Preventing and Addressing Vulnerabilities in Immigration Enforcement Policies
Acknowledgements

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Acronyms

BID  Bail for Immigration Detainees
CIE  Centro de Internamiento de Extranjeros (Immigration Detention Centre - Spain)
CoE  Council of Europe
CPT  European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CRC  Committee on the Rights of the Child
CSO  Civil Society Organisation
EATDN  European Alternatives to Detention Network
EC  European Commission
ECTHR  European Court of Human Rights
EU  European Union
HRC  UN Human Rights Committee
ICCPR  International Covenant on Civil and Political Rights
IDC  International Detention Coalition
IRC  Immigration Removal Centre (UK)
JRS  Jesuit Refugee Service
LGBTI  Lesbian, gay, bisexual, transgender and intersex
NGO  Non-governmental organisation
PICUM  Platform for International Cooperation on Undocumented Migrants
SDP  Statelessness Determination Process
UK  United Kingdom
UN  United Nations
UNHCR  United Nations Higher Commission for Refugees
UNICEF  United Nations Children’s Fund
Executive Summary

Every year, more than 100,000 people are detained for migration control purposes in the European Union.¹

Immigration detention places individuals’ lives on hold, as people do not know when, or if, they will ever be released.² It has a severe impact on mental health, with studies indicating higher incidence of anxiety, depression and post-traumatic stress disorder than among the rest of the population,³ and an average of very high levels of depression in four out of every five detainees.⁴ Moreover, detention is often characterised by insufficient or inadequate access to information and interpreters, violation of procedural safeguards, lack of access to medical care, and isolation, which further place individuals in a situation of vulnerability.⁵ Therefore, detention is always a harmful practice, whose negative impact broadly exceeds its purposed objectives.

The harmful impact of immigration detention is further exacerbated when it adds to pre-existing factors that already put detainees in a situation of vulnerability, including poor physical or mental health conditions, disabilities, past experiences of trauma, or age.

This report analyses states’ legal obligations in relation to immigration detention and vulnerability, and draws concrete recommendations on how to ensure that migration policies refrain from creating or exacerbating situations of vulnerability. It is based on the analysis of the international and European legal framework and a comparative analysis of the law and practice in five European countries: Belgium, Greece, the Netherlands, Spain and the United Kingdom.

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1 Global Detention Project, Country profiles - Europe, available here.
Key findings:

International and European legal framework

- States have a positive obligation to protect individuals in situations of vulnerability. Under international law, individuals in situations of vulnerability should not be detained. Specific safeguards also apply to the following individuals in situations of vulnerability: children, victims of torture, victims of trafficking in human beings, women in detention, pregnant women, lesbian, gay, bisexual, transgender and gender-diverse persons, people living with a mental illness, and people with disabilities and stateless people.
- Under EU law, the 2008 Return Directive establishes an obligation to pay “particular attention” to individuals in situation of vulnerability. While the standards its sets are lower than in the Reception Condition Directive, it can be argued that, under EU law, the level of protection granted to people in a vulnerable situation and detained for immigration purposes should be the same whatever the reasons for their detention. Therefore, the standards set by the Reception Condition Directive should also apply to detainees under the Return Directive.

7 Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, available here.
Definition of vulnerability

- Despite the increasing references to the term “vulnerability” in migration and refugee law, there is no commonly agreed definition of vulnerability in international and EU law. Most legal frameworks, including the EU Return Directive and the member states analysed in this report, adopt a “group-based” approach to vulnerability, which only looks at pre-existing personal factors of vulnerability. In most cases, this list is exhaustive, therefore factors which are not explicitly mentioned by the legal framework are not considered.
- A group-based approach to vulnerability is fundamentally incomplete because it ignores the impact of external factors which can create a situation of vulnerability even in absence of pre-existing personal factors of vulnerability. To strike a balance between the risks of a checklist approach and a more comprehensive, but more difficult to operationalise, definition of vulnerability, it is key to ensure that the decision is taken at the individual level, and that the list is non-exhaustive and allows to take into consideration different factors on a case-by-case basis. Furthermore, the process is key: the right to be heard, as well as the involvement of a multidisciplinary team at least in the assessment phase, are important safeguards that contribute to the adequate identification of different factors of vulnerability.

Vulnerability screening and assessment procedures

- In the Netherlands, Spain and Greece, there are no standard vulnerability screenings or assessment practices. In practice, vulnerabilities can be raised by migrants, their lawyers or medical professionals, but there is no official procedure prior or during detention. In Belgium and in the United Kingdom, where some forms of screening procedures exist, people who are identified as vulnerable are frequently still detained as the outcome of the screening is balanced against migration control purposes. As a consequence, individuals who are identified as vulnerable are still frequently detained.
- Factors of vulnerability frequently need to be raised by lawyers, NGOs and medical personnel. For this reason, access to legal and medical aid, NGOs services and interpretation is key to ensure their timely identification. In practice, however, these rights are not always effective, due to lack of funding, the remote locations of the detention centres, and/or insufficient staffing. Services are particularly lacking in the context of de facto detention centres, such as in police stations in Greece.

The frequent lack of interpretation while accessing services (including legal aid and health care) and in the decision-making processes further hinders the identification of vulnerabilities.

In the five countries analysed by this report, civil society organisations have access to detention centres, but often face difficulties or administrative burdens to exercise this right. Access is often granted only based on a bilateral agreement between the CSO and the authorities. Moreover, access to detention centres does not equate with the right to set up official structured monitoring systems, which are often lacking in practice.

Specific groups

- In the EU Return Directive, as well as the national legislation of Belgium, Spain and the Netherlands, mental health issues are not included in the definition of vulnerability, despite broad evidence of the high incidence of mental health issues in immigration detention, and the lack of adequate support in the countries analysed. In Belgium and Spain, individuals living with mental health issues are sometimes placed in solitary confinement within the immigration detention system, which is also used as a punitive measure. Furthermore, mental health issues are often too easily dismissed, leading to further deterioration of individuals’ conditions while in detention. In 2020, 51% of the immigration detainees in the Brook House centre in the United Kingdom were considered at risk of suicide.

- Stateless people are particularly at risk of prolonged and arbitrary detention. In the five countries analysed by this report, statelessness is not considered as a factor of vulnerability in detention decisions. Furthermore, all of these countries fail to impose an obligation to identify a country of removal prior to the decision to detain. This can lead to an imposition of a detention order despite the lack of reasonable prospect of removal, thus making their detention arbitrary under European and international law.

- Despite the broad evidence of the negative impact of immigration detention on children, and consensus at the UN level that detaining children based on the children’s or their parents’ migration status is always a human rights violation and is never in the best interests of

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a child. Child detention remains widely used across the EU. Alternatives to detention are underused and applied for only a small number of individuals or families. Children are detained in all five countries analysed in the report. This includes:

- Unaccompanied children whose ages are contested (Belgium, Greece, Spain);
- Children who are suspected of a crime or failed to comply with reporting duties (Netherlands);
- Children detained in police stations under the Greek “protective custody” system—a practice deemed unlawful by the European Court of Human Rights.

Gender-specific needs and vulnerabilities are often overlooked in detention centres. Women face particular obstacles which can exacerbate vulnerabilities in detention.

- In Greece, women can be held for long periods in police stations and deprived of access to basic hygiene products.
- In the United Kingdom, many women denounced pervasive sexual harassment. Insufficient female staff in detention centres has also been reported, meaning that health screenings and searches are often done by male medical professionals or guards, in some cases causing further delays until female staff is available.

- In Belgium, some women are held in mixed centres where they are outnumbered by the male population, thus creating discomfort among some.

- Often excluded from group-based definitions of vulnerability, men in detention also face specific vulnerabilities, often linked to their young age, experiences of trauma and abuses, and their migratory journey. In some countries, detention centres for men are more densely populated, leading to higher risks of conflict with the staff and poorer conditions.

- Transgender, intersex and gender non-conforming persons in detention regularly experience discrimination and are vulnerable to a number of harms including physical and sexual violence, solitary confinement as well as verbal and psychological abuse. In the absence of gender recognition and gender responsive policies, transgender, intersex and gender non-conforming persons are often misclassified and detained in facilities according to their sex assigned at birth rather than their self-determined gender identity.

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27 Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, available here.

28 The EU-funded evaluation of the implementation of the Returns’ Directive found that 17 EU countries reportedly detain unaccompanied children (15 member states, and 2 Schengen Associated Countries) and 19 countries detain families with children. The evaluation notes that some of these countries detain unaccompanied children only occasionally in practice (Austria, Czech Republic, Lithuania, Luxembourg, Malta, Slovenia and Sweden). 11 countries reported that they do not detain unaccompanied children in practice and 8 reported that they do not detain families with children. Matrix & ICMPD, Evaluation on the application of the Return Directive (2008/115/EC), Final Report, European Commission – DG Home Affairs, Luxembourg: Publications Office of the European Union, 22 October 2013, available here; c.f. PICUM, Child Immigration Detention in the EU, available here.


Introduction

Across the European Union, more than 100,000 people are detained each year solely because of their migratory status. Immigration detention is imposed, often for repeated or prolonged periods, with the more or less explicit purpose of deterring irregular migration and facilitating and speeding up deportations – despite broad evidence on both its harmfulness and ineffectiveness. The harm this causes and its impact on individuals’ lives is too often disregarded by policies which exclusively focus on increasing return rates at any cost.

The harmful impact of immigration detention is further exacerbated when it adds to pre-existing factors that already put detainees in a situation of vulnerability. The climate of deprivation stemming from immigration detention can trigger past traumas, lead to deteriorating medical conditions and exacerbate existing vulnerabilities. Mental health symptoms frequently worsen when individuals have been exposed to traumatic experiences prior to their detention.

A study conducted by the Jesuit Refugee Survey through more than 680 one-on-one interviews shows that even short periods of detention increase individuals’ position of vulnerability. However, detention of people in situations of vulnerability remains a common practice in most European countries. This includes children, families, people who suffered torture, violence or trafficking in human beings, people with mental and physical health problems, and people with disabilities. This also includes many individuals who developed mental health problems, including anxiety, depression and post-traumatic stress disorder, as a consequence of detention itself.

