



Annual Report of the Independent Monitoring Board at Derwentside IRC

**For reporting year
1 January 2022 – 31 December 2022**

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Introductory sections 1 - 3

1. Statutory role of the IMB

The Immigration and Asylum Act 1999 requires every immigration removal centre (IRC) to be monitored by an independent board appointed by the Secretary of State from members of the community in which the IRC is situated.

Under the Detention Centre Rules 2001, the Board is required to:

- monitor the state of the premises, its administration, the food and the treatment of detainees
- inform the Secretary of State of any abuse that comes to their knowledge
- report on any aspect of the consideration of the immigration status of any detainee that causes them concern as it affects that person's continued detention
- visit detainees who are removed from association, in temporary confinement or subject to special control or restraint
- report on any aspect of a detainee's mental or physical health that is likely to be injuriously affected by any condition of detention
- inform promptly the Secretary of State, or any official to whom authority has been delegated, as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the IRC has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every detainee and every part of the IRC and all of its records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMBs are part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

Derwentside is the principal UK immigration removal centre (IRC) for women, located in Consett, County Durham. It opened in November 2021 with an operating capacity of 84, and the first women were transferred from Yarl's Wood IRC on 28 December 2021. It occupies the site of Hassockfield Secure Training Centre (formerly Medomsley Detention Centre) which closed in 2015 following reports of abuse.

The buildings of the old secure training centre have been extensively refurbished, although this is not complete. Residential accommodation is in three single-storey units placed around a large grassed area and there is a separate building for regimes, reception and the care and separation unit (CSU). Healthcare occupies a separate, new, prefabricated building. A further building, block 4, is intended to house additional facilities, including a care suite, induction, cultural kitchen, hair and beauty salon and the shop, but this has yet to open.

During 2022, Derwentside has not been run at full capacity. The table below shows the numbers of women detained there on each quarter date:

31 March	17
30 June	46
30 September	32
31 December	29 ¹

A total of 520 women were detained at Derwentside during 2022.²

Derwentside is run for the Home Office by Mitie Care & Custody. Healthcare is provided on site by Spectrum Community Health CIC. The detention centre rules 2001 (the DC rules) govern the running of the centre. The Home Office is represented by a local detention and escorting services (DES) compliance team (now known as detention services or DS), which has responsibility for monitoring the contract, and by a detainee engagement team (DET), which has responsibility for engaging with the detained women about the progress of their cases.

¹ Source: Mitie Care & Custody

² Source: Home Office Detention Datasets December 2022

3. Executive summary

3.1 Background to the report

This is our first annual report, which is prepared for the most part from evidence gathered on our weekly rota visits, during which we visit each part of the centre and talk to the detained women and staff.

3.2 Main judgements

How safe is the IRC?

The systems for monitoring women with vulnerabilities, and those at risk of suicide and self-harm, have all developed positively during the year, and staff take their responsibilities seriously. There have, however, been examples of unacceptable delays in releasing women whose vulnerabilities put them at risk of harm in detention, because of difficulties in finding suitable accommodation.

Instances of violence are rare at Derwentside, although there have been a few cases of women whose aggressive demeanour, whilst falling short of violence, has made other women feel threatened and hence unsafe. Likewise, force is used very infrequently, but from the few instances that have occurred, we have some concerns about the governance of use of force and the ability of staff to exercise the correct techniques.

How fairly and humanely are detained women treated?

We consider that the location of Derwentside, plus the inadequate communications infrastructure, is unsuitable and leads to treatment of detained women that is in some respects inhumane, and is in any event unequal and unfair compared with the treatment of detained men. The male IRCs in England are currently located in the south-east, much closer to the UK's principal airports and population centres. Women – some of whom may well have been trafficked – are subjected to long and frequent journeys, sometimes at night, generally with a disruptive overnight stop on the way. Poor communications make family contact difficult whilst social visits are rare.

Once they arrive at Derwentside women are treated humanely and with respect and kindness by staff. The accommodation is in good condition and is kept clean and tidy; women also have access to plenty of fresh air and outside space. The centre is not complete, however, with important facilities including the care suite not yet open. There could also be improvements in communications for women whose first language is not English.

We do not consider it is either fair or humane to detain people for indefinite periods of time.

How well are the health and wellbeing needs of detained women met?

The physical and mental healthcare services at Derwentside are generally very good. Our only concerns are around access, with the GP visiting only twice a week, which has an impact on the timeliness of rule 35 appointments, and the lack of mental health cover at weekends and public holidays, which is not the same as in the male IRCs.

How well are detained women prepared for return or release?

This is a mixed picture, involving a number of different factors. The centre's isolated location and its poor communications infrastructure have impacted on women's family lives and on their access to legal advice, which was quite inadequate for the first months of 2022. However, the DET, the welfare team and Hibiscus have all helped women to keep in touch with the outside world and meet their ongoing needs.

3.3 Recommendations

TO THE MINISTER

3.3.1 In the light of the issues and inequalities that we have highlighted in this report, to reconsider the suitability of Derwentside as an immigration removal centre.

3.3.2 To introduce a time limit for immigration detention.

TO HOME OFFICE IMMIGRATION ENFORCEMENT

3.3.3 Not to open a new immigration removal centre or other such establishment until all building work is completed and all facilities available for use.

3.3.4 To the detention gatekeeper: not to detain women with current, or a history of, serious mental health issues.

3.3.5 To establish or improve pathways with local authorities and other external agencies to enable prompt access to housing, social support and other services which are required to be put in place before vulnerable women leave detention.

