**Questionnaire on deprivation of liberty of women and girls**

**Ireland’s response**

**October 2018**

The Working Group on the issue of discrimination against women in law and in practice will present a thematic report on women deprived of liberty to the 41st session of the Human Rights Council in June 2019. This report will be produced in the context of the Working Group focus on key areas affecting the human rights of women and girls and will aim at reasserting women’s right to equality and countering rollbacks in this area.

In this regard, the Working Group would like to seek inputs from States and other stakeholders to inform the preparation of this report in line with its mandate to maintain a constructive approach and dialogue with States and other stakeholders to address discrimination against women in law and practice.

The Working Group intends to take a comprehensive approach to the issue by including various forms of restriction or interference with women’s personal liberty or movement by state and non-state actors, including on the basis of their sex and prescribed gender roles. Thus, deprivation of liberty of women and girls can manifest in a variety of settings, ranging from detention in penitentiary institutions to different forms of forced confinement, because of decisions by authorities, families, communities or private groups. The report will examine the causes, nature and extent of the deprivation of liberty of women and girls, with particular attention to the impact of multiple and intersecting forms of discrimination against women and girls.

In answering the questions below, please also highlight the following crosscutting issues: **a) any good practices you may have identified in addressing the causes and extent of deprivation of liberty of women and girls; b) the main developments in law or practice in the past five years; and c) the main challenges within your country or region in tackling the issue.**

**b) the main developments in law or practice in the past five years**

A report of the Expert Group set up to review the Mental Health Act 2001 was published in 2015 (<https://health.gov.ie/wp-content/uploads/2015/03/Dept-Health-Report-Expert-Group-for-website.pdf>). The report contains 165 recommendations and proposes a move away from the often paternalistic interpretation of the existing legislation as well as including provisions which are intended to strengthen the protections for people who are detained without consent in approved centres. The broad thrust of the changes recommended by the Expert Group has been accepted and the previous Government gave approval for the drafting of a General Scheme of a Bill to amend the existing legislation to reflect the recommendations of the Expert Group. Work is progressing in the Department of Health on these important amendments.

**c) the main challenges within your country or region in tackling the issue**

Officials are working on the heads of the amending bill which will legislate for the recommendations of the Expert Group Review. Work is ongoing on this comprehensive updating of mental health legislation. The draft heads are expected to be significantly progressed by the end of 2018, at which point consultation with the Mental Health Commission will take place. It is essential that the Mental Health Commission, which has a very significant and important role in overseeing the safeguards provided in the Act, have full input into the framing of the many amendments to be included in revised mental health legislation. However, workload on related Private Members Bills (Mental Health (Amendment) Bill 2016, Mental Health Parity Bill 2017, Mental Health (Capacity to Consent to Treatment) Bill 2018) along with emergency legislation required following the recent Court of Appeal judgement declaring subsection 15(3) of the 2001 Act to be unconstitutional and deprivation of liberty safeguards under the Assisted Decision-Making (Capacity) Act 2015, may impede timelines.

Some of the provisions in the Private Members Bills, emergency and other mental health related legislation currently being worked on will enact some of the recommendations of the Expert Group Review. However, focusing on these Bills is likely to delay progress on the overall Mental Health (Amendment) Bill.

**I. Justice system**

**1. What are the main causes for women coming into conflict with the law and facing the associated deprivation of liberty, including pre-trial detention? Which are the groups of women who are most vulnerable and why? Please list the types of offenses for which women, or any particular group of women, are typically charged with, including administrative offenses.**

Women generally encounter the Irish criminal justice system through circumstances, which mirrors the international position. Female specific needs such as parenthood and specifically single parenthood, trauma, victimisation, self-concept, self-harm and suicide impact offending by women. Many have developed serious problems of drug or alcohol addiction and experience significant mental health issues. Difficulties in both acquiring and sustaining accommodation can exacerbate an already unstable environment and increase the risk of offending. Female offenders are more likely to be affected by poverty, have limited education and are either unemployed or in low skilled employment.

As mentioned above, women who are homeless and have complex unmet needs are particularly vulnerable. If they are in emergency accommodation or are rough sleepers, they lack stability, support or an environment where they could start to avail of services addressing their health and welfare needs. In addition, they are exposed to a chaotic lifestyle associated with street life, drug addiction, sex working and ill health.