This report aims at analysing states’ legal obligations in relation to immigration detention and vulnerability. It draws concrete recommendations on how to ensure that migration policies refrain from creating or exacerbating situations of vulnerability. It is based on the comparative analysis of the law and practice in five European countries: Belgium, Greece, the Netherlands, Spain and the United Kingdom.

The first chapter will look at immigration detention more broadly, and explain why detention is always harmful, disproportionate and ineffective, independent of individuals’ pre-existing situations of vulnerability. Secondly, the report will address different aspects of vulnerability screenings, including the definition and the procedures. Thirdly, it will focus on child detention and clarify why this should be addressed as a separate issue. Each section will include a brief analysis of the relevant international and EU law and jurisprudence, followed by the national level practice in the five countries analysed.

I. Detention is always harmful, disproportionate and ineffective

Several studies indicate that detention places individuals in a situation of vulnerability for a number of reasons, including insufficient or inadequate access to information and interpreters, violation of procedural safeguards, lack of access to medical care and isolation.\(^{37}\) Furthermore, detention has a severe impact on mental health, with studies indicating higher incidence of anxiety, depression and post-traumatic stress disorder than among the rest of the population,\(^{38}\) and an average of very high levels of depression in four out of every five detainees.\(^{39}\)

Therefore, detention is always a harmful practice, whose negative impact broadly exceeds its purpose.

In addition, there is no evidence that longer periods of detention lead to higher return rates:
- The United Kingdom Home Office reported that less than 40 per cent of migrants who were detained for more than six months were returned.\(^ {41}\)
- In Greece, the number of detainees strongly increased from 2018 to 2019 (from 32,718 to 58,597, with a total increase of 25,879 – however, the number of deportations dropped by 2,908 in the same period.\(^ {42}\)
- Eurostat data from 2017 further show the lack of correlation between member States' maximum detention periods and return rates [see figure 1]: for instance, Spain's return rate was 37 per cent with a maximum detention period of 60 days, while the Czech Republic allows for detention up to 183 days, but has a return rate of 11 per cent.\(^ {43}\)
- These findings were confirmed by the European Implementation Assessment of the 2008 Return Directive, which found that most of the removals take place during initial periods of detention.\(^ {44}\)


\(^{40}\) Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani (2014) “Rapporto sui Centri di Identificazione ed Espulsione in Italia”, available here.


\(^{43}\) “[In 2017, Spain (60 days maximum detention period) had a return rate of 37.2 %, 15 and France (45 days, although a change was introduced in 2018), of 15 %, Among Member States with maximum periods of detention matching the maximum permitted by the Directive (6 months plus 12 months), for example, the Czech Republic had a return rate of 11.2 %, Belgium of 18.2 %, Greece of 39.5 %, and Germany of 46.3 %.”. See EU Parliament (2019), “Recasting the Return Directive”, available here.

For all these reasons, there is growing consensus, including at the international level, that detention for immigration control purposes can violate human rights law and should be progressively ended.\(^45\) Rights-based alternatives to detention should always be prioritised.\(^46\) This call is further supported by increasing evidence of the effectiveness of community-based alternatives to detention, which actively engage migrants in immigration procedures and can achieve high results in terms of engagement and compliance while ensuring that migrants’ rights are respected throughout the procedures.\(^47\)


II. Defining vulnerability

A. The legal framework

The international framework

In the past decades, the term “vulnerability” has been increasingly used in migration and refugee law, with references to migrants’ situation of vulnerability appearing no less than fifteen times in the 2016 United Nations New York Declaration, which was a precursor to the adoption of the UN Global Compact for Safe, Orderly and Regular Migration in 2018. Despite the widespread use of the term “vulnerability”, in international and EU law, there is no commonly agreed definition of vulnerability which applies to the field of migration and asylum, nor to the human rights sector more broadly.

A 2012 Report of the former UN Special Rapporteur on the human rights of migrants, François Crépeau, found that “migrants who are detained find themselves in an especially vulnerable situation,” thus highlighting the inherent vulnerability of all immigration detainees. In his report, the UN Special Rapporteur further includes “victims of torture, unaccompanied older persons, persons with a mental or physical disability, and persons living with HIV/AIDS” as particularly vulnerable categories in this context.

In addition, specific categories of people in situations of vulnerability derive rights from different bodies of international law, such as the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of Persons with Disabilities. In particular:

- **Children**: UN experts agree that detaining children based on the children’s or their parents’ migration status is always a human rights violation and is never in the best interests of a child.

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52 Ibid, para. 43.
55 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (adopted 10 December 1984, entered into force 26 June 1987), available here.
57 Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, available here.
• **Victims of torture:** the former UN Special Rapporteur on the human rights of migrants, François Crépeau, underlined that “victims of torture are already psychologically vulnerable due to the trauma they have experienced and detention of victims of torture may in itself amount to inhuman and degrading treatment.”

• **Victims of trafficking in human beings:** according to the Recommended Principles and Guidelines on Human Rights and Human Trafficking, victims of trafficking in human beings should not “in any circumstances, be held in immigration detention or other forms of custody.”

• **Women in detention:** women in detention centres are particularly vulnerable to sexual, gender-based violence and discrimination, especially in the context of male-dominated detention centres.

• **Pregnant women:** according to the Working Group on Arbitrary Detention Revised Deliberation No. 5 on deprivation of liberty of migrants and to the Principles and Guidelines on migrants in vulnerable situations, adopted by the Global Migration Group Working Group on Migration, Human Rights and Gender, pregnant women should not be detained. According to the UNHCR Revised Guidelines on Applicable Criteria and Standards relating to the Detention of Asylum-Seekers, the detention of pregnant women in their final months and nursing mothers should be avoided.

• **Lesbian, gay, bisexual, transgender and gender-diverse persons:** as highlighted by the former UN Special Rapporteur on the human rights of migrants, François Crépeau, LGBTI people in detention “can be exposed to social isolation and be subjected to physical and sexual violence, because they are usually held with men.” For this reason, it is recommended that their detention should be avoided.

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60 Ibid.


63 The group includes ILO, IOM, OHCHR, UNESCO, UNHCR, UNICEF, UNODC, UNU, UN Women and WHO.

64 Pregnant women are also protected under the United Nations Higher Commission for Refugees (1999) “UNHCR Revised Guidelines on Applicable Criteria and Standards relating to the Detention of Asylum-Seekers”, available here. However, these Guidelines only refer to pregnant women in their final months.


• **People living with a mental illness:** in its General Comment on Article 9, the Human Rights Committee further underlined that “decisions regarding the detention of migrants must also take into account the effect of the detention on their physical or mental health.” In C. v. Australia, the Human Rights Committee found that the protracted detention of an applicant which caused the insurgency of a psychiatric illness amounted to ill-treatment under Article 7 of the ICCPR.69

• **People with disabilities:** as reported by the former Special Rapporteur on the rights of persons with disabilities “persons with disabilities are significantly overrepresented in mainstream settings of deprivation of liberty, such as prisons and immigration detention centres.”70 This is contrary to the recommendations of the Working Group on Arbitrary Detention Revised Deliberation No. 5 on deprivation of liberty of migrants71 and to the Principles and Guidelines on migrants in vulnerable situations, adopted by the Global Migration Group Working Group on Migration, Human Rights and Gender, which state that persons with disabilities should not be detained.

• **Stateless people:** because of their exclusion from consular or diplomatic protection, their frequent lack of documents and the absence of a country to which they can return, stateless persons are a group particularly vulnerable to the risk of prolonged detention.72 The Principles and Guidelines on migrants in vulnerable situations, adopted by the Global Migration Group Working Group on Migration, Human Rights and Gender underline that detention of stateless persons should be avoided.

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68 Human Rights Committee (16 December 2014) “General comment No. 35 - Article 9 (Liberty and security of person)” CCPR/C/GC/35, available [here](#).


71 Working Group on Arbitrary Detention (7 February 2018) “Revised Deliberation No. 5 on deprivation of liberty of migrants”, para. 41, available [here](#).

The EU legal framework

In EU secondary law, vulnerability is defined according to the individuals’ belonging to a specific group, largely referring to pre-existing individual histories (e.g. due to pregnancy, disabilities or illnesses).


which sets out common standards and procedures on returns in the EU, including pre-return detention, provides a closed list of groups of vulnerable persons, which includes:

“minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence.”

However, the Return Handbook, developed by the European Commission to provide guidance on the implementation of the Return Directive, adds that:

“The need to pay specific attention to the situation of vulnerable persons and their specific needs in the return context is, however, not limited to the categories of vulnerable persons expressly enumerated in Article 3(9). The Commission recommends that Member States should also pay attention to other situations of special vulnerability, such as those mentioned in the asylum acquis: being a victim of human trafficking or of female genital mutilation, being a person with serious illness or with mental disorders.”

In the context of the asylum procedures, the recast Reception Conditions Directive and the Qualifications Directive adopt similar definitions of vulnerability, which however further include “victims of human trafficking, persons with serious illnesses, persons with mental disorders”. In these two instruments, the list is non-exhaustive.

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73 At the moment of the publication of this report, the Return Directive is in the process of being recast. While the Commission’s proposal does not make any change to Article 16(3), the Council partial approach suggest amending the definition a non-closed list. It is noteworthy that in her draft report on the Return Directive, the LIBE Rapporteur proposes to amend the definition of vulnerability and adopt an intersectional approach which considers “factors and circumstances at an individual, community, household, structural or situational level that increase the risk of, and exposure to, such violence, exploitation, abuse, or rights violations” (Article 3) and stating that detention may only be applied “provided it would not disproportionately harm the person concerned. The absence of disproportionate harm shall be assessed through a vulnerability test prior to or immediately after detention.” (Article 18(1)).


