice Network: A network of medical professionals, lawyers, ex-detainees and visitors. Facilitates the provision of independent medical and legal advice and representation to asylum seekers detained in removal centres. This includes providing medical evidence, dealing with medical abuse in detention, and dealing with cases of assault. Also seeks to negotiate changes in policy and practice in removal centres and publish findings on the treatment of detainees.

www.medicaljustice.org.uk

Address: BCM 1152, London, WC1N 3XX

Email: info@medicaljustice.org.uk

Clients can be referred by completion of the form on the website, or if the case is urgent, by emailing the organisation (see above) or contacting Yarl's Wood Befrienders (see below) who have contact telephone numbers for the Network.

Poppy Project: provides accommodation and support to women who have been trafficked into prostitution; this includes an outreach service in prisons and detention centres. Also carries out lobbying and campaigning work and research, and provides education and training.

www.eaves4women.co.uk/POPPY_Project/POPPY_Project.php

Address: 2nd Floor, Lincoln House, 1-3, Brixton Rd, London SW9 6DE

Referrals and outreach tel: 020 7840 7129

Information officer tel: 0207840 7148

Email: info.poppy@eaveshousing.co.uk

Refugee Action: Provides information and advice for asylum seekers, with, for example BIA support, emergency accommodation for newly arrived asylum seekers and referral to a GP. Also works with refugees to build new lives in the UK, providing information and advice on resettlement, improving access to employment and mainstream services.

www.refugee-action.org.uk

Address: The Old Fire Station, 150, Waterloo Rd, London SE1 8SB.

Tel: 020 7654 7700

Email: info@refugee-action.org.uk

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Refugee Legal Centre: Provides legal advice and representation on immigration and asylum.

www.refugee-legal-centre.org.uk

Address: Nelson House, 153-57, Commercial Rd, London E1 2DA

Tel: 020 7780 3200 (Monday – Friday 10.00-4.00pm)

Advice walk-in sessions: Monday, Wednesday and Friday. Doors open 7.00am, only the first 15 clients to arrive will be seen and appointments will be made for them as they arrive. The first appointment starts at 9.30am.

Detention line tel: 0800 592 398. Open Monday, Wednesday and Friday 10.30-1.00pm and 2.00-4.30pm.

Emergency tel: 07831 598 057 (weekdays and weekends 6.00-8.00pm)

Yarl's Wood Befrienders: Volunteers visit detainees once a week in Yarl's Wood Immigration Removal Centre. They provide moral support, and help to provide toiletries, phone cards, clothing etc. In addition they try to access legal services for detainees who have not received a fair trial. They also able to provide an independent doctor if examinations are needed to provide evidence of rape or other forms of torture. Contact is often maintained with detainees after they have been released.

Clients can be referred by phoning Gill Butler on 07930 118 873 or 01234 407 351, or Heather Jones on 07789 520 640 or 01234 709 189.

General information and resources

Organisations/networks:

Association of Visitors to Immigration Detainees (AVID): www.aviddetention.org.uk

Asylum Support Appeals Project: www.asaproject.org

Immigration Law Practitioners Association: www.ilpa.org.uk

Information Centre about Asylum Seekers and Refugees: www.icar.org.uk

London Borough of Islington/No Recourse to Public Funds:

www.islington.gov.uk/Health/ServicesForAdults/nrpf_network

Migrants' Rights Network: www.migrantsrights.org.uk

National Coalition of Anti-Deportation Campaigns: www.ncadc.org.uk

Women for Refugee Women network: www.refugeewomen.com

Websites:

www.asylumsupport.org.uk

www.asylumsupport.info

10. What campaigns are underway?

Campaigning for better conditions overall in the removal centre forms an intrinsic part of the work of Yarl's Wood Befrienders. Similarly Medical Justice Network campaigns constantly for proper medical care for detainees, and to prevent the deportation of detainees in particular circumstances.

BID is campaigning to end the detention of families being detained. The Refugee Council's campaign 'Just. Fair.' aims to end the destitution of refused asylum seekers.

D. Assessment of unmet need

11. Are there any areas of unmet need in relation to pregnant asylum seeker women/women without documentation and mothers and in detention in the UK? Who should be meeting those needs?