Women leaving prison are also vulnerable on release to relapse, particularly where there are no statutory court orders in situ, which provide an infrastructure for further support and intervention. The Joint Probation Service & Irish Prison Service Women’s Strategy 2014-2016, entitled “An Effective Response to Women Who Offend,” sets out a best practice approach for those working with female offenders. It provides for gender informed approaches both in custody and in the community. Please find below a link to the Strategy.

<http://www.probation.ie/EN/PB/0/7B394A2B3F1F64768025802D0029A448/$File/women_strat_2014.pdf>

The nature and range of offences committed by women are generally at the low end of the seriousness scale. Typically, they are more acquisitive in nature including shoplifting, theft, road traffic accidents and public order matters.[[1]](#footnote-1)

The Irish Prison Service provides Table 1 and Table 2 to show the number of females committed to Irish prisons under sentence by offence during 2017 and the number of females committed to Irish prisons on remand or awaiting trial during 2017:

**Table 1** **includes the number of females committed to Irish prisons under sentence by offence during 2017.**

In Year 2017 1,081 women accounted for the 1,344 committals of women into custody.

**Female committals under sentence by Offence Group for Year 2017**

|  |  |
| --- | --- |
| **Offence Group Description** | **Total** |
| Homicide Offences | 1 |
| Sexual Offences | 1 |
| Attempts/Threat to Murder, Assaults, Harassments and Related Offences | 18 |
| Dangerous or Negligent Acts | 15 |
| Robbery, Extortion and Hijacking Offences | 3 |
| Burglary and Related Offences | 14 |
| Theft and Related Offences | 150 |
| Fraud, Deception and Related Offences | 19 |
| Controlled Drug Offences | 18 |
| Weapons and Explosives Offences | 5 |
| Damage to Property and the Environment | 11 |
| Public Order and Social Code Offences | 36 |
| Road and Traffic Offences | 157 |
| Offences against Government, Justice Procedures and Organisation of Crime | 341 |
| Offences Not Elsewhere Classified | 52 |
| **Total** | **841** |

**Table 2 includes the** **number of females committed to Irish prisons on remand or awaiting trial during 2017.**

**Female Committals for Trial/on Remand classified by Offence Group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Offence Description** | **Remand** | **Trial** | **Total** |
| Homicide Offences | 2 | 3 | 5 |
| Sexual Offences | 0 | 1 | 1 |
| Attempts/Threat to Murder, Assaults, Harassments and Related Offences | 24 | 4 | 28 |
| Dangerous or Negligent Acts | 5 | 1 | 6 |
| Kidnapping and Related Offences | 0 | 1 | 1 |
| Robbery, Extortion and Hijacking Offences | 2 | 1 | 3 |
| Burglary and Related Offences | 9 |  | 9 |
| Theft and Related Offences | 125 | 12 | 137 |
| Fraud, Deception and Related Offences | 14 |  | 14 |
| Controlled Drug Offences | 16 | 2 | 18 |
| Weapons and Explosives Offences | 7 | 1 | 8 |
| Damage to Property and the Environment | 20 | 4 | 24 |
| Public Order and Social Code Offences | 75 | 0 | 75 |
| Road and Traffic Offences | 15 | 0 | 15 |
| Offences against Government, Justice Procedures and Organisation of Crime | 65 | 2 | 67 |
| Offences Not Elsewhere Classified | 9 | 2 | 11 |
| **Total** | **388** | **34** | **422** |

*Which are the groups of women who are most vulnerable and why?*

The Irish Prison Service provides information in Table 3, 4 and 5 in relation to age profile and ethnic origin of the women committed to Irish prisons under sentence during 2017. They also include information in relation to those sent to prison for non-payment of debts or fines and those imprisoned in relation to deportation/immigration orders.

**Table 3**

**Female committals under Sentence/For Trial/On Remand classified by Age Group**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Groups** | **Under Sentence** | **On Remand** | **For Trial** | **Total** |
| **18 to < 21** | **40** | **20** | **3** | **63** |
| **21 to < 25** | **74** | **48** | **5** | **127** |
| **25 to < 30** | **188** | **74** | **5** | **267** |
| **30 to < 35** | **162** | **96** | **9** | **267** |
| **35 to < 40** | **156** | **59** | **4** | **219** |
| **40 to < 45** | **109** | **51** | **5** | **165** |
| **45 to < 50** | **57** | **27** | **1** | **85** |
| **50 to < 55** | **32** | **8** | **1** | **41** |
| **55 to < 60** | **14** | **3** | **0** | **17** |
| **60+** | **9** | **2** | **1** | **12** |
| **Total** | **841** | **388** | **34** | **1,263** |

