

**Mandates of the Working Group of Experts on People of African Descent; the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the right to education and the Special Rapporteur on violence against women and girls, its causes and consequences**

Ref.: UA GBR 23/2025  
(Please use this reference in your reply)

2 December 2025

Excellency,

We have the honour to address you in our capacity as Working Group of Experts on People of African Descent; Special Rapporteur on the rights of persons with disabilities; Special Rapporteur on the right to education and Special Rapporteur on violence against women and girls, its causes and consequences, pursuant to Human Rights Council resolutions 45/24, 53/14, 53/7 and 59/20.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning allegations of **ongoing violations of the right to health, the rights of the child, child-protection and care-provision procedural failings and non-compliance with international and national legal frameworks, and racial discrimination against Black British citizens Ms. India-Alana Doris, born 16 May 1986 in the United Kingdom (U.K.) as a grandchild of Windrush immigrants, and her son [REDACTED], born 17 May 2022 in the U.K. [REDACTED]** We wish to urgently bring to your Excellency's attention our deep concern about the real, imminent risks of irreparable harm that these allegations pose to the health of mother and child under the responsibility of Southwark Council and in relation to the obligations of your Excellency's Government under international human rights law and standards.

According to the information received:

In the context of care proceedings initiated by Southwark Children's Social Services regarding protection of Ms. Doris's son, [REDACTED] on 13 August 2025, the local authority informed Ms. Doris that its final care plan was for [REDACTED] to be adopted and that an Agency Decision Maker (ADM) decision would be taken on 22 August 2025 to seek a care order and placement order.

Ms. Doris provided all requested medical and clinical documents, including a supportive statement from the local authority clinician endorsing reunification and confirming that her concerns about [REDACTED] placement and early-years education were valid.

Nonetheless, the ADM decision and proposed final care plan for adoption were filed late and incomplete, with continuing inaccuracies.

Care proceedings, which should have concluded within 26 weeks, had by then reached approximately 45 weeks.

By September 2025, the Children and Family Court Advisory and Support Service (CAFCASS) Guardian, Ms. Zoe Evans, after further observation and extensive discussions with Ms. Doris, rejected the adoption plan and recommended reunification.

A professional meeting was held to discuss the disagreement. The local authority maintained its adoption proposal, asserting that immediate reunification was unrealistic, despite the clinician's statement and absence of any formal psychiatric diagnosis.

Contact remained confined to a small room in a contact centre from 2 May 2025 to 7 November 2025—approximately six months—without the usual 4–6-week review, contrary to practice standards that view contact centre use as a short-term measure (normally no longer than 12 weeks). Community contact was only restored under the Guardian's insistence.

A final hearing to decide on the local authority's adoption plan was listed for 19 November 2025.

On 17 November 2025, the hearing was adjourned to 3 December 2025, meaning the proceedings, initially supposed to last 26 weeks, will have extended to around 54 weeks, prolonging uncertainty and separation exceeding one year, including two birthdays and a Christmas period apart with protracted uncertainty and separation causing ongoing distress to [REDACTED] and his mother

#### *Background of Ms. Doris and her son's case*

Shortly after the birth of her son in May 2022, Ms. Doris began experiencing intrusive thoughts (images of abuse, kidnapping and death) during nighttime breastfeeding. She immediately alerted the Health Visitor to what she was experiencing.

In July 2022, Ms. Doris was referred to the Perinatal Mental Health team and told that intrusive thoughts during breastfeeding were common among mothers with histories of child sexual abuse. She was later referred to the Parental Mental Health Team, where symptoms of complex post-traumatic stress disorder (complex PTSD or C-PTSD) were identified.

Mental-health practitioners consistently described a loving and safe relationship between [REDACTED] and his mother, with no safeguarding concerns, and recommended support rather than removal.

In May–October 2023, [REDACTED] father reported Ms. Doris to the police for a message posted on the instant messaging platform WhatsApp, leading to police contact and pressure on Ms. Doris to sign a behaviour agreement under threat of arrest.

In December 2023, due to renewed intrusive thoughts and suicidal ideation related to [REDACTED] father's behaviour and solo parenting, she again sought help from health services and was placed on a waiting list for trauma therapy (as of

September 2025, still pending).