3.3.6 To improve the communications infrastructure for Derwentside.

3.3.7 To introduce routine pregnancy testing for women detained in residential short-term holding facilities.

TO THE DIRECTOR/CENTRE MANAGER

3.3.8 To ensure all staff are trained and fully confident and competent in the governance, techniques and reporting requirements around use of force and rules 40 and 42.

3.3.9 To improve communications with detained women whose first language is not English.

3.3.10 To improve the management of challenging behaviour which can have an effect on the wellbeing of some women in Derwentside.

TO NHS ENGLAND

3.3.11 To commission access to mental health services at Derwentside at weekends and over public holidays.

3.4 Progress since the last report

Not applicable as this is the centre's first year of operation.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 During the year work has been done to create a less formal and more welcoming environment in reception. There is now comfortable seating and soft furnishing with fresh fruit and drinks available. There are two toilets, one of which is accessible. Sanitary products are now available in both – although this was an omission for the first few months after opening. There are consultation rooms available for anyone who wants to talk in confidence on arrival, although we have not observed these being used.

4.1.2 Reception staff are well prepared for new arrivals. We have observed them speaking to women with kindness and respect, asking for permission to search, folding clothes carefully and explaining why certain items need to remain in storage. On arrival, women are offered food and are given a simple mobile phone with some initial credit to enable them to call family and friends (see however paragraph 7.3.2 below about difficulties with the mobile phone reception). Clothing packs are provided for those who need them. An information booklet (available in different languages) giving a brief overview of the centre is also available. Women are then taken straight to healthcare for an initial screening.

4.1.3 Induction takes place on the residential units within 24 hours of arrival, followed shortly by an induction with the DET team. However, the absence of a dedicated induction suite is disappointing, particularly more than a year after the centre opened. Women are checked throughout the night on their first night in the centre. There are paid posts available (not always filled) for existing residents to support new arrivals through induction. We have observed this working well: one woman who spoke English, Portuguese and Spanish assisted new arrivals to order food and helped with the geography of the centre.

4.2 Suicide and self-harm, deaths in custody

4.2.1 The ACDT process is used to monitor the welfare of women considered at risk of suicide and/or self-harm. Threats of self-harm can often occur following updates from the Home Office on the status of a detained woman's immigration case. IMB members regularly review the documentation of open cases and often speak to the women concerned. Shortly after the centre opened, we were aware that cases were not always documented thoroughly. This was quickly picked up by the welfare team. Officers are now more conscientious about the ACDT process and we now regularly see detailed, meaningful observations. There is a multidisciplinary approach to case reviews and Big Word (a telephone language translation service) is sometimes used to enable meaningful engagement with the women – although the women do not always attend. Distraction packs are available and the women are encouraged to

take part in activities both in the residential unit and in the regimes building. We have observed many instances of care and kindness shown by staff to the women on open ACDTs. This was particularly evident in advance of and during the charter flight removal process in June.

4.2.3 A total of 67 ACDT files were opened during the year amongst a total number of 520 women detained at Derwentside. This means that just under 13% of the detained women were considered to be at risk of suicide and self-harm. There were, fortunately, only seven acts of self-harm.

4.2.4 Threats of suicide are taken seriously. There were 13 instances of constant supervision, involving eight women, during 2022. In the absence of a care suite, these take place on the residential units where we have observed staff engaging in distraction activities with the women. There have been no deaths in custody.

4.3 Violence and violence reduction

4.3.1 Instances of violent behaviour are rare at Derwentside, with only one assault by a resident on another resident, and five assaults on staff during the year. There has also been a small number of women who have displayed openly aggressive or threatening behaviour, short of actual violence, towards staff or other detained women. For such women a challenging behaviour log – formerly known as a bully log, with the name being changed at the Board's suggestion during the year – is opened and their behaviour monitored. We do not have figures for the first half of the year, but only three of these logs were opened between June and December. A multidisciplinary approach is taken with mental health, welfare and chaplaincy involved and, where appropriate, an offer of access to psychological support. We have observed on both CCTV and body-worn camera footage instances of staff stepping in quickly to de-escalate violent or potentially violent situations. Some of these resulted in injuries to staff, although thankfully relatively minor. Nevertheless, some were serious enough to require hospital treatment.

4.3.2 We have some concerns about the effectiveness of these measures in reducing the impact of this behaviour by a very small number of women on the wellbeing of others, many of whom are quiet and reserved and may be vulnerable as a result of previous trauma. We noticed on one of our rota visits, for example, a palpably different atmosphere on one of the units compared to the other, caused, we felt, by one individual. Staff also told us they believed that her behaviour had had a noticeable effect on others: they would move to the other side of the unit or stay in their rooms to avoid contact. We have received one application, and there has been one complaint, about the conduct of a resident towards another.

4.4 Detained women with specific vulnerabilities, safeguarding

4.4.1 Each month at Derwentside a significant proportion of the population is recorded as being an adult at risk, indicating that there is evidence – depending on the level – to suggest that they will be vulnerable to harm from detention. Numbers vary but at any one time they have made up as many as one third of the population, and most are at Level 2, indicating that there is professional and/or documentary

evidence that the individual is an adult at risk and hence vulnerable to harm. We are not always aware of the nature of the vulnerability, but serious mental health issues such as psychosis and paranoia are not uncommon, as are anxiety and depression. We are aware of at least two women detained over the year who had previously been sectioned under the Mental Health Act, one as recently as 2021, and another who had been an inpatient for a serious mental health condition, also late in 2021.