77 Directive 2011/95/EU of the European Parliament and the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast), available here.
National Legal Framework

In **Belgium**, there is no specific definition of vulnerabilities applying to migration detention. Although the Foreigners' Act\(^78\) (Article 1(12)) does specify certain vulnerable groups such as children, persons with disabilities, elderly people, pregnant women or victims of torture, sexual, psychological or physical violence, no specific provision addresses the situation of these people with regard to migration detention.\(^79\)

In **Greece**, Article 58 in Law 4636/2019 defines vulnerable categories of migrants as:

- “minors, unaccompanied or not, direct relatives of shipwreck victims (parents and siblings), persons with disabilities, the elderly, pregnant women, single-parent families with minors, victims of trafficking, people with serious illnesses, people with mental and emotional disabilities and people who have suffered torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of genital mutilation.” \(^80\)

Postpartum women and persons with post-traumatic stress disorder are no longer considered as vulnerable categories, although this was provided in the previous Law 4375/2016.

The **Netherlands** directly transposed the closed list definition of the EU Return Directive, without adding nor removing any category.

Similarly, **Spain** transposed the definition of the Return Directive in the Asylum Law\(^81\) (Article 46) and in the Regulation governing detention centres (CIE Regulation, Article 1 (4)).\(^82\) However, the definition was not transposed in the Immigration Law\(^83\) nor its implementing regulation. Therefore, since regulations do not have the same force as a law, there is no definition of vulnerability by law within the immigration detention context.

In the **United Kingdom**, policy on 'Adults at Risk in Immigration Detention' developed in 2016\(^84\) lists a number of conditions and experiences that may render a person 'vulnerable', including:

- “suffering from a mental health condition or impairment; having been a victim of torture; having been a victim of sexual or gender-based violence, including female genital mutilation; having been a victim of human trafficking or modern slavery; suffering from post-traumatic stress disorder (which may or may not be related to one of the above experiences); being pregnant; suffering from a serious physical disability; suffering from other serious physical health conditions or illnesses; being aged 70 or over; being a transsexual or intersex person.” \(^85\)

However, the list is not exhaustive and other conditions can also be considered.

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81 Ley 12/2009, de 30 de octubre, reguladora del derecho de asilo y de la protección subsidiaria, available here.
82 Boletín Oficial del Estado (15 March 2014) "Real Decreto 162/2014, de 14 de marzo, por el que se aprueba el reglamento de funcionamiento y régimen interior de los centros de internamiento de extranjeros", available here.
83 Ley Orgánica 4/2000, de 11 de enero, sobre derechos y libertades de los extranjeros en España y su integración social, available here.
84 Parts of this policy are currently being reviewed through a closed-door process and the content of the negotiations has not been made publicly available. Civil society organisations are concerned that the new proposals could make it more difficult for detainees to have their vulnerability recognised and to be considered for bail.
Detention of people living with mental health issues

When examining the Home Office policies affecting the welfare of immigration detainees in the United Kingdom, independent expert Stephan Shaw, former Prisons and Probation Ombudsman for England and Wales, wrote: “No issue caused me more concern during the course of this review than mental health.”

Individuals with mental health issues are excluded by the definition of the Return Directive and in the national level legislation in Belgium, Spain and the Netherlands. Moreover, even when the definition of vulnerability includes mental health issues, this does not usually lead to the release of people living with poor mental health. As a consequence, people living with mental health issues can be – and in practice are – detained in all of the countries analysed in this report.

Findings confirm that immigration detention has a negative impact on detainees’ mental health, which increases the longer detention continues. The Jesuit Refugee Service (JRS) study “Becoming Vulnerable in Detention” (Devas project) found that in detention “persons with pre-existing physical and mental conditions often fare worse, and otherwise healthy persons find that their overall health deteriorates.” Furthermore, 87 per cent of detainees interviewed by the Devas project in the European Union said that psychological assistance was not available to them.

In Belgium, according to an internal note from 2 July 2012, the Aliens Office has found that migrants with medical or psychosocial problems, unadjusted behaviour or mental or physical disabilities should preferably not be detained and that their removal has no priority. Nonetheless, the most common practice is that when a detainee is suffering from mental health issues, they are given medication or placed in solitary confinement. NGOs report frequently encountering people with significant mental or physical health issues in detention centres.

In Greece, article 2(3) of Law 4686/2020 removed persons with post-traumatic stress disorder from the list of vulnerable categories. Moreover, availability of mental health services for detainees is affected by the large number of detained people and lack of staff. Psychologists and psychiatrists are often unavailable, and detainees rarely get the care and assistance that they require and in a language they can understand.

In the **Netherlands**, many detainees are suffering from complex psychological and/or physical health issues. An appointment with a specialist requires long waiting times and requests to see psychologists are often not taken seriously by the authorities.

In **Spain**, detainees suffering from mental health issues are frequently placed in solitary confinement. The Spanish Ombudsman reported in 2018 that none of the detention centres visited offered psychological assistance, hindering the identification of mental health issues that emerge or worsen as a consequence of detention. Psychological assistance was still not available a year later, when the Spanish Ombudsman visited the four main detention centres in the country (Barcelona, Madrid, Murcia and Valencia).

In the **United Kingdom**, people with mental health issues may be released under the Rule 35-procedure, which will be further analysed in the following chapter. However, under this procedure protection concerns are often outweighed by immigration enforcement purposes. Moreover, NGOs report that mental health issues such as post-traumatic stress disorder are often not taken seriously and dismissed as overreaction. For instance, the NGO Bail for Immigration Detainees reports the case of a man whose mental health severely deteriorated due to detention. After an attempted suicide, he was placed in solitary confinement. In their written Adults at Risk response, the Home Office stated: “you are the origin of this decline and [...] the increased isolation that you feel is an unintended consequence of your current behaviour”.

Dismissal of mental health concerns and the ensuing detention of people living with mental health issues can lead to deteriorating mental health conditions, with long term effects. 393 suicide attempts were reported in detention centres in the United Kingdom throughout 2015, with a total of 2,957 detainees being placed on suicide watch, including 11 children. Dramatic instances of mental health deterioration have also been reported at Brook House Immigration centre, a location where people arriving by sea are taken while awaiting removal flights leaving from the nearby Gatwick airport. As recently revealed, the majority of detainees held in this centre showed signs of severe distress, with 51 per cent deemed at risk of suicide in October 2020. Out of a total population of 80 detainees, 44 acts of self-harm were recorded.

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94 No Deportations (2016) “IRCs ‘Self Harm (Attempted Suicide) and Those on ‘Self-Harm Watch’ (At Risk of Suicide) 2015”, available here.
96 Ibid.
97 Ibid.
B. The limits of a group-based approach to vulnerability

As analysed in the previous section, most legal frameworks adopt a “group-based” approach to vulnerability, which only looks at pre-existing personal factors of vulnerability. In most cases, this list is exhaustive, therefore factors which are not explicitly mentioned by the legal framework will not be considered. For example, in the EU Return Directive, as well as the national legislation of Belgium, Spain and the Netherlands, mental health issues are not considered.

A “group-based” approach is fundamentally incomplete because it ignores the impact of external factors, which can create a situation of vulnerability even in absence of pre-existing personal factors of vulnerability – and outside of the categories mentioned above. Indeed, many migrants are in a situation of vulnerability specifically because of external factors, including, in many cases, migration policies themselves.98

In 2010, the Jesuit Refugee Service (JRS) Europe in partnership with NGOs in 23 European Union countries carried out an investigation (the Devas project) to analyse how “pre-existing vulnerable groups cope with detention, and the way in which detention can enable vulnerability in persons who do not otherwise possess officially recognised vulnerabilities and special needs,”99 through the collection of 685 one-on-one interviews with detainees. The report analyses the conditions of detention and the impact of detention on individuals’ nutrition and sleep, self-perception and its interaction with pre-existing special needs.100 It concludes that detention can enable vulnerability in persons who do not otherwise possess officially recognised vulnerabilities, and that it has a common negative effect upon the persons who experience it.

The report stresses that:

“existing criteria for “vulnerability” often focus on persons with presumptive special needs – parents with children, unaccompanied minors and trauma victims – without a holistic assessment of how that person may actually be vulnerable to the environment of detention. As a consequence, detention centres are often unable to identify persons who are particularly affected by detention if they do not possess such officially recognised special needs. Personal factors alone cannot adequately determine one’s level of vulnerability in detention: social and environmental factors must also be assessed, along with the way in which these factors interact with one another.” 101

To address this gap, the report proposes an intersectional understanding of vulnerability, which looks at “a concentric circle of personal (internal), social and environment (external) factors that may strengthen or weaken an individual’s personal condition.”102 Personal factors can include, for instance, physical and mental health, language skills and past trauma. Social factors relate to the individual’s existing social network, and environmental factors are “the sum of the determinants that exist in the individual’s larger environment but that the individual cannot control nor influence, and which may still increase or lessen his or her level of vulnerability to detention.”103

98 In particular, this risks to “discard the fact that the precariousness in which migrants find themselves is mostly constructed by states and other actors through policies and practices that are well documented”. See: I. Atak, D. Nakache, E. Guild, F. Crépeau (2018). “Migrants in vulnerable situations and the Global Compact for Safe Orderly and Regular Migration.” Legal Studies Research Paper No. 273/2018, Queen Mary University of London, available here.


100 Ibid.
102 Ibid, p. 11.
103 Ibid, p. 12.
As the external context changes, vulnerability itself can also fluctuate over time.\textsuperscript{104} For instance, research shows that the longer a person is detained, the higher the risk of developing mental health issues.\textsuperscript{105} which are themselves factors which increase individuals’ vulnerability to harm.

C. Striking the balance: the importance of an individualised assessment

As analysed above, legal definitions of vulnerability based on an exhaustive list of personal (internal) characteristics risk excluding individuals whose pre-existing condition is not explicitly mentioned by the law, such as, in many cases, individuals with mental health conditions, as well as individuals who find themselves in a position of vulnerability due to social and environment (external) factors. For this reason, it is important to maintain a certain level of discretion to allow for the inclusion of further factors, which are to be assessed at the individual level.

However, in the process of carrying out vulnerability screening procedures, which will be further analysed below in Chapter 3, some forms of lists can still be helpful to guide the officials who are in charge of the process. To strike a balance between the risks of a check-list approach and a more comprehensive, but more difficult to operationalise, definition of vulnerability, it is key to ensure that the decision is taken at the individual level, and that the list is non-exhaustive and allows to take into consideration different factors on a case-by-case basis.