***Under Sentence include the following – Imprisonment (276), Fine Defaulters (563) & Debtors (2).***

**Table 4**

**Female Committals – Fine Defaulters/Debtors and Immigration Issues**

|  |  |
| --- | --- |
| **Sentence Description** | **Total** |
| **Debtor** | **2** |
| **Deportation/Immigration Order** | **78** |
| **Fine Sentence** | **563** |
| **Total** | **643** |

**Table 5  
  
Female Committals – Ethnic Origin/Cultural Background**

|  |  |
| --- | --- |
|  | **Total** |
| **Arab** | **10** |
| **Asian** | **9** |
| **Black** | **38** |
| **Caucasian** | **1,057** |
| **Gypsy** | **29** |
| **Latin** | **5** |
| **Native American** | **2** |
| **Oriental** | **9** |
| **Other** | **41** |
| **Slavic** | **2** |
| **Traveller** | **142** |
| **Total** | **1,344** |

The Irish Prison Service state that from experience, many women committed to custody have significant addictions, mental health issues and are homeless. Often prison can be a place of respite from the chaotic lives they lead in the community.

*Please list the type of offences for which women are typically charged with, including administrative offences.*

Please refer to **Tables 1 and 2 (above)**

**2. Please indicate if there are cases of women facing detention in relation to civil law suits and identify the particular groups of women mostly affected.**

In general, Courts in Ireland do not have recourse to detention in a civil law suit

**3. What are the main challenges for women’s access to justice, including, for example, the availability and quality of legal representation, the ability to pay for bail, and the existence of gender stereotyping and bias in judicial proceedings?**

The Criminal Justice (Legal Aid) Act 1962 provides that free legal aid may be granted in certain circumstances for the defence of persons of insufficient means in criminal proceedings. Under the 1962 Act, the courts, through the judiciary, are responsible for the granting of legal aid. An applicant must establish to the satisfaction of the court that their means are insufficient to enable them to pay for legal representation themselves. The court must also be satisfied that, by reason of the “gravity of the charge” or “exceptional circumstances”, it is essential in the interests of justice that the applicant should have legal aid. These matters are determined by the judiciary. There is no waiting period associated with the granting of criminal legal aid as mentioned above under 1962 Act, the courts, through the judiciary, are responsible for the granting of legal aid which happens on the applicant's first appearance in Court.

**4. What have been the main drivers for the increasing or decreasing of the female prison population in your country in the past decade? To what extent are non- custodial measures used, in accordance with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules)?**

The level of community sanctions for women appear to have remained steady for several years in Ireland, with small fluctuations in recent years for women under Probation supervision/ community service orders. The tables below sets out, respectively, the total number of new female offender referrals from court from 2015 to 2017 and the total number of female offenders supervised by the Probation Service for the various types of community sanctions from 2015 to 2017.

**Table 1: New Referrals from Court - Female Offenders 2015-2017**

|  |  |
| --- | --- |
| **Year** | **Total Number New Female Offenders Referrals from Court** |
| **2015** | **1,286** |
| **2016** | **1,470** |
| **2017** | **1,446** |

**Table 2: Probation Supervision of Female Offenders 2015-2017**

|  |  |
| --- | --- |
| **Year** | **Total Number Female Offenders under Probation Supervision** |
| **2015** | **963** |
| **2016** | **1,015** |
| **2017** | **1,081** |

A more detailed breakdown in figures for female offenders is available in the Probation Service Annual Report 2017 at the attached link.

<http://www.probation.ie/EN/PB/0/7FCE7C57127D82C2802582B7003C36AD/$File/Annual%20Report%202017%20-%20FINAL.pdf>

The Irish Prison Service states that there has been an increase in the female prisoner population over the past decade. However since 2016 these figures have begun to decrease, one of the drivers of the decrease was the introduction of the Fines (Payment and Recovery Act) 2014 which came into operation in January 2016, the Act had a direct impact on the number of committals to prison in 2016 with further reductions in 2017.