4.4.2 The IMB is of the view that the long journeys that many of the women endure on the way to Derwentside, often after a short stay at Heathrow IRC, followed by an overnight stop at Manchester Residential Short Term Holding Facility (RSTHF) (see paragraph 5.1.3 below), must contribute to, and in many cases increase, the anxiety, disorientation and fear they will experience as a result of their detention. It should be borne in mind that women in detention may well have been trafficked and may have experienced very difficult and frightening journeys in the past. In this respect, we also consider that detained women receive unequal treatment compared to detained men.

4.4.3 During our visits we meet women who seem very low in mood, who talk to us about their anxiety and, for example, their inability to sleep. We have seen changes in the women as the weeks of detention pass: on one visit an IMB member commented on the 'drastic' change in the demeanour of a particular woman over the course of two weeks. We must also however acknowledge positive changes as a result of good work done by the mental health team, welfare and chaplaincy, as well as staff on the units.

4.4.4 In terms of identifying vulnerabilities, the detained women are seen by a nurse within two hours of arrival. Rule 34 provides that people entering detention must also be examined by a medical practitioner within 24 hours of admission (provided that they consent). The purpose of this examination is to assess whether there are any physical or mental conditions that require attention, or which will render the detained woman particularly vulnerable to harm in detention. The GP visits only twice weekly, so it is not always possible for the women to be seen within 24 hours of arrival. We have raised concerns about this, but there is a workaround whereby women are seen by the nurse again after 36 hours, when they are a bit more settled and possibly more willing to open up to the nurse, and there is an online GP service plus an out-of-hours service which can be accessed if an urgent concern arises from the nurse-led assessments. It should also be noted that there is a 100% take-up of the second nurse appointments, whereas there was no uptake of the offer of a GP appointment.

4.4.5 Under rule 35, a GP must report to the Home Office if a detained person's health is likely to be injuriously affected by detention, if they have suicidal intentions, or if they are a victim of torture. Whilst there is no designated timescale for the examination, it should be done as quickly as possible to avoid any risk of harm from detention. The longest wait of which we are aware for a rule 35 assessment is six days. This happened early in the year before the appointment of the current GP. However, a woman could still wait four days if she made a request on a Friday and had to wait until the GP's next visit on the following Tuesday, which is longer than ideal.

4.4.6 Numbers of rule 35 reports increased over the year with the increasing population; numbers of women released as a result of a rule 35 report also varied but most months more than 50% of the reports resulted in release. Most of the reports relate to concerns that the women have been victims of torture, including one woman in December who was released on this ground after 158 days in detention. It is not clear in that case why the rule 35 assessment took place after so long a period. It is encouraging to note that reports have been made under rule 35(2), indicating that a woman might be at risk of suicide, as experience from other IRCs has been that reports are rarely made under this section.

4.4.7 The system for monitoring and caring for vulnerable women has developed over the year. A weekly vulnerable adults and complex case review meeting was established in April and its effectiveness has improved over the months. Staff show a good depth of knowledge of the women and their needs, and case owners have been encouraged to join the meetings. There is good information-sharing and excellent mental health input.

4.4.8 A major concern about the treatment of vulnerable women is the length of time they are detained, sometimes even after their release has been agreed. We are aware from adults at risk and complex case meetings that release is often delayed because of a lack of appropriate accommodation in the community. The mental health team, in particular, have been proactive in working with local authorities and housing providers. Nevertheless, progress can be slow. Two extreme examples: in June one woman spent many weeks under constant supervision while decisions were being made – involving external agencies – about the most appropriate place for her to receive treatment. Another individual, who had previously been sectioned and had serious mental health problems, was entitled to continuing support under section 117 of the Mental Health Act. She was detained at Derwentside in May, and was released only in February 2023, despite the fact that her release was authorised in principle in July. The intervening months were taken up with seemingly intractable discussions and negotiations between DET, the mental health team, external social workers and other agencies about how and where she could be accommodated and supported on release.

4.4.9 Pregnancy: there is a presumption that pregnant women will not be detained, and if they are detained, this should not be for longer than 72 hours after the pregnancy has been confirmed. During 2022, four pregnant women were detained at Derwentside. All were released within the required 72 hours. Two of the women who were found to be pregnant during routine screening on arrival had come direct from detention at either Manchester RSTHF or the residential STHF at Heathrow IRC, where, as we have ascertained, a pregnancy test is offered but not routinely taken. Given that this will affect whether and for how long the women can be detained, we suggest that pregnancy tests should be routine in the residential STHFs. If it was explained to women that pregnancy could affect their detention, we anticipate that uptake would be greater.

4.5 Use of force

4.5.1 According to Home Office records, force has been used on 14 occasions, on nine different women over the year, whilst Mitie's records indicate 13 incidences: the discrepancy seems to be due to a disagreement over the classification of one particular incident. The IMB was not notified about each individual use of force, nor were we provided with all the relevant paperwork, so it has not been possible for us to monitor this area as closely as we would like. By the end of the year, however, a proper system for notifying us and providing the paperwork was in place.

4.5.2 Reasons given for the use of force were: to prevent self-harm; re-location within the centre; in connection with charter flight removal; to break up an altercation with another detained woman; and in response to an assault on an officer. Of the nine women involved, six were Nigerian, one South African, one Zimbabwean and one Serbian. The incidence of use of force is low at Derwentside, but these figures suggest it is worth exploring whether it is being disproportionately used on women of black African origin, and we will continue to monitor this.