In their report “Becoming Vulnerable in Detention” mentioned above, JRS Europe calls for “a qualified identification system [...] individually based and holistic.”\textsuperscript{106} In 2016, a publication by Amnesty International, Doctors of the World and LOS Foundation – Detention Hotline on vulnerability in detention in the Netherlands, called for a vulnerability test which “focuses on the personal circumstances which make detention disproportionately burdensome and on the risk of physical or psychological harm by imprisonment” and to “use a broad definition of vulnerability and take into account circumstances that may amplify or cause vulnerability.”\textsuperscript{107}

Furthermore, the process is key: the individuals' right to be heard, as well as the involvement of a multidisciplinary team at least in the assessment phase, are important safeguards that contribute to the adequate identification of different factors of vulnerability.

A similar, holistic, approach has been recommended by the UNCHR and IDC Vulnerability Screening Tool, which provides guidance on the process of vulnerability assessment, which should look both at pre-existing determinants (such as age, health concern, protection needs) and at other factors which might not be captured by a “checklist” approach, such as social and environmental factors.\textsuperscript{108} The tool, which includes practical procedural recommendations, notes that causes of vulnerability are overlapping, multifaceted and dynamic, and recognises that vulnerability is not fixed, but will change over time with changing circumstances.

\textsuperscript{104} M. Heikkilä et. al. (2016) “The protection of vulnerable individuals in the context of EU policies on border checks, asylum and immigration”, available here.

\textsuperscript{105} P. Young, M.S. Gordon (2016) “Mental Health Screening in Immigration Detention: A Fresh Look at Australian Government Data”, Australasian Psychology, available here.


III. Vulnerability screening and assessment

Screening versus assessment

Screening refers to the process of obtaining basic information and individual attributes, including individuals’ identity, nationality, health status, vulnerability indicators.

The assessment phase uses the information acquired during the screening to evaluate the individuals’ circumstances and vulnerabilities and make decisions on how to adequately address them.

Both phases might either occur at the same time and be conducted by the same person, or can take place consecutively and involve different actors, including case managers, immigration officers and members of the judiciary system.109

A. Legal framework

International legal framework

At the international level, several soft law instruments clarify that people in a situation of vulnerability should never be detained. For instance, the Working Group on Arbitrary Detention Revised Deliberation No. 5 on deprivation of liberty of migrants clarifies that:

“Detention of migrants in other situations of vulnerability or at risk, such as pregnant women, breastfeeding mothers, elderly persons, persons with disabilities, lesbian, gay, bisexual, transgender and intersex persons, or survivors of trafficking, torture and/or other serious violent crimes, must not take place.”110

Similarly, the Principles and Guidelines on migrants in vulnerable situations, adopted by the Global Migration Group (GMG) Working Group on Migration, Human Rights and Gender recommend states to:

“Avoid the immigration detention of persons who have specific needs or who are particularly at risk of exploitation, abuse, sexual or gender-based violence, or other forms of violence. Such people include, inter alia, pregnant and nursing women, older persons, persons with disabilities, survivors of torture or trauma, migrants with particular physical or mental health needs, LGBTI individuals and stateless persons.”111

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As analysed in chapter 2.1, specific safeguards also apply to children, victims of torture, victims of trafficking in human beings, women in detention, pregnant women, lesbian, gay, bisexual, transgender and gender-diverse persons, people living with a mental illness, people with disabilities and stateless people.

With the adoption of the UN Global Compact for Safe, Orderly and Regular Migration, to which 18 out of 27 EU Member States are signatories, governments further committed to “review relevant policies and practices to ensure that they do not create, exacerbate or unintentionally increase vulnerabilities of migrants, including by applying a human rights-based, gender- and disability-responsive, as well as age- and child-sensitive approach,” and to “involve local authorities and relevant stakeholders in the identification, referral and assistance of migrants in a situation of vulnerability, including through agreements with national protection bodies, legal aid and service providers, as well as the engagement of mobile response teams, where they exist.”

112 Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, available here.


121 Three EU Member States voted against the GCM (Czech Republic, Hungary and Poland), five abstained (Austria, Bulgaria, Italy, Latvia and Romania) and Slovakia did not attend this UN General Assembly meeting.

122 Global Compact for Safe, Orderly and Regular Migration (13 July 2018), Objective 7(a), available here.

123 Ibid, Objective 7(a).
EU legal framework

Article 16(3) of the EU Return Directive, on “Conditions of detention”, establishes that: “particular attention shall be paid to the situation of vulnerable persons (in immigration detention). Emergency health care and essential treatment of illness shall be provided.”

Furthermore, Article 14(1)(d) on “Safeguards pending return” states that “Member States shall […] ensure that […] special needs of vulnerable persons are taken into account.”

The scope of this provision is further clarified by the Return Handbook which, besides expanding the definition of vulnerability as discussed in chapter 2.1, broadens the scope of the procedure, clarifying that: “the need to pay specific attention to the situation of vulnerable persons should not be limited to the situations expressly referred to by the Return Directive […] Member States should pay attention to the needs of vulnerable persons in all stages of the return procedure.”


The interpretation of the scope of the Return Directive can be inferred, by analogy, from two other EU instruments in the field of migration and asylum. In particular, the Reception Conditions Directive states that “the health, including mental health, of applicants in detention who are vulnerable persons shall be of primary concern to national authorities” and that “where vulnerable persons are detained, Member States shall ensure regular monitoring and adequate support taking into account their particular situation, including their health.” The same standards apply to people detained under the Dublin Regulation, as set by Article 28(4) which refers to the Reception Conditions Directive.

In addition to the specific provisions addressing vulnerabilities, there is a clear obligation for states to assess the effectiveness of less coercive measures before applying detention. As clarified by the European Commission, this entails an obligation for Member States to establish and implement effective alternatives to detention in their national legal systems.

As regards the decision-making procedure, the EU Return Directive clarifies that the decision to


129 European Commission (27 September 2017) “Annex to the Commission Recommendation establishing a common “Return Handbook” to be used by Member States’ competent authorities when carrying out return related tasks”, (2017) 6505, Annex I, p. 67, available here. The Commission further clarifies that “A systematic horizontal coaching of all potential returnees, covering advice on possibilities for legal stay/asylum as well as on voluntary/enforced return from an early stage (and not only once forced removal decisions are taken) should be aimed at.”
detain an individual for immigration enforcement purposes may be taken by administrative or judicial authorities, and should be reviewed at reasonable intervals of time either on application by the detainee or by the authorities themselves.

The Council of Europe, the Commissioner for Human Rights of the Council of Europe and the European Committee for the Prevention of Torture have also highlighted the obligation to identify persons in a situation of vulnerability in immigration detention as soon as possible.

Focus on jurisprudence: European Court of Human Rights interpretations of vulnerability and immigration detention

The European Court of Human Rights (ECtHR) has also contributed to clearly define an obligation for member states to consider factors of vulnerability when deciding on a detention order, stating that, in light of the position of vulnerability of the detainee, even short periods of detention in inadequate conditions can amount to a violation of Article 3 of the European Convention on Human Rights on the prohibition of torture or to inhuman or degrading treatment or punishment. In its jurisprudence, the ECtHR endorses a “group-based” approach to vulnerability, which looks at the individuals’ characteristics as belonging to a specific group in order to assess their vulnerability.

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130 EU Return Directive, Article 15(2), available here.
133 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment - CPT (March 2017) “Factsheet on Immigration Detention”, chapter 10, available here.
When assessing whether inadequate access to medical care and the detention of individuals with health conditions amount to a violation of Article 3, the ECtHR adopted a case-by-case approach, looking at the medical condition of the applicant, the adequacy of the medical assistance provided in the detention centre, and the advisability of detention itself.137

For instance, in Sakir v. Greece, the ECtHR found that the fact that the police had not sought to ascertain whether the applicants' state of health allowed him to be placed in detention, jointly with the detention conditions in an Athens police station, constituted a violation of Article 3 of the Convention.138 In Dybeku v. Albania, the ECtHR clarified that states have an obligation to ensure adequate medical assistance and care in detention and to consider the lawfulness of continued detention in light of the detainee's health.139 In Rupa v. Romania, the Court assessed that “the failure to provide an initial medical exam to ascertain whether the detainee’s psychological condition allows his detention as well as subsequent [...] medical supervision may constitute [a violation of art. 3]”.140

In Aden Ahmed v. Malta, the Court assessed the detention, for fourteen months, of a woman of fragile health, who had undergone a miscarriage in detention, and found that the applicant's vulnerability, in conjunction with the condition and length of detention, amounted to degrading treatment.141 In the case of Mahmundi v. Greece, the Court decided that the detention of a woman in the eight months of pregnancy in overcrowded and unhygienic facilities amounted to a violation of Article 3.142

141 Aden Ahmed v. Malta, App no 55352/12 (ECtHR, 9 December 2013), available here.
142 Mahmundi and others v. Greece, App no 14902/10 (ECtHR, 24 October 2012), available here.
B. National level practice

In Belgium, the vulnerability assessment procedure is not formalised or required but depends entirely on the individual officers involved and their agency. Present practice to identify vulnerability is limited to the completion of a form by the police which denotes basic characteristics of the individual in the detention decision process, such as is if the person is pregnant or injured. There is no systematic individual assessment of proportionality and necessity prior to or at the time of extension of detention, and it is unclear to what extent detention conditions are adjusted when a vulnerability is identified.\footnote{NANSEN (2018) “Kwetsbaarheid in Detentie: verkennende bevindingen 2018”, available 
here.}

In practice, vulnerability assessments focus exclusively on whether the detention of a person may amount to inhuman or degrading treatment, and therefore a violation of Article 3 of the European Convention on Human Rights, in cases concerning elderly people, people with disabilities, people with mental illnesses and people with other serious illnesses. In these cases, detainees might be released.

In addition, medical staff can formulate an objection to the renewal of the detention order if a detainee is suffering from serious mental health issues. The decision however lies with the Aliens Office. In case the Aliens Office decides not to follow the advice of the first physician, a second physician can be appointed. If advice coincides with the first one, the person shall be released; if it differs, a third physician shall be appointed, whose advice is definitive.