The Fines Act provides for the payment and recovery of fines imposed on persons convicted of offences; to provide that the court imposing any such fine on such a person shall take into account the person’s financial circumstances; to provide for the making of community service orders in respect of such persons, or the commitment to imprisonment of such persons, in certain circumstances where such fines imposed on them are not paid; to consequentially repeal or amend other enactments; and to provide for related matters. [16*th April*, 2014]

Year Number of female committals to prison

Up to 31 August 2018 534

2017 1081

2016 2546

2015 2918

2014 2685

2013 2326  
2012 2151

2011 1902

2010 1701

2009 1459

2008 1225

Efforts are made by the Irish Prison Service, on an ongoing basis, to identify suitable women for structured supported conditional temporary release in order to reduce the numbers of women in prison.

**II. Other institutions**

**1. What other institutions outside the justice system exist in your country wherein women and girls are institutionalized on grounds such as care, correction, protection and prevention against potential harms, etc.? Please list the groups of women and girls who are most concerned in each situation.**

* Mental health legislation which provides for the involuntary admission of individuals to a psychiatric hospital for care and treatment is common throughout the world. In Ireland, all such admissions are authorised under the Mental Health Act 2001, as amended. This Act provides for the establishment of a legislative framework within which persons with a mental disorder (as defined in the Act) may be admitted, detained and treated involuntarily in a psychiatric hospital. The Act provides the necessary safeguards to ensure that all such admissions take into account the best interests of the person and have due regard to due regard the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy. Ireland’s mental health legislation applies to all persons and does not discriminate between men and women.
* Where it becomes evident that a child is not likely to receive the care and protection it requires from its parents, or where a child has been abandoned, that child may be taken into the care of the State by Tusla, the Child and Family Agency. A child may be taken into care on a voluntary basis with the consent of their parents, or on the basis of a court order.

The main type of care employed by Tusla, the Child and Family Agency is foster care. Foster carers are vetted and approved before a child is placed with them, and may be family members or members of the general public.

Of the 6,115 children in care at the end of July 2018, a total of 5,647, or over 92%, were in foster care.

* Children who do not live in foster care may be placed in residential care, or special care. A breakdown by gender is not available in residential or special care placements, but on average there is an even spread between girls and boys in special care. There are two main types of residential care – Children’s Residential Centres and Special Care.

Children’s residential centres are generally located in the community, and are ‘open’ centres, in that the children are not detained. Children living in residential care attend mainstream education, and are encouraged to participate in community-based activities such as sports clubs. Children’s residential centres are inspected against defined standards. Children under the age of 12 are only placed in residential care in exceptional circumstances, and centres typically house between 2 and 6 children. At the end of July 2018, there were 366 children in general residential care.

Children requiring a high level of support, and whose behaviour poses a risk to themselves and others, may be placed in Special Care. Special Care is a secure placement, and the child is detained. Special care centres have a higher staff-to-resident ratio than general residential care, and education is provided on-site.

Special care is not intended to be a long-term placement, but rather as a stabilising placement before a child returns to their home, foster carer, or residential care placement. A Special Care Order can be made by the High Court for a 3 month period, and must be reviewed every four weeks. The order can be renewed up to three times.

There are 4 centres providing special care in Ireland. As of the 26th September, there were 14 children (5 girls and 9 boys) in special care.

**Please list the groups of women and girls who are most concerned in each situation.**

Mental health legislation applies to all adults and children equally.

Data from the National Intellectual Disability Database, which is managed by the Health Research Board, has been used to complete this section.  The information collected on disability service use and need includes the residential circumstances of those registered.  The figures provided below relate to congregated residential settings.

This section has been completed using the latest available data – end December 2017.

Number of females Under 18 years of age: 3

Number of females over 18 years of age: 945

**2. Please explain the decision-making process for the institutionalization of women and girls in each situation, including the role of women and girls themselves in the decision on institutionalization. Please highlight any good practices in terms of enabling women to exercise agency within institutional systems, with due respect to their rights?**

* Involuntary admissions to a psychiatric hospital under the Mental Health Act 2001 may only take place when the person is deemed to be suffering from a ‘mental disorder’ and there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons. It also applies where there is a danger of a serious deterioration in the person’s condition, and, in the circumstances, the reception, detention and treatment of the person concerned in a psychiatric hospital would be likely to benefit or alleviate the condition of that person to a material extent. As such admissions are on an involuntary basis, they can proceed without the consent of the person involved. This is a common feature of all mental health legislation.