4.5.3 As we have noted, we were not fully informed about all uses of force as they arose. However, we have reviewed footage from four incidents, including the charter removals. In relation to three of these, there were concerns about some of the techniques deployed and the management of the incidents. There have also been deficiencies in relation to governance and record-keeping. In response to these concerns, Mitie issued further guidance to staff and towards the end of the year instituted a refresher training programme for all operational staff which is due to be completed by May 2023.

5. Fair and humane treatment

5.1 Escorts, transfer and transport

5.1.1 Derwentside is located in Consett, County Durham, in the north-east of England. Women are brought there from a number of different locations, including prisons around the UK, but the route into detention for many is via an initial, short period of detention, often after being detained when reporting, in the Sahara Unit STHF at Heathrow IRC. The distance from Heathrow to Derwentside is approximately 300 miles and takes around six hours in the escorts' vans. Women who are being removed from the UK are usually taken back to Heathrow IRC a day or two before their flight. There has been only one occasion when women were taken direct from Derwentside for a charter flight – see paragraph 7.4.4.

5.1.2 The remoteness of the location leads, in our view, to treatment that is in some respects inhumane, and which is also unfair and unequal compared with men in detention. The male IRCs in England are currently located in the south-east, at much closer proximity to London and, importantly, to the principal international airports. Our concern is that women are routinely subjected to much longer and more frequent journeys than men.

5.1.3 We raised concerns about the long journeys very shortly after Derwentside opened. After a few months, we began to observe that most women travelling between Derwentside and Heathrow IRC were being taken to Manchester RSTHF for a stay of one or more nights to break up the journey. This has reduced the length of the individual journeys, but we suggest that this will, in itself, add to the women's distress and disorientation, particularly as they have to go through a round of processing to be admitted into the RSTHF, and then on arrival at Derwentside.

5.1.4 Our monitoring of journey times in the first part of the year revealed that it was almost routine for women travelling from Heathrow IRC to leave there in the early evening, arriving at Derwentside in the early hours of the morning. We raised this, and the length of the journeys, with the contract monitor responsible for movements, and we recorded that from May the situation greatly improved, with far fewer night-time journeys, although they have not stopped altogether.

5.1.5 Women are also frequently transferred between detention establishments, with short and disruptive stays. For example, they have to be moved back to Heathrow IRC to attend a High Commission or asylum interview. Further examples:

- In February, three women arrived at Derwentside from Heathrow IRC at 1.30am, only for two of them to be released on bail after two days.
- In May, one woman travelled three times between Heathrow IRC and Derwentside. The reasons for this were complex, including enabling her to attend a dental appointment in London on one occasion.
- One woman underwent the following moves around a charter removal in June:

14 June: detained at Lunar House in London at 12.15pm and taken to Heathrow IRC, arriving at 12.27am on 15 June

21 June: transferred to Derwentside

29 June: transferred on charter removal to Birmingham airport; her removal was cancelled

29 June: transferred to Heathrow IRC, arriving 1.55am on 30 June

4 July: transferred to Manchester RSTHF

5 July: transferred back to Derwentside IRC

28 July: released on immigration bail

- In October, a woman was transferred from Manchester RSTHF to Derwentside for one day before being transferred back to Heathrow IRC.

5.2 Accommodation, clothing, food

5.2.1 The accommodation at Derwentside is in three single-storey residential units, set around a large, open, grassed area. Visits, activities and healthcare are in separate buildings. Women have free access to all parts of the site during the daytime, but at night have to stay in their own residential units.

5.2.2 Sleeping accommodation is mainly in single rooms, although there are some doubles. The accommodation was extensively refurbished before the centre opened and is in good condition, clean, bright and airy. There is a good feeling of space and the women have free access to the outside spaces during the day. Each unit has two large communal areas with a small servery, two large tables for eating – food is trolleyed down to each unit from the central kitchen – a laundry and a multifaith room.

5.2.3 There is one building which is yet to be completed: this is block 4, which will house important facilities, namely the care suite, induction suite, cultural kitchen, salon and shop. The reasons for it not being completed, more than a year after the centre opened, are somewhat unclear, but residents have been disadvantaged by the fact that these facilities are not yet available. In particular there have been occasions over the year where it would have been beneficial to have a care suite available. A cultural kitchen would also provide a welcome distraction from the pressures of detention. There was a small salon in the regimes building for part of the year, but no proper shop for residents to visit.

5.2.4 The food has been of variable quality over the year, with some difficulties in staffing the kitchen due to absences or leavers. It is difficult to cater for many tastes and cultures, but our consistent observation is that the menu is too heavy and carbohydrate-laden and could do with more variety. This is particularly important given that there is no cultural kitchen and therefore no opportunity for women to cook for themselves.

5.2.5 Women sometimes arrive with very little property (see paragraph 5.8 below), including clothing. They are permitted to wear their own clothing but spare items, including socks, shoes, flipflops and warm jackets are available. We discovered on one visit that the initial packs provided to new arrivals contained insufficient sets of

underwear; this was raised with management and promptly resolved. We have noted on our visits that many of the women wear the tracksuit bottoms and sweatshirts provided by the centre: they sometimes tell us that this is because they don't have their own clothes, but also they say that they prefer to wear the clothes issued by the contractor.

5.3 Separation

5.3.1 Rule 40 (removal from association) was used on five occasions in 2022. Rule 42 (temporary confinement) was not used. However, the rule 42 cells in the CSU are not completed yet and are therefore not available for use.

