

# The UK Illegal Migration Bill: a child rights violation and safeguarding catastrophe

The UN Refugee Agency estimates that 41% of the world's forcibly displaced people are children younger than 18 years. These children include those who are fleeing war, conflict, violence, and persecution and are forced to cross international borders in search of safety. Children seeking asylum are likely to have endured physical and sexual violence, persecution, torture, severe deprivation, exploitation, parental death, and family separation throughout their migration journey—altogether traumatic experiences rendering them vulnerable. These adverse childhood experiences can have lasting health effects. Families travelling together endeavour to protect children from trauma, but many thousands of children travel unaccompanied.<sup>1</sup> Rather than supporting these children, the UK's new migration policies could cause further harm. The Illegal Migration Bill will violate the rights of children seeking asylum, undermine the Children Act, create safeguarding risks, and exacerbate the toxic stress experienced by children seeking asylum who arrive in the UK by irregular routes. As a signatory of the UN Convention on the Rights of the Child, the UK risks reneging on its commitment.

The Illegal Migration Bill intends to “prevent and deter unlawful migration, and in particular migration by unsafe and illegal routes, by requiring the removal from the United Kingdom of certain persons who enter or arrive in the United Kingdom in breach of immigration control”. Removal of people seeking asylum who have not arrived by regular routes conflicts with the 1951 Refugee Convention, which recognises that some refugees are forced to enter a country of asylum irregularly.<sup>2</sup>

Safe and legal routes for people seeking protection in the UK are limited, forcing many people seeking asylum to undertake difficult or dangerous routes of passage. Families and unaccompanied children who resort to reaching the UK by crossing the English Channel on small boats are not exempt from removal or detention under this Bill. This disregard for the UN Global Compact for Migration, which emphasises upholding “the principle of the best interests of the child at all times”, is concerning. Unequivocal evidence shows that immigration detention adversely affects child health, and the UK Government's approach is a devastating U-turn in policy to end child immigration detention, committed to by the coalition government in 2010 and enshrined in law in 2014.<sup>3,4</sup> The Illegal Migration Bill states that “the Secretary of State is not required to make arrangements to remove an unaccompanied child from the UK until they turn 18 years old, but there is a power to do so”. Insecure asylum status affects a child's mental health and ability to integrate.<sup>5</sup> This same uncertainty is also an identified risk factor for unaccompanied children who go missing.<sup>6</sup> This evidence justifies concerns that the prospect of being deported at 18 years of age would increase the number of unaccompanied children who go missing and escalate their vulnerability to exploitation, mistreatment, and trafficking.<sup>7</sup>

The Bill formalises the Home Office's role as a potential accommodation provider for unaccompanied children, which risks excluding children from the protection of the Children Act 1989. The Act places a duty on local authorities to promote and safeguard the wellbeing of all children in need within their area. At present, however, the holding facilities and contingency accommodation for children seeking asylum that are contracted by the Home Office have been criticised for failing to meet safeguarding and wellbeing needs.<sup>8</sup>

Contrary to the UK's international obligations in stopping human trafficking, the Bill seeks to disqualify potential victims of modern slavery and human trafficking from support and protection from removal from the UK. Migrants arriving by irregular routes risk removal from the UK before the victim identification process is completed. This could leave affected children at ongoing risk of exploitation, hinder their recovery from trauma, and obstruct the opportunity to support perpetrator prosecution.

Current rhetoric surrounding UK immigration policy is exposing children seeking asylum to increased discrimination, xenophobia, and racism, which are all known to cause adverse health effects.<sup>9</sup> Although we share the government's concerns that unsafe crossings of the English Channel at the hands of smugglers place people's lives at risk, we believe that this concern can be addressed in ways that do not conflict with the UK's commitments to child rights.<sup>2</sup> Safe and legal asylum routes, just and inclusive family reunification procedures, and an asylum system capable of fair and efficient claims processing are needed. While

awaiting a decision on their claim, children should be accommodated within communities and have access to education, health, and social support. In particular, unaccompanied children should immediately be placed in the care of local authorities capable of delivering on safeguarding duties.

The Illegal Migration Bill is the latest in a series of draconian immigration policies that exacerbate harms to health by hostile environment policies, poor living conditions, safeguarding failures, and health-care barriers experienced by children seeking sanctuary.<sup>8,10</sup> As health professionals, we have a duty of care for all children. We cannot be silent bystanders to overtly health-harming policies. With threats of deportation and detention looming, we have never experienced a time more critical to deliver compassionate, trauma-informed care to children seeking asylum. But it is not enough to simply treat the child's medical conditions. As trusted professionals, we can articulate the devastating circumstances these children have come from and make the case for their ongoing needs. We must challenge policies with evidence, engage decision makers in discussions around social justice, and participate in advocacy actions. Our patients trust us with their stories, and our response to such a privilege cannot be passive listening. We must both hear and act.

We declare no competing interests.

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