The process of involuntary detention under the Mental Health Act is a three-step process. The first step requires an applicant who has concerns about the mental health and welfare of the person to make an application for the person to be involuntarily admitted. The second step requires that the person be examined and reviewed by a General Practitioner. Where the General Practitioner is of the view that the person is suffering from a mental disorder and would benefit from a period of treatment in hospital, or if there is a risk of harm by that person to themselves or others, he/she would then make a recommendation that the person concerned be involuntarily admitted to hospital. The third step requires a consultant psychiatrist on duty to examine and review the person who is the subject of the application. If the psychiatrist, following an assessment agrees that clinically the person satisfies the criteria for detention and requires an in-patient admission under the Act, he/she will sign an admission order.

Within the Disability Sector there is currently no legislative basis for the deprivation of liberty of any person with a disability. On the ground, safeguarding measures are in place to ensure the safety and well-being of individuals, such as secure external doors to prevent wandering.

The regulation of residential services by the Health Information and Quality Authority against the National Residential Standards for Adult and Children Disability Services, as legislated for under the Health Act 2007, has had an impact in this regard. Compliance with the Standards is required to secure registration and this is achieved by services demonstrating a standard of service that meets 18 defined outcomes. This includes demonstrating a satisfactory level of service in areas such as safeguarding, personal planning and outcomes, privacy and dignity, advocacy, restraint etc. Where there is any mechanism/practice in place that could be considered as depriving a person of liberty, best practice supports that the evidence must demonstrate the rationale for this measure and ensure that it is person specific.

Where children are in disability residential services the placements are generally provided at the request of the parents / guardians and only a very small proportion of placements would be facilitated under the Child Care Act.

* There are a number of routes by which a child may be taken into the care of Tusla, the Child and Family Agency.

**Voluntary Care:**

Voluntary Care refers to the process by which parents sign a voluntary agreement permitting the child to be taken into care. A voluntary care agreement may be appropriate where a parent is temporarily unable to look after a child, for a time limited period. Social workers review a child in care's situation at statutory child in care reviews, in consultation with the child's parents and other professionals. The majority of care arrangements are made on a voluntary basis.

**Court ordered care:**

Where parents do not consent for their child to enter care, Tusla, the Child and Family Agency may apply to a District Court for a care order.

Where an immediate and serious risk to a child exists, an Emergency Care Order may be applied for. Emergency Care Orders are made for a short-term duration, up to eight days.

Where it is determined that a child has experienced abuse or neglect, or if it is likely that a child’s long term development, health or welfare is likely to be impaired by remaining in the care of their parents, care orders of longer duration may be applied for in court.

Interim Care Orders may be made for up to 29 days, but may be extended by a further court order.

Full Care Orders may be made up until the child turns 18.

It is important that the voice of the child is heard in proceedings. The court may either direct that the child is a party in court proceedings, and direct Tusla, Child and Family Agency to appoint separate legal representation for the child, or they may appoint a Guardian Ad Litem to advocate for the child. A guardian ad litem is an independent person appointed by the court to represent the wishes and best interests of the child.

Decisions made about a child are communicated to the child in language that is appropriate to their level of understanding. If a decision is made that is against a child’s wishes, it is important that the reasoning behind the decision making is communicated.

A social worker is allocated to all children in care. The role of the social worker is to assess the needs of the child, and to develop, co-ordinate and implement a Care Plan to address the child’s identified needs. The child is given an opportunity to discuss their Care Plan, and to have their voice heard in the process. Care Plans are subject to periodic reviews.

**Special Care:**

Children may be considered for special care where they have complex behavioural and emotional needs that cannot be met in foster or general residential care. It is intended as a short-term secure care placement in a therapeutic environment with the intention of returning the child to a community or family-based setting as soon as possible. Placing a child in Special Care requires an order from the High Court. A Guardian Ad Litem is always appointed to a child for whom Special Care is sought. Children in Special Care have an allocated social worker.

If granted, a Special Care Order is valid for three months, and must be reviewed every four weeks. On review, the High Court may amend or rescind the order. Applications to extend a Special Care Order must be made in advance of the original Order’s expiry, and will only be granted where the child is deemed to be benefiting from Special Care, or where the reasons for placing the child in Special Care (such as high-risk behaviours) continue to exist. Special Care Orders may be extended up to three times.