5.3.2 We were informed of all the individual uses of rule 40 and have attended reviews. The use of the power appeared to be appropriate in the light of the threat to other detained women or staff. No one remained in the CSU under rule 40 for more than 24 hours.

5.3.3 In a small number of cases, for example a positive Covid test, or where some of the women were distressed before the charter departure, they were relocated to the CSU 'under rule 15'. Rule 15 requires accommodation for detained people to meet certain standards; as the rule 40 rooms in the CSU meet those standards, these relocations are described as happening under that rule. However, this is not the purpose of the rule and there are no reporting requirements under it: it is important that people are not de facto removed from association without controls. This particular problem may be solved by the opening of the care suite in block 4 but we will continue to be alive to the issue.

5.4 Interactions between staff and detained women

5.4.1 Our observations of interactions between staff and detained women have shown them to be overwhelmingly positive and supportive, with staff treating the women with respect and kindness. This has been the case not only on the residential units but with staff across the centre. This is confirmed by feedback which has included comments such as 'staff are caring and kind' and 'we are treated with dignity and respect'. There have been a number of joint events such as a BBQ to celebrate the Queen's jubilee and a range of activities, including a film night, quizzes and games, over the Christmas period.

5.4.2 Staff numbers have been high throughout the first year and as at 31 December there were 97 officers while numbers of detained women have not exceeded 50 at any time during the year and have settled at around 30-35.

5.4.3 We are aware that the contractor provides its staff with 'how to' guides to help them in supporting or challenging (as appropriate) women with mental health symptoms, displaying challenging behaviour, a traumatic history, experiencing anxiety or anger. However, we are not confident that this learning has been embedded in the way officers deal with more challenging women, particularly where

the behaviour of an individual can have a detrimental effect on others – see paragraph 4.3.2 above.

5.4.3 Some officers sometimes seem reluctant to use translation software, available on electronic tablets, to speak to the women. One example we observed was an officer giving answers in English to a new arrival who was struggling to understand the food menu. (See paragraph 5.5.6 below.)

5.4.4 The proportion of female officers has not fallen below 62% over the year and we encourage Mitie to work to increase that. The centre manager and a majority of her senior leadership team are women.

5.5 Equality and diversity

5.5.1 The transient nature of the centre's population and the low numbers of women detained at Derwentside throughout the year (often less than 30 at any one time) together mean that it is difficult to draw meaningful conclusions from statistical analyses of the population.

5.5.2 We have seen good examples of activities to promote tolerance and celebrate diversity. There was a celebration of Black History Month: a black Nigerian author visited the centre to talk about her work and Jamaican food was provided for the event. The religious affairs team, Hibiscus and regimes staff jointly ran a workshop to challenge islamophobia: this included a quiz and a demonstration of how to wear a hijab.

5.5.3 There is an equality, diversity, and inclusion (EDI) team who have an eye-catching display in the regimes corridor. We are aware, for example, of the team's positive work with a woman who had made derogatory comments about another's sexuality. The team provides monthly reports but those we have seen lack a focus on proactive measures around equality and diversity.

5.5.4 There are rooms adapted for those with mobility issues in the residential units and a lift to enable access to the regimes building. There is also a ramp to enable access to healthcare. One woman with mobility issues was supported by another resident as a 'buddy' to help, for example, in getting food from the servery. There has been one woman with a personal emergency evacuation plan (PEEP) during the latter part of the year. This is highlighted to staff in the daily briefing.

5.5.5 We have seen little progress on one particular issue we have raised regularly with the contractor: the SIM cards provided to the women on arrival do not allow calls to be made to Africa, so that women with families in Africa are unable to call them.

5.5.6 We think much more can be done to improve the inclusion of women who do not understand spoken and/or written English. For example, although there have been improvements in the presentation of information on noticeboards, information is still often only in English, including the EDI team's notice to promote their drop-in sessions. The shop list and menus are available only in English. All staff should be encouraged to use translation software on electronic tablets or Big Word as a matter

of course where there are language barriers. We rarely see them being used. One woman told us that language barriers made it difficult for her to make friends. Locating women in the same residential unit who speak the same language, and providing women with tablets loaded with translation software could help to overcome this. A practical obstacle to this is that the wifi signal in one of the residential units is not adequate to support the functioning of these tablets.

5.6 Faith and religious affairs

5.6.1 We have seen the religious affairs team grow steadily throughout the year. There is a mixture of employed and volunteer chaplains who cover religious representation in the centre, with a list clearly displayed in the regimes corridor. There have been some recent personnel changes but for most of the year a managing chaplain and two part-time chaplains covered Christian and Muslim faiths with volunteer chaplains from other faiths available to be called on as required.

5.6.2 There is a Muslim prayer room and a chapel available for the women to use: these are readily accessible on the regimes corridor. Each residential unit has a multifaith room which contains religious texts and can be used by the women as they choose.

5.6.3 Services and prayers are held regularly and religious festivals celebrated. Preparations were made for Ramadan with the purchase of tiffin boxes to enable women to heat up food in the evening and these plans were explained to new Muslim arrivals. Two Muslim women told us that the provision for Ramadan was 'fine'. We were told that 18 women attended the Eid celebration with gifts donated by local mosques. Special services have been arranged during the year: for example, for women on the charter flight removal; on the day of the state funeral for HM the Queen; a service led by the Bishop of Durham; and a carol service and nativity play for Christmas. Inclusivity is encouraged: for example, of 12 women attending a celebration of the Prophet Muhammad's birthday, only three were registered as Muslim.