It will have become apparent during the reading of this report that the needs of pregnant women and mothers in removal centres are great. They are subject to both the deprivations experienced by all detainees and additional deprivations relating to their pregnancy/motherhood. It will also have become apparent that, in many cases, these needs increase once they have been released. I feel it would be inappropriate to judge what other organisations should or should not be doing to meet these needs, so I have focused in this section on the areas of work which Birth Companions could potentially take up, although collaboration with other organisations is in many cases necessary, and in other cases would add weight to the impact of the work.

a) Areas of unmet need for women in removal centres: (asylum seekers and people without documentation)

Yarl's Wood Befrienders, BID, the Poppy Project and Medical Justice Network all provide support to women detained in IRCs.

It is worth reiterating here that increased numbers of pregnant women and those with young babies may find themselves in Yarl's Wood as a result of the UK Borders Act. Clearly those increased numbers will result in an increase in need for support for these women and their babies.

i) Emotional support

The experience of being detained is traumatic, but being detained whilst pregnant and feeling unwell, or being detained with the responsibility of a young baby to care for, is even more difficult. Two of the ex-detainees I spoke to, one of whom had been detained with a young baby and one when pregnant, said that they had had a huge need for emotional support whilst in detention, to help them cope with the situations they found themselves in. Looking after a baby, one of them said, was very difficult in those stressful and horrible conditions.

Women are able to provide some support for each other and develop friendships while they are detained, but these are transient and may be cut short with little warning as women are removed or released. Organisations such as Yarl's Wood Befrienders provide excellent moral and emotional support, but their resources are limited.

Recommendation: There is great scope for Birth Companions to help provide this emotional support, especially given its experience of pregnancy and motherhood and the particular needs of women at these times.

ii) General medical care

There is a culture of non-acknowledgment and disbelief regarding both existing and arising medical conditions. In addition, one example of a lack of response by Yarl's Wood staff in a medical emergency was found. This is clearly unacceptable.

Recommendation: Birth Companions may want to work with staff at Yarl's Wood to change their response to detainees' reporting of health problems. Further investigation into operational procedure at Yarl's Wood regarding medical emergencies would be useful. Once

this has been established, it may be necessary for procedure to be changed, or for staff to receive additional training if it seems that official procedure was not adhered to in this instance. This would be the responsibility of SERCO, but Birth Companions, in conjunction with other organisations supporting detainees, for example, Medical Justice Network, may want to work with SERCO to ensure that the necessary measures are taken.

iii) Maternity care

Government has stated that detainees are entitled to health care “equivalent to the NHS” while they are in detention. (BID, September 2007 pp18). “..... you are entitled to receive proper medical care appropriate to your needs. The fact that you are detained does not deprive you of this important human right.” (Ibid. September 2007 pp17).

There is a need for better maternity care overall, for example support from midwives, access to scans, and ensuring that women have a maternity notebook. There is also a need for general ante-natal support and training in baby care, and for women to have support at external hospital appointments. In addition, gaps in care are caused by women being moved suddenly and without their notes. Practical provision is the responsibility of the local NHS Trust, but it is also the responsibility of SERCO, which runs Yarl’s Wood, to ensure that pregnant women are linked in to the medical services they require and have a right to.

Recommendation: Birth Companions is ideally placed to work with SERCO and the Trust to encourage an improvement in services, to accompany women to hospital appointments, and to encourage the practice of women in detention being given copies of their notes as a matter of course. It would be useful to do this in conjunction with other organisations, such as Yarl’s Wood Befrienders, who have an interest in, and are already working on, this area.

iv) Care of babies

This is a focal area of unmet need. Provision for the care of babies is poor overall, with a lack of hygiene, barriers to access to resources required for proper feeding and changing of nappies, and, at times, a lack of adequate medical care, including immunisations.

Recommendation: Once again this is the responsibility of both SERCO (and, ultimately, the Immigration and Nationality Directorate, to whom they are contracted to run Yarl’s Wood) and the local NHS Trust, and there is scope for Birth Companions, in collaboration with other organisations such as the Office of the Children’s Commissioner, to work with those responsible to ensure that the conditions necessary to provide good care for babies are put in place.

v) Food

“It is the duty of the detention centre to provide a diet appropriate to your medical condition.” (BID, September 2007 pp18).