On 29 October 2024, during a mental-health crisis linked to cumulative stress and [REDACTED] father's failure to pay child maintenance, Ms. Doris sent distressed messages to [REDACTED] father and his sister, expressing suicidal ideation and saying she felt like taking [REDACTED] with her. Police arrived at Ms. Doris's workplace, arrested her and she was charged under section 181 of the Online Safety Act 2023 (see U.K. Government explainer: <https://www.gov.uk/government/publications/online-safety-act-explainer/online-safety-act-explainer>), for making online threats allegedly amounting to the most serious category under the Act.

Conditions were imposed restricting her contact with [REDACTED] to supervised arrangements via the local authority and Family Court. A criminal trial was listed for October 2025.

Following the arrest, [REDACTED] was placed under police protection and a section 20 Children Act 1989 accommodation arrangement, later becoming a child looked after by the local authorities ("looked-after child"). [REDACTED] was then placed with Ms. Doris's sister, who was granted foster-carer status despite having a serious violent criminal conviction committed in front of her children, as reported in the press (e.g. "Pimlico pusher" case: <https://www.standard.co.uk/news/crime/pimlico-pusher-sentenced-tesco-vauxhall-bridge-b919028.html>).

In November 2024, Ms. Doris submitted a complaint to the local authority about the quality of care that [REDACTED] was receiving in this placement, including inconsistent nursery attendance and unsuitable sleeping arrangements.

[REDACTED] nursery and mental-health teams consistently described a positive and loving relationship between [REDACTED] and his mother and raised no safeguarding concerns regarding her parenting.

In December 2024, an Interim Care Order (ICO) was granted, under which parental responsibility is shared but the local authority has final decision-making power. The statutory guideline under the Children and Families Act 2014 is that care proceedings should conclude within 26 weeks.

In January 2025, [REDACTED] was moved from kinship care with Ms. Doris's sister to a foster carer. Subsequent documentation by the Agency Decision Maker (ADM) and local authority records attributed this move to alleged difficulties between Ms. Doris and her sister, with no mention of safeguarding issues raised by Ms. Doris and [REDACTED] father's sister.

Between January and March 2025, a parenting assessment conducted by Southwark Children's Social Services concluded that Ms. Doris could care for [REDACTED] to a "good" standard.

The assessment relied on contributions from [REDACTED] nursery, extended family (including his paternal aunt), Ms. Doris's employer and other professionals, confirming positive parenting and a strong mother-child bond.

On 28 April 2025, during a contact session, a social worker phoned to discuss “court documents” but instead discussed court proceedings. The call caused distress to Ms. Doris. A contact supervisor intervened and later reported that the call was inappropriate and that Ms. Doris remained child-focused.

The local authority subsequently portrayed this as an incident of “emotional dysregulation”, cited it as a reason for not submitting the final care plan due on 25 April 2025 (which in fact pre-dated the incident), and reverted contact back to a contact centre.

A contact report confirming that Ms. Doris was calm and that the disruption had been caused by the social worker’s actions was completed on 4 June 2025 but only disclosed to the parties on the evening of 9 June 2025 before a hearing on 10 June 2025.

█ was excluded from nursery for many months, despite Ms. Doris continuing to pay fees and the nursery’s willingness to support his attendance.

A paediatrician later recommended immediate return to nursery and an autism spectrum disorder (ASD) assessment, which Ms. Doris consented to, as recorded twice in the paediatrician’s written report.

Nonetheless, local-authority records and the addendum parenting assessment mis-stated that she had refused consent, and that the local authority had to use its parental responsibility to over-rule her.

Without prejudging the accuracy of the above-mentioned allegations, we wish to express serious concerns about the alleged ongoing violations of the human rights of Ms. Doris and her son, including the high risks of irreparable harm to their health, in particular the risks of irreparable harm to the health of the child due to continued, extended foster care. We would also like to bring to your Excellency’s attention the summarised situational context below in which the above-mentioned allegations have been made, most notably the findings and recommendations of the Working Group of Experts on People of African descent in its report [A/HRC/54/67/Add.1](#) following its visit to the U.K. from 18 to 27 January 2023, which highlight neglect and systemic failures by health-care providers as well as the systemic failure of independent oversight to adequately consider racial bias or institutional racism, or to deliver accountability.