Even in cases in which detainees are released because of their vulnerability, the procedure is not transparent nor formalised, and the release is often motivated with vague “administrative reasons”. NGOs report that this decision to release appears to be strongly connected to the possibility to return someone. For example, pregnant women are often released at the end of the pregnancy, at about the same time as they would no longer be allowed to board a flight.

The decision to detain is taken by the minister or their delegate and is not automatically assessed by a judge. Contrary to criminal detention, which is subject to automatic regular reviews, review of immigration detention is not automatic, but needs to be solicited by the detainee’s lawyer before the Chambre du Conseil. However, the Chamber only assesses the lawfulness of detention but does not judge on whether detention is necessary and/or proportionate. The detention order is issued for the period of two months and can be renewed up to a maximum of five months, or eight months in case of threat to public order. Nevertheless, in some circumstances, such as the issuance of a new removal order due to lack of cooperation with the first removal attempt, previous periods of detention are not considered and people can be detained beyond this limit.

In Greece, the decision to detain is taken by the police. There is no official or formalised vulnerability screening or individualised assessment. Moreover, several individuals are detained in non-official centres, including police stations. Although the law provides for medical screening upon admission, this is not observed in non-official centres and in some pre-removal centres. A doctor or lawyer may come across information at a later stage and alert the authorities to a detainee’s vulnerability, but this identification mechanism relies entirely on the discretion and agency of service providers. Regular reviews exist in theory but not are not implemented in practice.
In May 2020 and only a few months after the full implementation of Law 4636/2019, the Greek Parliament passed the Law 4686/2020, fundamentally transforming the asylum and migration system in Greece. This new law reduces procedural safeguards in pre-return detention, including for individuals in a situation of vulnerability. Moreover, the law establishes administrative detention in view of return as the norm and limits the application of alternatives to detention only to exceptional cases.

In the Netherlands, there is no standard practice to screen and assess vulnerabilities prior to the decision to detain or during the period of detention and no vulnerable group is automatically excluded from detention. In practice, the screening and assessment is implemented by a civil servant in absence of vulnerability assessment tools or lists of criteria. Upon entry into detention facilities, foreign nationals receive within the first 24 hours a medical test that is aimed at determining the necessary care arrangements while in detention. The test is also aimed at identifying vulnerabilities but does not assess whether release might be necessary. In 2019, the UN Human Rights Committee (HRC) noted an increase in the numbers of people held in immigration detention in the Netherlands, including persons with vulnerabilities.

Stichting LOS – The Immigration Detention Hotline reports having witnessed the detention of several individuals in situations of vulnerability, including children, elderly people, people in wheelchairs, persons with mental disabilities, persons recovering from cancer surgeries, post-traumatic stress disorder, severe mental illnesses and drug addictions.

Moreover, when individuals are detained on repeated occasions, the so-called “clean slate” policy requires all previous information on the individual, including regarding their health conditions and other factors of vulnerability, to be erased from their file. While this was originally conceived as a protection measure, it also entails that individuals have to retell their story and explain past trauma or factors of vulnerability on repeated occasions.

In Spain, there is no official vulnerability screening and assessment. In practice, vulnerabilities are mainly raised by civil society organisations visiting the detention centres, or by lawyers. In 2019, out of 282 detained persons visited by the organisation Pueblos Unidos, numerous vulnerable profiles were identified, including 13 persons who claimed to

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144 Law 4686/2020 Improvement of the migration legislation, amendment of L. 4636/2019 (Α΄ 169), 4375/2016 (Α΄ 51), 4251/2014 (Α΄ 80) and other provisions, available here.
148 Interview with Revijara Oosterhuis, Stichting LOS.
be minors, 11 seriously ill persons and 7 possible victims of human trafficking or gender-based violence. The same year, Migra Stadium foundation visited 170 persons held in the CIE of Zona Franca in Barcelona and detected 63 vulnerable profiles, including 38 self-declared children, 2 persons with serious physical and mental health issues and 2 detainees who had attempted suicide.

In the United Kingdom, a reform of the Immigration Act in 2016 introduced the ‘Adults at Risk in Immigration Detention’ policy, which includes guidance on vulnerability screening and assessment in detention centres. The policy introduces so called ‘detention gatekeepers’, who scrutinise all detentions proposed by the Immigration Enforcement’s arresting team. Both the arresting team and the detention gatekeepers are part of the Immigration Enforcement Directorate within the Home Office. The gatekeepers do not meet the detainees face-to-face, but make their decision entirely based on the documents provided by the arresting team.

Factors of vulnerabilities might be raised by detainees themselves, by social workers, NGOs or medical practitioners, or there might be medical or professional evidence stating that the individual is at risk and that a period of detention would be likely to cause harm, for example, by increasing the severity of the symptoms or condition that have led to the individual being regarded as an adult at risk. However, only medical or professional evidence is afforded significant weight in the decision-making process.

After the detainee’s vulnerability has been asserted based on the evidence provided, the presumption against detention of vulnerable people is balanced against other factors, which include the length of detention, their compliance history and public protection concerns (which are usually assessed based on individuals’ criminal history). For instance, if it is assumed that a long period of detention is required before return can be implemented, it is more likely that a vulnerable person would be released. Furthermore, the detention gatekeepers can always be overruled by the United Kingdom Home Office. According to the United Kingdom Home Office Policy, the policy “[…] will not mean that no one at risk will ever be detained. Instead, detention will only become appropriate at the point at which immigration control considerations outweigh this presumption. Within this context it will remain appropriate to detain individuals at risk if it is necessary in order to remove them.”

In practice, this policy is far from translating into the automatic release of people in situation of vulnerability. In 2017, 2,669 people were detained in the United Kingdom despite being considered vulnerable. In 2018, out of all detainees who were recognized as vulnerable while in detention, 77.6 per cent remained in detention – with only 141 people not detained due to their vulnerability.
In addition to this policy, the “Rule 35-process”, which pre-dates the Adults at Risk Policy and was laid down in the Detention Centre Rules 2001, requires doctors to notify the Home Office on any person whose health is likely to be injuriously affected by continued detention; who is suspected of having suicidal intentions; or who might be a victim of torture. Similar to the process under Adults at Risk, this does not lead to an automatic release but only to a re-evaluation or the decision to detain. In 2018, only an average of 22.7 per cent of reports filed by medical professionals resulted in a release, reaching as low as 13 per cent during the first quarter of the year.157

Migrants who have previously served a prison sentence and are waiting to be expelled as a part of their conviction are exempted from the automatic bail hearings as well as the entire vulnerability mechanism, which only applies to people held in Immigration Removal Centres (IRCs).

In its 2019 concluding observations on the United Kingdom, the Committee against Torture stated its concern for the routine detention of victims of torture for immigration purposes, and highlighted that: “the State party’s guidance for identifying whether a person being considered for immigration detention is an “adult at risk” 3 and rule 35 (3) of the Detention Centre Rules 2001 are largely ineffective at identifying victims of torture and have not resulted in the release from detention of the vast majority of those people who are at risk of suffering serious harm as a consequence of detention”.158

### Detention of stateless people

The Statelessness Index,159 developed by the European Network on Statelessness, evaluates law, policy and practice on the protection of stateless persons and prevention of statelessness in 24 European countries against international and regional standards.

On the topic of detention, the Index assesses the measures states have in place to protect the rights of stateless persons and prevent arbitrary detention. Only six EU countries160 have dedicated statelessness determination procedures (SDPs) in place to identify and determine who is stateless on their territory and grant them the rights and protection they are due under international law.161

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158 Committee against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (7 June 2019) “Concluding observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland”, CAT/C/GBR/CO/6, available [here](#).
159 Statelessness Index, available [here](#).
161 The 1954 Convention Relating to the Status of Stateless Persons provides important minimum standards for the protection of stateless persons. Belgium, Greece, Spain, the United Kingdom and the Netherlands have acceded to the convention.
In Belgium, Greece, the Netherlands, Spain and the United Kingdom, statelessness is not considered as a factor of vulnerability in detention decisions. Furthermore, all of these countries fail to impose an obligation to identify a country of removal prior to the decision to detain. This can lead to an imposition of a detention order despite the lack of reasonable prospect of removal, thus making their detention arbitrary under European and international law.

In Belgium, there is a judicial procedure to determine statelessness (SDP) and people whose statelessness has been formally recognised are usually not detained. However, stateless people are often detained several times before they succeed in being recognised by the courts as stateless. Even then, this recognition does not result in a residence permit or any rights.

In Greece, statelessness is not considered juridically relevant in decisions to detain, there is no formal procedure to identify and determine statelessness, and stateless persons continue to be detained despite the absence of any reasonable prospect of removal.

In the Netherlands, although the law states that detention may only be imposed when there is a reasonable prospect of removal, it is not required to determine the country of removal before a decision to detain is issued, and there is no formal procedure to determine statelessness and grant protection under the 1954 Convention.

In Spain, despite having an SDP and stateless status, decisions to detain are issued without taking into account the particular protection needs of stateless people, and once in detention, stateless people are unable to apply for stateless status.

In the United Kingdom too, despite the existence of an SDP, statelessness is not explicitly considered as a factor of vulnerability and is not taken into account in decisions to detain. Furthermore, it is not legally required to identify a country of removal before detention and in practice stateless people who have either not applied for leave to remain as stateless persons or have been refused such leave are detained, at times for prolonged periods.

In addition to effective procedures to identify and determine statelessness, the European Network on Statelessness maintains that it is crucial that the risk of statelessness is regularly reassessed. Individuals can be at risk of becoming stateless while in detention due to their impossibility to return, when the country of origin does not recognise them as nationals.
The UNCHR and IDC Vulnerability Screening Tool

This tool, jointly produced by the UNHCR and the International Detention Coalition (IDC), provides in-depth guidance on the process of vulnerability screening and assessment, including on the necessary organisational settings and management systems.