There are constant complaints about the quality of and access to food, and some pregnant women have said that they are not able to eat it. This could clearly lead to under- or malnourishment at during a crucial period and, as noted earlier, there are anecdotal reports of former detainees giving birth to low birthweight babies. Whilst pregnancy is not in itself a medical condition, if a woman is unwell as a result of it the argument could presumably be made that she should be provided with food appropriate to her needs. (The parliamentary Joint Committee on Human Rights has also noted the state’s duty to ensure adequate nutrition during pregnancy and breastfeeding, as previously indicated.) When asked what had been her greatest need, one of the women interviewed for this report (who had been pregnant while detained) replied that food that she wanted to eat (including food which satisfied cravings), when she wanted to eat it (so that she would not have to go hungry) had

been her greatest desire. Even a cup of tea between meals, she said, would greatly help pregnant and breastfeeding women.

Recommendation: Further investigation into the reports of low birthweight babies would be helpful, and in the meantime Birth Companions should consider working with Medical Justice Network and Yarl's Wood Befrienders to encourage the removal centre to lift restrictions on the times when food is available and on detainees taking food and drink to their rooms, provide food that is healthy, palatable and culturally acceptable, ensure that pregnant women have access to the kind of food they crave and when they want it, and, at a minimum, complies with regulations on, for example, the provision of salad at every meal.

vi) Malaria prophylaxis and HIV/AIDS

Recommendation: The lack of proper administration of malaria prophylaxis and the lack of care for women who are HIV positive are not areas of work which fall strictly within Birth Companions' remit. However, there is scope for the organisation to liaise with other groups – for example Medical Justice Network – who are supporting pregnant women and mothers experiencing poor medical care with regard to these two issues, to support their work in these areas.

b) Areas of unmet need for asylum seekers and women without documentation after release from removal centres

Several organisations support women once they have been released from detention:

- Crossroads Women's Centre supports ex-detainees who are claiming asylum, but I was unable to confirm if they also support those who are not making an asylum claim.
- The Refugee Council works with women who are claiming asylum.
- Hibiscus' resettlement program is for all foreign national women from both prisons and detention centres, although the organisation does not have a contract with Yarl's Wood and so does not advertise its services there. Hence there is a difficulty in it hearing about women who might need its services. However, if it is approached by women who have been released from detention it will work with them.
- The Poppy Project works for the release of trafficked women from detention and continues to support them post-release.
- Where it can, Yarl's Wood Befrienders maintains contact with and continues to provide some support to women after they are released.

i) Emotional support

Two of the three ex-detainees interviewed for this report said that emotional support is one of their greatest needs now as they continue with their claims to stay in the UK and struggle to find and maintain subsistence support. They value greatly the support they receive from the All African Women's Support Group at Crossroads Women's Centre – it seems to be a lifeline - but although the group meets regularly, they say that they need more regular support. Women are welcome to go to the Centre at other times, but many live some distance away and getting to the Centre can be a problem.

ii) Access to general healthcare and ante-natal, birth, and post-natal support

There is a need to help women access healthcare, including ante-natal training, before and after giving birth. Although some of the organisations listed above are doing this, some ex-detainees seem to be slipping through the net. There is also a need for support while giving birth as many women do not know anyone who can do this.

iii) Access to accommodation and financial support

Two of the three women I spoke to reported that one of their greatest needs is now for practical help with material support. This may be to find out what they are entitled to, to ensure that they receive what they are entitled to, or to help them fight their case when material support is taken away from them. There is also a need for provision of accommodation and subsistence support when there are delays in women receiving their entitlements or because material support has been withdrawn. Some organisations already provide help with this, but again, it seems that many ex-detainees are not getting the support that they need.

iv) Effects of dispersal

Women who are released from detention and provided with UKBA assistance may be moved or 'dispersed' to a part of the UK where they have no contacts. As a result, their feelings of isolation and their need for moral and emotional support is likely to be increased, as is their need for practical support if there are problems with their entitlements.

v) Access to legal advice

This is limited as there is little public funding for it. In addition, the advice that women received has sometimes been found to be of poor quality.