This pattern is directly relevant to any situation where a Black mother’s emotional responses, mental health, or parenting capacity are being assessed by systems with documented racial bias, which gives us cause for concern in connection with pertinent patterns documented in the U.K. regarding racial disparities in maternal health and maternity care, where Black women are significantly more likely to die in pregnancy or postpartum and to report discriminatory treatment; over-representation of Black children in the care system, longer proceedings and lower reunification rates; adultification and racial bias, as seen in high-profile safeguarding reviews (such as the “Child Q” case in London), where Black children are treated as more mature and less vulnerable.

We would like to raise further concerns that the case of Ms. Doris and her son may have resulted in punitive decision-making rather than trauma-informed support, thereby leading to the perception of Black women’s emotional responses as threatening or aggressive; criminalising normal expressions of distress; and resulting in dismissal of genuine vulnerability and support needs.

Instead of recognising trauma and providing appropriate support, systems may interpret survival responses as evidence of deficiency — thereby compounding harm through institutional bias.

We are concerned by indications that emotional responses rooted in chronic racial stress, Complex PTSD and intergenerational trauma (often referred to as Post-Traumatic Slave Syndrome) have been used to rationalise prolonged separation rather than to design appropriate support and reasonable accommodations as required under the Convention on the Rights of Persons with Disabilities (CRPD).

Out of concern for the fundamental rights of Ms. Doris and her son, we would like to draw the attention of your Excellency’s Government to the principles of equality and non-discrimination enshrined and guaranteed in the Universal Declaration of Human Rights (UDHR) in which article 1 provides that “all human beings are born free and equal in dignity and rights”. Article 2 clarifies that all the rights and freedoms set forth in the Declaration are guaranteed “...without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”. And article 7 stresses equality of all before the law and entitlement to protection of the law without any discrimination.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) prohibits discrimination affecting women’s rights (article 1), requires the elimination of discriminatory laws and practices (article 2), mandates the removal of gender stereotypes (article 5), guarantees protection from pregnancy-related dismissal and ensures paid maternity leave (article 11(2)), secures equal access to pregnancy- and childbirth-related health care (article 12), and affirms equality in family and parental rights (article 16). The CEDAW Committee further confirms in its general recommendation No. 28 that “discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as race, ethnicity, religion or belief, health, status, age, class, caste and sexual orientation and gender identity.”

The Beijing Platform reinforces these obligations by requiring States to eliminate discrimination in social protection, ensure safe pregnancy and childbirth, guarantee maternity protection, and safeguard the mother–child relationship. Together, these instruments oblige States to prevent unnecessary separations of mothers and newborns, address racial bias in health care and child-protection systems, and ensure that all women can experience motherhood with dignity, safety, and full equality before the law.

Furthermore, the Istanbul Convention which the U.K. ratified in November 2022, establishes a binding obligation on States to protect the rights of victims without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability,

marital status, migrant or refugee status, or other status.

The Durban Declaration and Programme of Action and the First and Second International Decade for People of African Descent (2015-2024 and 2025-2034 respectively) recognize people of African descent as a distinct group whose human rights must be promoted and protected. Additionally, the specific situation of women and children of African descent is also recognized as requiring special attention by States.

We would like to draw the attention of your Excellency's Government to the fact that article 25(2) of the UDHR states that "Motherhood and childhood are entitled to special care and assistance." Similarly, article 3(1) of the Convention on the Rights of the Child (CRC) underscores the best interests of the child as a primary consideration in all actions concerning children. The Committee on the Rights of the Child clarifies this provision in its general comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1).

Article 9 of the CRC states that a child should not be separated from their parents against their will, unless contrary to the best interests of the child or in cases of abuse or neglect, which have not been substantiated in the above-mentioned events nor in the documentation received with regards to Ms. Doris or her son. We emphasise that all decisions that affect the health and well-being of the child must take into consideration their best interests as established under article 24 of the CRC, which provides for a child's right to the highest attainable standard of health

Furthermore, general comment No. 13 (2011) on the right of the child to freedom from all forms of violence by the Committee on the Rights of the Child emphasises psychological violence, emotional harm, and the obligation to prevent both direct and indirect harm, including from systems and institutions.