5.6.4 In addition to religious celebrations the chaplains are involved in many aspects of life in the centre. One of the chaplains will attend R40 reviews and is often involved in measures put in place to ensure a smooth return to the residential unit for the woman concerned. A chaplain was available for, and supporting, women during the charter flight removal process. We regularly see chaplains on the residential units speaking with the women.

5.7 Complaints

5.7.1 A total of 31 complaints were made to the Home Office under the DCF 9 system. Of these, 11 were about staff misconduct (nine involved minor misconduct, two more serious), and 20 about service. We do not have a complete set of figures about the outcome of these complaints, nor have we been given copies of responses, so we are unable to comment on how they have been resolved.

Complaints about healthcare are dealt with under a separate system, to which the IMB has no access.

5.8 Property

5.8.1 There seems to be no mechanism for retrieving women's property once they are detained, either at a reporting centre or from home. We spoke to several women who had been detained for the purposes of the charter removal in June, who had very little personal property and said they had not been able to pack properly on arrest or to arrange for property to be brought all the way up to Derwentside. Welfare and charities do their best to provide clothing, but this is obviously not the same as the women's own belongings.

6. Health and wellbeing

6.1 Healthcare: general

The healthcare facilities at Derwentside are in a newly-built block set apart from the residences. The building is bright, clean and spacious, with plenty of rooms for consultations, clinical treatment and administration. Physical healthcare is provided by Spectrum and is currently fully staffed. Nursing staff are available 24 hours a day, seven days a week and they attend ACDT and vulnerable adult care plan (VACP) review meetings, including at weekends. A GP attends the centre on Tuesdays and Thursdays, and she holds a weekly clinical update session for staff. At present the centre is operating at around half its capacity, and if the number of residents increases to anywhere near full capacity we will monitor carefully to see if the physical and mental healthcare staff manage to maintain the high standard of care they are currently delivering.

6.2 Physical healthcare

6.2.1 As described in paragraph 4.4.4 above, women arriving at Derwentside are seen within two hours for a physical health screening by a nurse and a VACP is opened if there are concerns. As the women may be tired, disorientated or stressed by their journey it is recognised that not all necessary information may be obtained at the initial screening so the women are seen again after 36 hours. They are also invited for voluntary wellbeing checks throughout their stay. Healthcare staff are diligent in using interpreters to ensure that the patient is able to share information and understand their treatment.

6.2.2 From what we have observed, healthcare emergencies are dealt with promptly and the patient taken to the emergency department at University Hospital North Durham if necessary. Such emergencies have included women with epileptic seizures, low blood sugar, threatened miscarriage, a psychiatric emergency and a woman who arrived after an 11-hour journey from Heathrow IRC via Manchester with an untreated leg injury. Clear care plans are put in place when the woman returns to the centre and healthcare staff communicate clearly with officers to help them understand the care plan.

6.2.3 Healthcare staff have put on a variety of health education and awareness events during the year, including sessions on breast cancer awareness, menopause awareness, healthy eating, mental health and HIV awareness. Given the rapid turnover of women, health promotion messages are now being broadcast into bedrooms on the Channel 53 TV station. Some of the health promotion materials are available in languages other than English but there is more work to do on this. Vaccination clinics are run when required and diphtheria screening was carried out following the outbreak of diphtheria at Manston. There have been very few cases of Covid. Plans were in place to isolate women who were infected and these were used

a few times but generally the hygiene and preventive measures in place have been effective.

6.2.4 On leaving the centre, women are given a written summary of their medical condition and treatment and at least seven days' supply of any medication they need. The pharmacy service is good and there is provision for an out-of-hours prescription service. The nursing staff are all trained prescribers. One woman complained to the IMB that she was not receiving medication that she required, but on further enquiry it transpired that this medication could only be prescribed by a hospital consultant and we were assured by healthcare staff that a delay of a few days would not be detrimental.

6.2.5 There is a well-equipped dental room in the health centre and dental treatment is available the next day if urgent, or within a few days if less urgent.

6.3 Mental healthcare

6.3.1 Mental healthcare is provided by Tees, Esk and Wear Valley NHS Trust and comprises mental health nursing staff, a psychologist and a weekly visit by a psychiatrist. There are no staff vacancies currently. Mental health staff are able to provide treatment and support for a variety of conditions and there are staff qualified in counselling, cognitive behavioural therapy, supervision of opiate substitution for opiate addiction and EMDR (eye movement desensitisation reprocessing). They provide a very good service and the IMB has been impressed by their depth of knowledge of, and empathy with, the detained women, who have also told us how helpful the service is to them.

6.3.2 The contract does not, however, provide for weekend or bank holiday cover: contrary to our earlier understanding that mental health nurses are available 24 hours a day, seven days a week, this is not the case. A woman who arrived at a weekend from another IRC on a VACP with very frequent observations did not have a review because no-one from the mental health team was available. We are told that if a mental health crisis arises at a weekend then the mental health team must respond within four hours of the start of their next working day. Another instance occurred where a woman was talking of suicide on Saturday but as it was a bank holiday weekend she could not be seen by a mental health professional until Tuesday. We understand that at other IRCs mental health cover is available at weekends and it is our view that women should have an equal level of provision.

6.3.3 Many of the women detained at Derwentside have mental health problems and some have very significant illnesses, including psychosis. Whilst there is no doubt that they receive very good care from the mental health team while they are there, with a weekly review by the psychiatrist and regular support from nursing staff, detention is known to exacerbate mental illness.