Recommendations:

- That Birth Companions consider providing **outreach support** to these women, in the way that their Community Support Officer provides support to women who have been released from prison. A good working relationship with SERCO would need to be developed for this to be effective, as it would be necessary for the outreach worker to know who is being released and when, in order to be able to support women before contact is lost. Strong links with BID and Yarl's Wood Befrienders would also add to this. This outreach worker would provide:
 - emotional and moral support
 - support in accessing healthcare for women and their babies
 - support in accessing accommodation and subsistence funds
- That Birth Companions **develop strong links with specialist advisors** who can work with the outreach worker to assess what material support clients are entitled to and how this can be accessed.
- That Birth Companions consider the possibility, perhaps one or more other organisations, of providing some sort of **temporary accommodation for women at risk of destitution** for any of the reasons listed previously.
- That Birth Companions provide **birth support** for ex-detainees via its network of volunteers.
- It is also recommended that Birth Companions **develops relationships and works with organisations already supporting ex-detainees** to exchange information and share best practice, and perhaps join the London Destitution Advice Network. This would allow for effective referral to other agencies when this is necessary, particularly when clients are dispersed outside London, and when specialist advice (for example legal advice on an asylum case) is needed. It would also help to provide a more co-ordinated package of support overall.

c) Millbank Induction Centre:

Whether the pilot scheme at Millbank will continue remains to be seen. If it does, however, and if the experience of other asylum seekers housed here is similar to that of the woman I

spoke to, it is likely that there will be a need to support these women with many of the issues already outlined in the section dealing with Yarl's Wood IRC.

Recommendation: that the situation regarding Millbank is monitored and that action be taken if necessary and feasible, to support pregnant women and women with young babies who are accommodated there.

d) Areas of greatest need:

Whilst both the needs of women in detention and those who have been released are acute, the information gathered for this report indicates that there is a greater need to provide support for ex-detainees. Women who are detained in Yarl's Wood are at least provided with food, shelter and access to healthcare. Whilst this is in many ways of poor quality, and the experience, for many, extremely traumatic, they are, at least, not in danger of becoming destitute. Those and their babies who have been released, and who may have difficulty accessing material and practical assistance, find themselves in a situation of far greater risk and vulnerability.

E. Relevant publications

There are many publications relating to the issues explored in this report. Listed below is a selection of those referred to during the writing of this report.

McLeish, J., Cutler S., and Stancer, C. *A Crying Shame – Pregnant asylum seekers and their babies in detention*. September 2002

Cutler, S. and Ceneda, S. *They took me away – women's experiences of immigration detention in the UK*. Asylum Aid, August 2004. (At www.asylumaid.org.uk)

Fit to be detained? Challenging the detention of asylum seekers and migrants with health needs. BID, May 2005. (At www.bid.org.uk)

Inquiry into the quality of healthcare at Yarl's Wood immigration removal centre. HM Chief Inspector of Prisons, February 2006. (At www.inspectorates.homeoffice.gov.uk/hmiprison)

Kelley, N. and Stevenson, J. *First do no harm: denying health care to asylum seekers whose claims have failed*. Refugee Council, June 2006. (At www.refugeecouncil.org.uk)

Inquiry into the quality of healthcare at Yarl's Wood Immigration Removal Centre. HMIP, October 2006

Report of the treatment of Asylum Seekers. House of Lords and House of Commons Joint Committee on Human Rights, Tenth Report of Session 2006-7. (At www.publications.parliament.uk)

Weaver, M. *Deportee separated from breastfeeding son*. Guardian Unlimited, 22nd May 2007

Obstacles to Accountability – challenging the immigration detention of families. BID, June 2007. (At www.bid.org.uk)

Family Rights Bulletin – information for detained families. BID, September 2007. (At www.bid.org.uk)

Cutler, S. *Refusal Factory – women's experiences of the Detained Fast Track asylum process at Yarl's Wood Immigration Removal Centre*. BID, September 2007. (At www.bid.org.uk)

Maseko, J. *First Person*. As told to Melissa Benn. The Guardian 24th November 2007

Fit for Purpose Yet? Independent Asylum Commission. March 2008 (At www.news.bbc.co.uk)

Support Pack. Refugee Council 2008 (At www.refugeecouncil.org.uk)

ASAP fact sheets. (At www.asaproject.org)

NRPF Key Points. (At www.islington.gov.uk/Health/ServicesForAdults/nrpf_network)

Mothers United in Yarl's Wood IRC / Listen To Our Cry. NCADC News Service 17th April 2008

An analysis of the needs of pregnant women and mothers
during and after detention in immigration removal centres

NB. HMIP (Her Majesty's Inspector of Prisons) and the Office of the Children's Commissioner both make regular visits to Yarl's Wood and both have carried out inspections recently. The HMIP report is due to be published in July or August 2008, and the Children's Commissioner's report later in the year.