Guidelines for the Alternative Care of Children or "UN Guidelines on Alternative Care"<sup>1</sup> state that children should not enter alternative care unless necessary and appropriate; that priority should be given to family strengthening, kinship care and reunification where safe; and that any placement should be necessary, suitable, and proportionate, and regularly reviewed. Emphasis is also put on listening to the child, continuity of relationships, and avoidance of unnecessary separation. Based on the information received, it is not evident that these considerations have been prioritized.

The full texts of the human rights instruments and standards recalled above are available on [www.ohchr.org](http://www.ohchr.org) or can be provided upon request.

In view of the urgency of the matter, we would appreciate a response as soon as possible on the initial steps taken by your Excellency's Government to safeguard the rights of the above-mentioned persons in compliance with international instruments.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would also be grateful for your observations on the following matters:

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<sup>1</sup> See [A/RES/64/142](http://www.unhcr.org/refugees/64/142)

1. Please provide any additional information and any comment you may have on the above-mentioned allegations.
2. Please explain the legal and evidential basis on which [REDACTED] was removed from his mother in October 2024 and why less intrusive measures (including enhanced support to Ms. Doris) were not prioritised.
3. Please provide details of the risk assessments conducted prior to kinship placement with Ms. Doris's sister; the decision-making process that concluded such placement was safe and appropriate in light of her criminal history, mental-health diagnosis and child-protection record; any reviews following concerns raised by Ms Doris and [REDACTED] father's sister.
4. Please explain the measures taken to ensure that early years education obligations for "looked-after children" were met in [REDACTED] case, and the reasons for the extended period out of nursery.
5. Please explain the reasons for a) Ms. Doris's exclusion from [REDACTED] LAC medical, ASD assessment and SALT appointments; b) misrepresentation of her consent in written assessments; c) confinement of contact to a contact centre for approximately six months without review.
6. Please describe steps taken to ensure assessments are based on accurate, up-to-date information, and clarify whether any review has been initiated into the inaccuracies identified in the parenting and psychiatric addendum reports.
7. Please detail any measures taken to identify and eliminate racial bias and discriminatory stereotyping in social work and family justice decision-making, including training on racial trauma, chronic racial stress and intersectional discrimination.
8. Please clarify the steps taken to ensure that a) the best interests of the child remain central to all decisions in this case; b) family reunification has been genuinely and actively pursued, in line with European Court of Human Rights (ECtHR) jurisprudence and CRC obligations; c) the significant delay beyond 26 weeks is not used to justify adoption on grounds of attachment to current carers.
9. Please inform whether any independent review or investigation has been, or will be, undertaken into the handling of this case, given the serious safeguarding, procedural, equality and child-rights concerns.
10. Explain why, in light of the positive clinical assessment and the Children's Guardian's reported recommendation in favour of reunification, adoption continues to be pursued, and how this is reconciled with the applicable standard that adoption is a measure of last resort when "nothing else will do".

11. Inform about steps taken to ensure that racial discrimination and unconscious bias (including stereotypes about Black women and Black mothers) did not influence assessments or decisions in this case, including a) training provided to social workers, guardians, legal representatives and judges in racial trauma, chronic racial stress and structural racism; b) any equality impact assessments or monitoring carried out.
12. Clarification of what measures are in place to ensure that Complex PTSD and other trauma-related conditions are identified and accommodated as disability-related vulnerabilities in child-protection proceedings, in line with CRPD obligations.
13. Information on how your Excellency's Government is addressing the documented over-representation of Black children in care and care proceedings, the longer average length of proceedings for Black and Asian children, and the specific measures in place to reduce these disparities.
14. In the immediate term, clarification of what interim protective measures have been adopted or could be adopted to a) minimise further separation and harm to ██████ b) facilitate safe, supported reunification where this is consistent with the child's best interests; c) ensure that further delays (including the adjournment to 3 December 2025) do not exacerbate the situation.

This communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

Pending your response, we would like to urge your Excellency's Government to adopt all necessary interim measures in order to halt the alleged violations and avoid irreparable harm to the health of Ms. Doris and her son and to ensure that contact, medical decision-making and education arrangements respect both ██████ rights and best interests and Ms. Doris's parental rights; and, in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations and the non-repetition of such events.

Please accept, Excellency, the assurances of our highest consideration.

Bina D'Costa  
Chair-Rapporteur of the Working Group of Experts on People of African Descent

Heba Hagrass  
Special Rapporteur on the rights of persons with disabilities

Farida Shaheed  
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Reem Alsalem  
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