6.4 Welfare and social care

The welfare team at Derwentside is active in helping the women in their care. A team member attends reviews for ACDT and VACP plans and they seem to get to know the individuals well. They source extra clothing for those who need it, and there have been examples of the welfare team going above and beyond, for example, finding a new home for a woman's dog. Welfare also administer the duty legal advice scheme and have been proactive in trying to make it work as intended – see paragraph 7.2.3 below.

6.5 Exercise, time out of room

6.5.1 Women are not locked in their rooms and they can access the communal areas within the residential units at all times. When women are out of their rooms during the night, staff are proactive in trying to ensure that noise levels are minimised so as to balance the needs of those individuals with the needs of others.

6.5.2 Women are able to leave the residential units between 7am and 10pm. There is outside seating which is well used during the summer months and sheltered smoking areas. During a recent particularly cold spell, we were pleased to see that paths were regularly cleared and gritted to facilitate safe access to other parts of the centre, such as regimes and healthcare. Warm coats were also provided for those who needed them. However, the location of the regimes building can mean that bad weather deters women from taking up the activities on offer.

6.5.3 There is a large, well-equipped gym for the women to use, although it has occasionally been locked as a result of staff shortages or staff training. We are told by staff that women often use it in the evenings to play badminton, but it is rarely used during the day. To encourage more women to use the gym, a TV has recently been bought to enable DVD-led classes such as Zumba, although we understand that such classes have yet to be offered.

6.5.4 Staff have been proactive in encouraging women to take more exercise. They have organised badminton and netball competitions and, when the weather has permitted, fun runs and rounders competitions. A sports day and BBQ was held in August. Women often need to be encouraged to participate but their feedback to us after taking part has been positive. The residential units also have pool tables which are popular.

7. Preparation for return or release

7.1 Activities including education and training

7.1.1 There is a well-attended arts and crafts classroom in regimes. There is a range of activities on offer, including painting, jewellery-making, crocheting and sewing, some as part of accredited courses. The women often tell us how much they enjoy the classes and are rightly proud of what they produce. The teacher is very proactive and we have regularly seen her working with women on the residential units as well as in the classroom. In addition to organised activities, there are wordsearches, jigsaws and puzzle books available on the units. We often see the women using them. English and IT classes are also available.

7.1.2 There are currently 12 paid jobs, not all of which are filled. These include acting as assistants in the library and chapel and as 'buddies' for new arrivals. Women we have spoken to have told us how much they enjoy these roles and it is clear from our conversations with them that it makes a difference to them to have purposeful activity. However, there is a low take-up of roles, and the rate of pay has remained the same across the estate as when paid work was first introduced, at only £1 per hour. The Home Office also retains the power to exclude detained individuals from paid work if they do not comply with immigration processes, although this has not been used at Derwentside.

7.2 Case management

7.2.1 There is no legal time limit for immigration detention. In our view, this adds to the anxiety and stress experienced by the women, many of whom suffer fragile mental health. The Home Office detention dataset table showing numbers of women leaving detention from Derwentside and periods of detention during 2022 is reproduced as an appendix to this report. It shows total periods of detention, i.e., including at other locations (Heathrow IRC and Manchester RSTHF), not just Derwentside. The data show that 71% of women leaving detention stayed for one month or less, which is positive.

7.2.2 However, there have also been some very long periods of detention: the longest-staying woman was detained in May 2022 and released in February 2023, even though her release was authorised in principle in July 2022 (see paragraph 4.4.8 above). One of the first women to arrive at Derwentside had already been detained at Yarl's Wood for several months. She was served with removal directions in March and taken to the airport. Her removal failed; she was taken back to Derwentside and ultimately released on bail in July. We have also seen a number of cases where women, some of whom are adults at risk level 2 or above, have remained in detention for many weeks after bail has been granted because of difficulties in obtaining suitable accommodation for them.

7.2.3 The duty legal aid advice scheme is in operation at Derwentside. Women who are detained are entitled to a free consultation with a solicitor from an approved panel, who will give them some initial advice and consider whether they have a case

that they are willing to take on. Appointments should be available under the scheme on two days a week. We discovered during an early rota visit that this was not working as it should be: instead of fixing a timed appointment for the detained woman to receive a visit or a call the solicitors were simply taking the women's details and calling them at their own convenience during the day. The problem with this approach is that the mobile phone reception at Derwentside is unreliable – see below – and women were missing calls from the solicitors. This is quite apart from the issue of whether a telephone consultation was an adequate means of obtaining advice.

7.2.4 After we raised this with the Home Office, training sessions were held in March and expectations set for panel solicitors, so that timed appointments became the norm for phone calls; some consultations also took place on Skype. In July, a new legal aid contract came into force and although there are no local firms of solicitors on the panel, in-person appointments became the norm.

7.2.5 We routinely ask women if they have solicitors acting for them and if they are able to contact them; the vast majority answer in the affirmative to both questions.

7.2.6 The onsite DET team holds weekly drop-in surgeries and members of the team are a visible and accessible presence in providing information about individuals' cases.

7.3 Family contact

7.3.1 The remote location of the centre, far from most of the major UK cities, makes it difficult for families to visit. Very few of the detained women receive visits from their loved ones. The contractor has now provided free transport for visitors from Durham train station, which otherwise would involve a taxi fare of more than £30 each way, and this has helped somewhat, but there were only 10 in-person social visits during the year. There are two Skype terminals in separate rooms which women can use to speak to their families in relative privacy, and these are used regularly.