The tool further includes recommendations on the steps to undertake once a person is identified as vulnerable, based on the presumption of liberty and the prioritisation of community-based placement and support options, open reception facilities and alternatives to detention. This tool can be adapted to the local needs and circumstances. For instance, in Cyprus, the Cyprus Refugee Council has developed a screening and assessment process based on the UNHCR/IDC’s Vulnerability Screening Tool in the context of the development of case-management based alternatives to detention.169

Why screening is not enough: the importance of assessment in the US administration

In the US, the automated Risk Assessment Tool underwent substantial changes under the Trump administration in 2017. Previously, the automated process, which was introduced in 2013, could lead to a recommendation to either “detain” or “release” migrants. In 2017, the automated tool has been modified to remove the “release” recommendation, which can now only be selected manually by ICE personnel. As a result of this change, the number of immigrants with no criminal history detained for immigration purposes tripled to more than 43,000 from 2016 to 2017.170


Good practices: piloting case management-based alternatives to detention in seven European countries

The “European Alternatives to Detention (ATD) Network” (EATDN) is a group of European NGOs which aims to reduce and end immigration detention by building evidence and momentum on engagement-based alternatives. Each of the pilot projects in seven European countries (Belgium, Bulgaria, Cyprus, Greece, Italy, Poland, and the United Kingdom) has developed a screening and assessment process to examine personal data, information about the person’s immigration history, vulnerabilities and community ties. Information obtained from the screening and assessment process informs the manner case management is delivered to the individuals, responding to their personal circumstances, needs as well as strengths.

82 per cent of the individuals who participated in the programme in Bulgaria, Cyprus and Poland were in situation of vulnerability. After two years of project, 99 per cent of the participants reported that the case management programme had a positive impact on their ability to participate in informed decision making and 96 per cent reported positive impact on their ability engage with the immigration procedures over time.

171 European Alternatives to Detention Network, available [here](#).
172 E. Ohtani, European Programme for Integration and Migration - EPIM (2020) “Alternatives to Detention: building a culture of cooperation – Evaluation of two-year engagement-based alternatives to immigration detention pilot projects in Bulgaria, Cyprus and Poland”, available [here](#).
IV. Insufficient access to legal aid, services and NGO access to detention centres

A. EU legal framework

As discussed above, factors of vulnerability often need to be raised by lawyers, NGOs and other visitors. Furthermore, regular presence of medical personnel in detention centres is key to immediately identify any factors of vulnerability related to mental and physical health as well as existing disabilities.

For this reason, access to legal and medical aid, NGOs' services and interpretation is pivotal to ensure the timely identification of factors of vulnerability.

With regard to the right to legal aid, the EU Return Directive establishes that:

“the necessary legal aid should be made available to those who lack sufficient resources. Member States should provide in their national legislation for which cases legal aid is to be considered necessary.”

And that:

“Member States shall ensure that the necessary legal assistance and/or representation is granted on request free of charge in accordance with relevant national legislation or rules regarding legal aid, and may provide that such free legal assistance and/or representation is subject to conditions as set out in Article 15(3) to (6) of Directive 2005/85/EC.”

As regards NGOs' access to detention centres, the Directive establishes that:

“Relevant and competent national, international and nongovernmental organisations and bodies shall have the possibility to visit detention facilities, as referred to in paragraph 1, to the extent that they are being used for detaining third-country nationals in accordance with this Chapter. Such visits may be subject to authorisation.”

As analysed by Majcher, the final text agreed during the negotiations on the EU Returns Directive is weaker than the European Parliament's proposal, and the fact that NGOs might require authorisation before visiting detention centres risks to seriously undermine their monitoring role. Moreover, this provision fails to comply with the standards of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), which require visits to be frequent and unannounced.

175 EU Return Directive, Article 16(4), available here.
177 Council of Europe - European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2009) “Safeguards for irregular migrants deprived of their liberty”, para 89, available here.
The right to see a doctor is also weakly framed in the EU Return Directive, which only provides the right for “emergency health care and essential treatment of illness” – contrary to international human rights law recognising the right to the highest attainable standard of health as well as equal access to preventative, curative and palliative health care, regardless of their legal status and documentation.

B. National level practice

Legal counsel and medical care

In Belgium, access to legal counsel is guaranteed by law. Nonetheless, the practical implementation of this right is weakened by a serious underfunding of legal support, due to which lawyers are compensated by the state up to one or two years later and for uncertain amounts; the remote location of detention centres; and the frequent lack of cooperation between the detention centres and lawyers. Vluchtelingenwerk Vlaanderen estimated that less than a quarter of detained migrants receive a visit from their lawyer. Moreover, detainees often have to wait for relatively long periods before a lawyer is appointed.

In Greece, access to legal aid for detainees in administrative detention is very limited in practice. Detainees are often unaware of the reasons and length of their detention. Furthermore, while according to the national legal framework migrants should undergo a medical screening before detention, in practice, access to health professionals is often limited by the insufficient presence of medical personnel in detention centres and the lack of interpretation during medical visits. Medical care is almost absent in de facto detention centres.

In the Netherlands, many detainees are not informed of their rights and have difficulties accessing legal counsel. The Immigration Detention Hotline assists detainees in submitting complaints and throughout the procedures that follow. However, not all detainees are aware of this possibility, as they only receive information from other detainees or in certain cases by the detention officers. According to the Penitentiary Principles Act, detainees have the right to file complaints to the Supervisory committee, denounce incidents such as mistreatment by guards or other detainees.

182 Immigration Detention Hotline - Meldpunt Vreemdelingendetentie, available here.
and challenge decisions taken by the director or on their behalf. However, the long delays in the assessment of complaints make this mechanism de facto ineffective, and very few detainees report seeing their situation improved after filing a complaint.

In Spain, the regulation that governs CIEs provides that detainees should have access to medical care, pharmaceutical assistance and other health-related provisions. Yet, in practice access to legal, medical, psychological and social support is restricted and discontinuous.

In the United Kingdom, cuts to legal aid introduced in 2013 removed all non-asylum immigration work from the scope of legal aid. Moreover, transfers of detainees between detention centres often hinder detainees’ access to legal advice. According to a 2019 survey by Bail for Immigration Detainees (BID), almost a third of immigration detainees did not have a solicitor, and 29 per cent had lost their legal representative as a result of a transfer to another removal centre. In theory, people held in IRCs can book a 30-minute appointment with a legal aid solicitor, yet according to Bail for Immigration Detainees, in 2019 only 42 per cent of detainees were taken as clients after the initial appointment and 50 per cent of those without a lawyer responded they did not have one because they could not afford it. Access to legal aid is particularly critical considering that more than half of Home Office immigration decisions were overturned through an appeal procedure as of March 2019, bringing to light the poor quality of migration detention decisions.

NGO access to detention centres

Civil society organisations also face problems when accessing detention centres. In the five states analysed by this report, NGOs report having access to detention centres, but often facing difficulties or administrative burdens to exercise this right. Access is often granted only based on a bilateral agreement. Moreover, access to a detention centre does not equate with the right to set up official structured monitoring system, which is often lacking in practice.

In Greece, NGOs’ right to access detention centres was severely curtailed by Law 4636/2019, which excludes non-registered NGOs from the provision of any service or assistance in detention centres.

In Spain, NGO access to detention centres has improved since the CIE regulation was enacted and the Ministry of Interior and the Spanish Red Cross signed a contract in 2015. However, in December 2017, the Spanish Ombudsman reported that several provisions in the regulation had yet to be fully implemented, and recommended further measures to ensure the right of detainees to contact NGOs.
Ministerial Decision 3063/2020: shrinking the civic space for NGOs working on migration in Greece

The Ministerial Decision 3063/2020 issued on 14 April 2020 and the Ministerial Decision 10616/2020 of 9 September 2020 introduced new measures wherein all Greek or foreign NGOs as well as their members, staff and volunteers would have to register with the NGO Members Registry to work in the fields of asylum, migration or integration. NGOs working in Greece have expressed concern that this policy will further shrink the already limited civil society space in the country. These concerns were confirmed by an Opinion of the expert council on NGO law of the Council of Europe, which found that “onerous registration and certification requirements, coupled with the wide discretions on the competent authorities to refuse to register or certify applicant NGOs”, will further restrict civil society space in Greece, and increase “significantly and disproportionately the control of the State over the work of NGOs in the field of asylum, migration and social inclusion.”

Language barriers

Language barriers represent another major issue when detainees are expected to raise factors of vulnerability on their own initiative.

In Greece, despite the legal obligation to provide information on the reasons for detention and rights to appeal in a language that is understood, gaps in the provision of interpretation and a de facto lack of free legal aid severely restrict people’s ability to challenge detention orders. Interpretation services are particularly scarce in police stations and pre-removal detention centres. Following his 2013 visit to Greece, the former UN Special Rapporteur on the human rights of migrants found that detainees were often not provided with information in a language they understand, had limited access to legal assistance, and received little or no professional interpretation assistance. In a recent visit in March 2020, the Council of Europe’s European Committee for the Prevention of Torture and Inhuman or Degrading Treatment of Punishment (CPT) reported that in all the centres visited there was an almost total absence of interpretation services, including translations of detention or deportation orders.
The Committee observed that authorities mainly rely on fellow detainees with basic Greek or English language skills to act as interpreters and routinely experience difficulties understanding detainees and identifying their needs.\textsuperscript{198} Most detainees reported having signed documents in Greek for which no translation was provided, while being unaware of their content or implications.\textsuperscript{199}

In Spain, many detainees speak Arabic while the detention staff usually only speaks Spanish. Interpreters are only hired for the duration of a brief hearing before the investigative judge, but not when the detainees meet with doctors or lawyers. Furthermore, the reasons for detention need to be communicated to the detainee in writing, but it is not specified that this should be translated in a language that is understood. In practice, documents are usually provided only in Spanish.\textsuperscript{200}

\textsuperscript{198} Ibid.
\textsuperscript{199} Ibid.
\textsuperscript{200} Statelessness Index, Country Profile: Spain, available here.
V. Detention of children

Reports and medical studies demonstrate that immigration detention, even for short times and in relatively humane environments, has a negative impact on child development.\textsuperscript{201} This can include behavioural dysregulation, post-traumatic stress, depression and suicidal thoughts, as well as physical symptoms (e.g. headaches, pains, new onset of bed wetting, coughing or wheezing) linked to the stress in the child, family and environment.\textsuperscript{202}

Detention of families also contributes to impairing child development and creating a stressful situation for children and their families, with findings from medical research in the United Kingdom highlighting that all interviewed parents had symptoms of anxiety, and most had symptoms of depression with suicidal ideation.\textsuperscript{203}

A. Legal framework

International legal framework

UN experts agree that detaining children based on the children’s or their parents’ migration status is always a human rights violation and is never in the best interests of a child.\textsuperscript{204} This applies both to unaccompanied and separated children, as well as to children with their families.\textsuperscript{205} In his 2018 annual report, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health highlighted that “for some [children], [detention] is the worst experience of their lives.”\textsuperscript{206}

With the adoption of the UN Global Compact on Safe, Orderly and Regular Migration, governments committed to ending child detention and promoting community-based care arrangements.\textsuperscript{207}


\textsuperscript{202} A. Lorek, K. Ehntholt et. al. (2009) “The mental and physical health difficulties of children held within a British immigration detention center: a pilot study”, available here.