**Please highlight any good practices in terms of enabling women to exercise agency within institutional systems, with due respect to their rights?**

* All safeguards for those involuntarily admitted under the Mental Health Act 2001 apply regardless of gender. Two key safeguards include the early appointment of a legal representative for every such person and a review of the person’s detention by an independent mental health tribunal within 21 days of the signing of an admission or renewal order.
* Children in residential and Special Care are provided with the contact details for their allocated social worker, and, where relevant, their Guardian Ad Litem. Children are advised of how to make contact, and encouraged to do so if they have concerns about their placement.

Residential and special care are subject to regulation and standards, based on the UN Convention for the Rights of the Child. Children’s Residential Centres, and Special Care Units, are subject to a rigorous inspection regime, and inspected against standards and regulations.

Children are encouraged to attend meetings related to their care, including reviews of their Care Plan. A child’s allocated social worker creates the Care Plan in consultation with the child, and where relevant, their parents.

Children have the right to be consulted on decisions that affect them, and have the right to make a complaint. On entering care, children are provided with information on how to make a complaint, and contact details for their social worker, and the formal complains mechanism within Tusla, the Child and Family Agency.

Empowering People In Care, or EPIC is a national organisation that works with, and for, children and young people who are living in care or have experience of living in care. EPIC advocates for the rights of young people in care and gives them a voice.

The Ombudsman for Children investigates complaints made in relation to public services provided to children. Complaints may be made by children, their parents and extended families, and professionals working with children.

**III. Forced confinement in private contexts**

**1. What forms of forced confinement of women and girls exist in a private or social context sanctioned by family, community or group of individuals such as abduction, servitude, guardianship and “honor” practices, trafficking, home detention, “witch camps”, widowhood rites, etc.?**

Human Trafficking – see Question 3 below

**2. Please identify the groups of women and girls who are most affected by these situations.**

Victims of trafficking – see Question 3 below

**3. What is the role of law and policy (including customary law and authorities) in your country concerning these types of confinement?**

Human trafficking for the purposes of sexual exploitation and labour exploitation is a criminal offence in Ireland punishable with severe penalties. As in other countries, it involves elements of force and/or coercion, threat, deception etc. This may involve confinement. 183 female victims of human trafficking were identified in Ireland from 2013-2017. This includes 78 from Africa and 65 from the EEA. Approximately 75% were victims of commercial sexual exploitation.

**IV. Migration and crisis situations**

**1. What are the specific risks of detention and confinement encountered by women on the move in the context of asylum seeking, internal displacement and migratory processes?**

Ireland does not operate a policy with regard to the systematic detention of adults or children seeking international protection in Ireland. In line with the EU (Recast) Reception Conditions Directive 2013/33/EU, Section 20 of the International Protection Act 2015 provides that protection applicants can only be detained under certain circumstances i.e. they pose a threat to national security or public order in the State, they have not made reasonable efforts to establish their identity or without reasonable cause they have destroyed their identity or travel documents or are in possession of forged identity documents. The 2015 Act also contains extensive provisions relating to detained protection applicants including; that persons be brought before a judge of the District Court for their detention to be reviewed; for information to be provided to third parties (e.g. UNHCR and the applicant’s solicitor).

Furthermore, provision is made in the European Communities (Reception Conditions) Regulations 2018 for visits and communications with representatives of the UNHCR, family members, legal representatives and representatives of relevant, non-governmental organisations. The 2018 Regulations also provide for the need to have regard for any special needs of vulnerable applicants.

The detention of minors is expressly prohibited in our national legislation.

**2. What is the policy relating to the administrative detention of women migrants including pregnant women and women with children?**

The administrative detention of any migrant for immigration purposes is used only as a last resort, at the point immediately prior to deportation, or in situations where an individual poses a threat to public security, public health or public policy. In instances involving families, the best interest of the child is the primary consideration taken by the relevant authorities. Every effort is made to ensure that children are not separated from their mothers. In situations where the detention of the mother is unavoidable, the child is placed into the care of the State until the deportation takes place. In situations involving pregnant women, the health of the woman is assessed on a case-by-case basis prior to a decision being made on detention. Alternatives to detention are explored on a case-by-case basis, as appropriate, including report and reside arrangements.

1. See [Appendix 1](file:///C:/Users/geraghtyr/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/KFJFQUSZ/Appendix%201%20-%20Courts%20Service%20Figures.doc) for figures prepared by the Courts Service on the number of offences prosecuted against females between Jan - Dec 2017 [↑](#footnote-ref-1)