7.3.2 Added to the difficulty with the physical location is the unreliable mobile phone reception, a problem that we have raised with the contractor and the Home Office from when the centre first opened, and which has not yet been resolved. It is difficult for women to maintain their family life while in detention at Derwentside, and we consider that these problems with family contact are another example of the unacceptable and unequal treatment that women in detention receive in comparison with detained men.

7.3.3 The Durham Visitors Group, set up in 2021 to support women in Derwentside, provide support through social visits, but there has been a low take-up of these.

7.4 Planning for return or release

7.4.1 In addition to the welfare team in Derwentside, support is provided by the charity, Hibiscus. Hibiscus has an office in the centre and their staff usually attend three days a week. As well as practical, financial and pastoral support during their stay in detention, women are given return and resettlement assistance. We are aware that Hibiscus have provided assistance with journeys from the UK: for

example, they provided support for a Romanian national to make the 8-hour journey to her home following her removal to Bucharest. Their support often continues after the women leave the centre.

7.4.2 Receiving removal papers can be a distressing experience for some of the women. Support is provided by the welfare team, chaplaincy, Hibiscus, the mental health team and staff on the units. It can lead to threats of suicide and self-harm, when the ACDT process will be used. (See paragraph 4.2).

7.4.3 We have observed women preparing to leave the centre. The reception team is well prepared with documents and property ready and in place. As on arrival, the women are treated with kindness and respect.

7.4.4 In June 2022, six women from Derwentside were scheduled for removal to Ghana and Nigeria on a charter flight. IMB members monitored the preparations. Centre staff were well-organised and clearly committed to making the operation go smoothly: in particular, the women's paperwork and property, such as it was (some, as previously mentioned, had very little) were in good order. There were protests outside the centre which delayed the escorts' arrival, and as a result, the women were assembled in reception far too early, the first arriving nearly two hours before the escorts walked in and the last just over an hour before. The women were distressed, and the last to arrive, who was on a care plan and constant observation, acutely so. Most were seated close together for a long time, facing not only their own distress and anxiety but also that of the other women. This resulted in a noisy and oppressive atmosphere in a crowded space. Mitie and mental health staff were observed showing particular care and kindness.

7.4.5 Our concerns about use of force on the charter flight discharge and the separation of some residents before the flight are recorded at paragraphs 4.5.3 and 5.3.3 above.

7.4.6 Removal to another country will usually involve an escort to a major airport, often via Manchester RSTHF and Heathrow IRC. Release within the UK usually involves women being taken by staff or taxi to Durham railway station. Staff have told us that where a woman's facility with English is poor, they will go to the ticket office to get tickets and see the woman onto the train. They will also speak to the conductor and advise them of when the woman needs to leave the train. IMB members have observed this happening.

8. The work of the IMB

8.1 The IMB at Derwentside was set up initially with experienced members from the immigration detention and prison estates. Recruitment campaigns have been held to attract new members and we are building a strong local board. Our monitoring has been supported by the local Home Office team who provide us with a clerk and are prompt in answering our requests and enquiries but we regret to record that we have not always received timely assistance from the contractor in establishing our presence in the centre.

Board statistics

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	5 (including 4 dual-boarders)
Number of Board members at the end of the reporting period	6 (including 2 dual-boarders)
Total number of visits to the establishment	132

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation including laundry, showers	n/a	
B	Use of force, removal from association	n/a	1
C	Equality	n/a	
D	Purposeful activity including education, paid work, training, library, other activities	n/a	
E 1	Letters, faxes, visits, phones, internet access	n/a	
E 2	Finance including detained women's centre accounts	n/a	
F	Food and kitchens	n/a	3
G	Health including physical, mental, social care	n/a	
H 1	Property within centre	n/a	
H 2	Property during transfer or in another establishment or location	n/a	
I	Issues relating to immigration cases, including access to legal advice	n/a	
J	Staff conduct, including bullying	n/a	
K	Escorts	n/a	2
L	Other	n/a	1
	Total number of applications	n/a	7

Appendix:

People leaving detention from Derwentside IRC by month and length of detention, 2022

Length of detention	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
3 days or less	1	0	0	1	0	0	0	0	0	0	1	0	3
4 to 7 days	2	0	1	4	2	1	2	0	1	0	1	5	19
8 to 14 days	2	9	2	8	9	7	9	3	11	8	9	5	82
15 to 28 days	2	3	3	6	7	6	16	5	9	7	11	11	86
29 days to less than 2 months	1	3	2	3	2	8	9	6	7	5	0	1	47
2 months to less than 3 months	0	0	1	1	2	0	4	2	3	1	0	0	14
3 months to less than 4 months	2	0	0	1	0	0	0	2	1	0	1	1	8
4 months to less than 6 months	0	1	0	0	0	0	2	0	1	0	0	0	4
6 months to less than 12 months	1	0	0	0	0	1	1	0	0	0	0	2	5
12 months to less than 18 months	0	0	0	0	0	0	0	0	0	0	0	0	0
18 months to less than 24 months	0	0	0	0	0	0	0	0	0	0	0	0	0
24 months to less than 36 months	0	0	0	0	0	0	0	0	0	0	0	0	0
36 months to less than 48 months	0	0	0	0	0	0	0	0	0	0	0	0	0
48 months or more	0	0	0	0	0	0	0	0	0	0	0	0	0
Total leaving detention	11	16	9	24	22	23	43	18	33	21	23	25	268

Source: Home Office, subset of data published in table Det_04c of the ['Detention summary tables, year ending December 2022'](#)



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