\textsuperscript{203} Ibid.

\textsuperscript{204} Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, available here.


\textsuperscript{206} Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (10 April 2018) “Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” A/HRC/38/36, available here.

\textsuperscript{207} Resolution adopted by the General Assembly on 19 December 2018, Global Compact for Safe, Orderly and Regular Migration, A/RES/73/195, para. 29, available here.
EU Legal Framework

The EU Returns Directive establishes the obligation for member states to take into due account the best interests of the child in the implementation of the Directive. Article 17 further sets that “unaccompanied minors and families with minors shall only be detained as a measure of last resort and for the shortest appropriate period of time.”

The Council of Europe Committee for the Prevention of Torture standards on immigration detention clearly asserted that “detention cannot be justified solely on the basis of the child being unaccompanied or separated, or on their migratory or residence status, or lack thereof”. The Parliamentary Assembly and the Commissioner for Human Rights have further stated that unaccompanied children should not be detained.

In its jurisprudence, the European Court of Human Rights has also repeatedly found that child immigration detention can amount to torture and degrading treatment, arguing that the best interests of the child must always prevail.

Data on immigration detention of children

In its 2019 Global study on children deprived of liberty, published on the thirtieth anniversary of the Convention on the Rights of the Child, Independent Expert Manfred Nowak found that, around the world, at least 330,000 children are detained for migration-related purposes per year, in at least 77 countries.

While in most countries there are no reliable statistics on the number of children in migration detention, the EU Fundamental Rights Agency highlights that EU member States which tend to detain children more often (i.e. France, Greece, Malta, Poland and Slovenia) witnessed an increase in child detention between 2018 and 2019.

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208 EU Return Directive, Recital 22, Article 5, available here.
B. National level practice

Despite the limitations set by the Return Directive, child detention is widely used across the EU and alternatives to detention are underused and applied for only a small number of individuals or families.215

In Belgium, Article 74/19 of the Aliens Act forbids the detention of unaccompanied children, while detention of children with family is permitted by a law from 2011.217 In 2008, however, Belgium had discontinued the practice of detaining children with families, after a condemnation by the European Court of Human Rights and in anticipation of two further decisions on the issue. In this period, the government developed the so-called “return houses”, a variety of accommodation quarters or “open family units” in which undocumented families or unaccompanied minors are housed while waiting to be returned and where one accompanying adult (parent or person with parental authority) must always be present.220

However, in October 2014 the government announced the plan to build a new detention centre for children and families close to the Brussels Airport. In 2018, the centre was put into use, and child detention was reintroduced by Royal Decree.221 A total of 20 children were detained between August 2018 and February 2019. Since the centre opened, several stakeholders have called for the permanent closure of detention centres for families and children. In 2018, Platform Minors in Exile, Caritas International Belgium, CIRÉ, Jesuit Refugee Service Belgium, Vluchtelingenwerk Vlaanderen and UNICEF Belgium launched a campaign asking the Belgian Federal Government to “immediately cease detention of children in closed centres.” The campaign was joined by more than 325 civil society organisations.223

Furthermore, fifteen organisations seized the Council of State, obtaining the suspension of the Royal Decree on the grounds that the possibility to detain families with children for up to one month, and in circumstances where the children can be exposed to particularly loud noise due to its vicinity to the airport, can lead to irreversible damage.224

214 The EU-funded evaluation of the implementation of the Returns Directive found that 17 EU countries reportedly detain unaccompanied children (15 member states, and 2 Schengen Associated Countries) and 19 countries detain families with children. The evaluation notes that some of these countries detain unaccompanied children only occasionally in practice (Austria, Czech Republic, Lithuania, Luxembourg, Malta, Slovenia and Sweden). 11 countries reported that they do not detain unaccompanied children in practice and 8 reported that they do not detain families with children. See: Matrix, ICMPD (2015) “Evaluation on the application of the Return Directive (2008/115/EC)” available here; c.f. PICUM (2019) “Child Immigration Detention in the EU”, available here.


218 Mushtadhieva a.o. v. Belgium (nr. 41442/07, 19.01.2010), available here; Kanagaratnam and others v Belgium (nr. 15297/09, 13.12.2011), available here.


220 Royal Decree of 22 July 2018, modifying the Royal Decree of 2 August 2002 which regulates the regime and conditions of the premises managed by the Foreigners’ Office, where a foreigner is detained. The 2018 Royal Decree was published on the Official Gazette (Moniteur Belge) on 1 August 2018.


222 Ibid.

As a consequence of the partial annulment of the Royal Decree by the Conseil d’Etat, since April 2019, migrant families with children cannot be detained in practice. Moreover, the Belgium Coalition programme agreed in September 2020 to commit to a general ban on child detention for migration purposes in the country, however, it remains unclear whether this will actually lead to legislative changes.

Furthermore, unaccompanied children who are apprehended in connection with irregular border crossings can still be detained whenever there is a doubt on the age of the person and while awaiting for the results of the medical age assessment procedure, for a maximum of three days renewable for other three days.

In Greece, Law 4686/2020, adopted in May 2020, allows for the detention of children “only in extreme need, always guided by their best interests and if it is proved that alternatives and less restrictive measures cannot be applied.” In practice, however, many unaccompanied children are detained for prolonged periods in police stations or pre-removal facilities in very poor conditions. The new law further removes the presumption of minority of those claiming to be under 18, thus allowing for their detention together with adults until a conclusion to the age assessment procedure is reached.

In addition, Law 4686/2020 explicitly allows the detention (so-called “protective custody”) of unaccompanied children in police stations and pre-removal facilities. This form of de facto deprivation of liberty is regarded by Greek authorities as a precautionary administrative measure, and thus has no maximum time limit. According to the National Center for Social Solidarity, 331 children were in police custody awaiting transfer to a shelter on 31 March 2020, a sharp increase from the 180 children in this situation in January 2020. Following increasing international pressure, the Migration and Asylum Minister of Greece Notis Mirarakis made an announcement in November 2020 stating the government’s intention to end the practice of “protective custody” for unaccompanied minors.

Focus on jurisprudence: ‘Protective custody’ as a violation of the right to liberty

In H.A. and others v. Greece, the ECtHR found that the practice of detaining children in police stations under “protective custody” and the lack of time limits represents a violation of the right to liberty and security under Article 5(1)f of the European Convention on Human Rights. The Court further found that the lack of formal qualification as detention seriously undermines the right to an effective remedy.
In the Netherlands, detention of unaccompanied children is permitted if they are suspected or convicted of a crime, if they failed to comply with reporting duties or measures restricting their freedom, if there is a real risk of absconding or if removal can be carried out within 14 days, which is the maximum length of detention for children.  

Ten unaccompanied children were detained in the first six months of 2019.  

In Spain, when children are identified while in detention, they should be released and placed in protection institutions according to national regulation. However, PICUM members report that unaccompanied children are often detained together with adults, although their detention is forbidden by the national legal framework, because they do not undergo an age assessment procedure, or they are unable to prove their age. In some cases, children who refuse to undergo the age assessment procedure after producing evidence of their minority are considered to be adults by the Juvenile Public Prosecutor for the mere fact of refusing to undergo the additional procedure, and in complete disregard of the evidence they already produced (including certificates showing their age).

Moreover, lawyers and NGOs are frequently refused access to hearings before the Juvenile Public Prosecutor, which is in charge of deciding on whether someone is a minor or not, leading to the fact that children are often not provided sufficient assistance during the procedure.

In 2018, the Spanish Ombudsman identified 88 children in detention centres who were not identified as minors at points of access. In 2019 and thereafter, the UN Committee on the Rights of the Child has repeatedly raised concerns on the age assessment procedures in Spain, finding in particular that the lack of safeguards, the absence of a representative assisting the child and the “almost automatic dismissal” of the valid birth certificate provided by consular services could amount to breaches of the Convention of the Rights of the Child.

In the United Kingdom, the Government announced in 2010 its intention to end detention of children for migration purposes. Measures that followed, including the closure of several pre-departure facilities, resulted in a sharp decline in the number of children in detention. However, in 2019, 73 children were detained by the Home Office for migration purposes.
The gender dimension of detention

Despite a lack of gender-disaggregated data in the area of detention,\footnote{242 The unavailability of gender-disaggregated data on immigration detention reflects the more general inadequacy of data collection in this area. Nonetheless, Eurostat data indicates that four fifths (80.3\%) of the people found to be irregularly in the European Union in 2019 were male. Source: Eurostat (2020) “Enforcement of immigration legislation statistics”, available \url{here}. See also Red Cross (2020) “Reducing the use of immigration detention: lessons from Bulgaria”, available \url{here}.} evidence shows that women face particular obstacles which can exacerbate vulnerabilities in detention.\footnote{243 Organisation of American States (2020) “IACHR Expresses Its Concern Over Reports of Sterilizations and Surgical Interventions Without Consent in Migrant Detention Centers in the United States”, available \url{here}; Global Rights for Women (2020) “Violence Against Women and Girls in ICE Custody”, available \url{here}; The Devas Project (2010) “Becoming Vulnerable in Detention: Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union”, Jesuit Refugee Service – Europe, available \url{here}.} In interviews conducted by the Devas Project in the European Union, women aged between 18 and 24 reported they were exposed to physical and verbal abuse by staff and other detainees.\footnote{244 Ibid.} 90 per cent of women within this age range expressed a need for better medical care.\footnote{245 Ibid, p. 9.} Findings also showed that negative health impacts associated with detention, in particular regarding mental health, disproportionally affect women and children.\footnote{246 Service Public Federal Interieur (2009) “Circulaire relative à l’identification d’étrangers en séjour irrégulier”, available \url{here}.} In \textbf{Belgium}, the only two provisions related to women in detention are the prohibition of deporting women after 28 weeks of pregnancy,\footnote{247 Arrêté royal fixant le régime et les règles de fonctionnement applicables aux lieux situés sur le territoire belge, gérés par l’Office des étrangers, où un étranger est détenu, mis à la disposition du Gouvernement ou maintenu, en application des dispositions citées dans l’article 74/8, § 1er, de la loi du 15 décembre 1980 sur l’accès au territoire, le séjour, l’établissement et l’éloignement des étrangers, available \url{here}.} and that women should not give birth inside a detention centre.\footnote{248 President of the Hellenic Republic (1 November 2019) “Law No. 4636/2019 Government Gazette 169 / A / 1-11-2019 On International Protection and other provisions.”, article 48 (4), available \url{here} (in Greek).} In August 2019, a new detention centre for women opened in Holsbeek, with a capacity to host 28 women and where the majority of the staff is female – from social workers to medical personnel. However, some women are still detained in the Caricole mixed centre, where women and men share the same common rooms. As men detainees widely outnumber women detainees, some women reported feelings of discomfort in particular with regard to accessing the common areas.

In \textbf{Greece}, Law 4636/2019 states that women should be detained separate from men, unless they are members of their family or there is consent, while pregnant women should not be detained during pregnancy or the first six months after delivery.\footnote{249 The Press Project (7 August 2020) “Καταγγελία για σεξουαλική κακοποίηση μετανάστριας από αστυνομικό στην Πέτρου Ράλλη”, available \url{here}.} In practice, women are generally held separately from men in pre-removal centres and they are usually guarded by female police. Nevertheless, cases have been reported where women were held for long periods in police stations and deprived of access to basic hygiene products. Following serious incidents of sexual abuses in detention centres,\footnote{250 To Mov (29 October 2020) “The detainees in Amygdaleza are in despair: one suicide attempt after another”, available \url{here}.} in autumn 2020 all women detainees were moved to the Amygdaleza detention centre, where the conditions are however also quite poor, and have triggered in the past several incidents of attempted suicide.\footnote{251 To Mov (29 October 2020) “The detainees in Amygdaleza are in despair: one suicide attempt after another”, available \url{here}.}
In the Netherlands, women are a minority among the total detainee population and families with children and pregnant women are held in separate facilities. In 2013, the State Secretary wrote that pregnant women in their last six weeks of pregnancy are entitled to a postponement of their return under Article 64 of the Aliens Act 2000, which lasts six weeks after the birth. During that period the women are considered to be regularly residing in the country and cannot be detained.

In the United Kingdom, an unannounced visit of the Her Majesty’s (HM) Inspectorate of Prisons to women detention centre Yarl’s Wood in 2015 found that 45 per cent of women felt unsafe in the detention centre.252 Many women denounced pervasive sexual harassment. In addition, interviews conducted by Women for Refugee Women in 2012 and 2013 in the same detention centre revealed that 93 per cent of detained women interviewed felt depressed and more than 50 per cent had considered suicide. More than 85 per cent were victims of torture or sexual violence.253 The latest inspection of Yarl’s Wood Immigration Removal Centre showed that conditions relatively improved; nevertheless, 28 pregnant women were detained in the six months prior to the inspection and the HM Chief Inspector of Prisons expressed concern that women who had been victim of torture continued to be detained.254 Insufficient female staff in detention centres has also been reported, meaning that health screenings and searches are often done by male medical professionals or guards, in some cases causing further delays until female staff is available. This often results in reduced access, substandard quality of care and limited availability of medication for women in detention, especially for pregnant women and women with complex, overlapping needs.255

Often excluded from group-based definitions of vulnerability, men in detention also face specific vulnerabilities, often linked to their young age, experiences of trauma and abuses, and their migratory journey.256 In some countries, detention centres for men are more densely populated, leading to higher risks of conflict with the staff and poorer conditions.

Transgender, intersex and gender non-conforming persons in detention regularly experience discrimination and are vulnerable to a number of harms: physical and sexual violence, solitary confinement as well as verbal and psychological abuse. In the absence of gender recognition and gender responsive policies, transgender, intersex and gender non-conforming persons are often misclassified and detained in facilities according to their sex assigned at birth rather than their self-determined gender identity.257

Transgender women in particular are among the most vulnerable to physical and sexual abuse, especially when they are detained with men.258 In some cases, the exposure to these threats leads detainees to request being separated from the general population, while in other cases detention authorities forcibly subject transgender, intersex and gender non-conforming persons to ‘administrative segregation’, under conditions that are indistinguishable from solitary confinement.259 Although generally used as punitive measures, administrative segregation or solitary confinement are presented as a protective measure in these cases. However, reduced access to services, outdoors time, and social contact coupled with marginalisation and abuse, often lead to rapid mental health deterioration.260

Transgender, intersex and gender non-conforming persons also experience difficulties in accessing medical services, hormones or HIV treatment, which could have a negative impact on their health if discontinued.261

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261 Ibid.
Conclusion

The analysis above draws a clear picture of how vulnerabilities are too often overlooked in immigration detention decision making and practices. This results in situations in which individuals are detained while suffering from pre-existing (physical and mental) health diseases, being survivors of torture or ill-treatment, or despite their minor age. In these cases, even short periods of detention can be extremely harmful, leading to deterioration of their health, retriggering past traumatic experiences and negatively affecting their development.

In the five countries analysed in this report, situations of vulnerability are defined and interpreted differently. The lack of an inclusive definition of vulnerability often leaves out individuals who do not fit in the closed list of categories, and in particular those whose vulnerabilities are exacerbated as a consequence of detention itself. Mental illnesses, despite being an important factor affecting individuals’ situations of vulnerability, are rarely included in the definition. Existing operational tools, such as the IDC / UNHCR Vulnerability Screening Tool, are rarely used to develop a screening and assessment process that officials can implement.

The Netherlands, Spain and Greece are characterised by the lack of standard vulnerability screening and assessment practices. In practice, vulnerabilities can be raised by migrants, their lawyers or medical professionals, but there is no official procedure prior to or during detention. In Belgium and in the United Kingdom, where some forms of screening procedures exist, vulnerability concerns can still be overweighed by migration control purposes.

Factors of vulnerability frequently need to be raised by lawyers, NGOs and medical personnel, who are trusted by migrants. For this reason, access to legal and medical aid, NGOs’ services and interpretation is key to ensure the timely identification of factors of vulnerability. In practice, however, these rights are not always effective.

As analysed in this report, ensuring that individuals in situations of vulnerability are adequately protected is a positive obligation under international and EU law. To comply with this obligation, it is essential that a situation of vulnerability is adequately screened prior to any decision affecting their freedom of movement and right to liberty. The results of this individualised screening should guide any migration enforcement decision, based on the principles of proportionality, necessity and presumption against detention. When necessary, these factors should also be considered to determine the provision of additional support and guidance, in order to ensure that individuals are able to meet their basic needs. This assessment should be regularly repeated and reviewed during the period of detention in light of potentially changing circumstances and to account for the impact of deprivation of liberty as a factor of vulnerability.

Recommendations

Defining vulnerability:

- Definitions of vulnerability should be based on an open-ended list, which takes into consideration the intersectional nature of vulnerability as well as vulnerabilities caused by detention itself.
- Mental health issues should be explicitly included in the definition of vulnerability, alongside physical health, age, gender, sexual orientation and gender identity, past experiences of trauma, torture or human trafficking, disability, statelessness, and any other protection needs.
- Vulnerability should always be determined and assessed on an individual basis.

Screening and assessment procedures:

- There should be a clear legal obligation to screen and assess individuals’ vulnerability before a decision to detain is taken and before individuals are placed into situations of deprivation or restriction of liberty, to prevent the harmful effect that even short periods of detention can have on individuals in pre-existing situations of vulnerability.
- States should develop clear vulnerability screening and assessment procedures in close cooperation with civil society organisations and other stakeholders.
- Vulnerability screening and assessment procedures should be transparent. Each decision should be motivated in writing and made accessible to detainees and their lawyers.
- In the vulnerability screening phase, individuals should always be heard.
- Vulnerability assessments should be conducted by an independent and multidisciplinary panel.
- In some cases, factors of vulnerability can only be identified with time, and after a relationship of trust is established. Furthermore, detention itself might affect individuals’ vulnerability, exacerbating existing vulnerabilities or creating new ones. For these reasons, vulnerability should be reassessed at regular time intervals.
- Alternatives to detention should be available and considered for each case, independent of individuals’ vulnerability.
- States should collect data on vulnerability screening procedures and their outcomes, including how many individuals in a situation of vulnerability are released or detained.
- Individuals involved in the vulnerability screening and assessment procedures, as well as other individuals who come into contact with detainees, including detention officials, or who take decisions on detention, should be adequately and regularly trained on the identification and assessment of vulnerabilities and on the impact of detention on individuals’ health.
- The screening and assessment procedures should take into consideration gender-specific needs, including by making available sufficient female staff to attend to the particular needs of the female detainee population, including cis and transgender women.
Access to legal aid and services:

- All communication, including with lawyers and medical staff, should be made through an interpreter whenever needed. Documents regarding the decision to detain should be translated in a language that is understood.
- Free access to legal aid should be available to challenge the detention order.
- Everyone should have access to medical screening before detention. Medical health care, including psychological support, should always be available.