Independent Monitoring Boards

Annual Report of the Independent Monitoring Board at Derwentside Immigration Removal Centre

For reporting year
1 January 2025 to 31 December 2025

Published July 2026

national preventive mechanism

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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, the Board is required to:

- monitor the state of the premises, its administration, the food and the treatment of detained people
- 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 detained person that causes them concern as it affects that person's continued detention
- visit detained people who are removed from association, in temporary confinement or subject to special control or restraint
- report on any aspect of a detained person'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 detained person 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 detained people 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[1]

Derwentside Immigration Removal Centre ('Derwentside') is the principal UK immigration removal centre (IRC) for women. It is located near Consett, County Durham, 14 miles from the nearest train station, in Durham City. It opened in November 2021, with a potential operating capacity (the maximum number of detained women that can be held without serious risk to safety, security, good order and the proper running of the planned regime) of 84. The first women were transferred from Yarl's Wood IRC on 28 December 2021. It occupies the site of the former Hassockfield Secure Training Centre (previously Medomsley Detention Centre).

The buildings of the old secure training centre were extensively refurbished before the IRC opened but with significant areas of the site remaining unfinished until more recently. Residential accommodation is provided in four units. Three single-storey units face onto each other around a grassed area with adjoining pathways. In the middle of this area, there are benches and some outdoor exercise machines. A fourth residential unit is sited on the first floor (with a lift available) in a block closer to healthcare, welfare, the gym, the multi-cultural kitchen and regime activities. Women are accommodated here for induction when they first arrive at Derwentside. The care and separation unit (CSU), where detained women are kept apart from other women, and supported living unit (SLU), for those who need additional care, monitoring or support beyond the standard residential units, are nearby. Healthcare occupies a separate, new, prefabricated building, and also occupies an additional dedicated room allocated this year in the reception area. The outstanding vehicle base, a secure area for operational vehicles, has been delayed, once again, and is now timetabled, at the time of writing [March 2026] for completion in 2027. Detained women have free access to the IRC grounds, except when they are briefly locked in their residential unit at midday for a roll call and overnight between 10pm and 8am.

Since 1 September 2023, Derwentside has been run for the Home Office by

Serco. Practice Plus Group (PPG) has held the healthcare contract since 1 October 2023. Mitie Care & Custody holds the contract for escorts and transfers.

The Detention Centre Rules 2001 govern the running of the centre. The Home Office is represented by a local detention services (HO DS) compliance team, which has responsibility for monitoring the contract, and by a detention engagement team (HO DET). DET has responsibility for liaising between detained women and their off-site Home Office case owners who are responsible for decision-making.

[1] Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

3. Key points

Background to the report

The Board visited the centre every week of 2025. Over the reporting year, we noted an increasingly settled atmosphere and positive culture within the centre, reflected in what many women told us in terms of their safety and support. However, a fluctuating but significant proportion of the women detained continue to have vulnerabilities described as Level 2 or Level 3 on the Home Office Adults At Risk classification, which means they may be at risk of worsening mental health in detention.

The siting of Derwentside has remained a significant problem, with increased difficult journeys for women this year and very few visits from their family, friends and, especially, their children. At the end of 2025 the Home Office had yet to make a final decision as to whether Derwentside will be re-roled from a women's-only detention centre to receiving only men in the near future.

During 2025, the number of women detained at Derwentside recorded by the Home Office was 1284. This was higher than the previous year but, overall, the centre continued to run below full capacity. A majority (55%) are released on bail back to their communities to finalise their immigration cases and may return to a detention centre at a later date for removal. A total of 41% were transferred to another centre. This year, 10% of women detained at Derwentside have been foreign national offenders (FNOs) waiting to be deported after their prison sentence has been completed.

Serco's records show that a total of 1245 women left detention from Derwentside during 2025.

3.1 Main findings

Safety

- Women tell us that, generally, Derwentside feels a safe environment, and this is in line with our observations. Reception staff are welcoming and women's privacy during induction interviews are better respected than last year.
- Significantly fewer women have self-harmed or attempted suicide this year and detained women have reported that they feel well supported by staff. Safeguarding arrangements and practices appear robust.
- The Home Office continues to consider a high number of women to be 'at risk' of experiencing worsened mental ill health during detention, despite the centre becoming much more settled during 2025.
- From our observations, use of force is employed relatively infrequently. We are told that individual risk assessments are carried out before women are taken to hospital, but the use of handcuffs seems to be routine. Some women have told us they find this humiliating and criminalising.
- A majority of Serco staff employed at Derwentside this year have been male. In our view, this may put additional pressure on staff when female staff are needed for specific tasks, such as for maintaining constant watch over vulnerable women in their bedrooms.
- Waiting times for Rule 35 assessments have improved, where a medical practitioner has concerns that a woman may be a victim of torture. However,

fewer women than last year have been released during 2025 as a result of a Rule 35(3) report.

Fair and humane treatment

- We continue to regard Derwentside's location as unsuitable as a detention site and to cause avoidable harm. An even higher percentage of women have been subjected to multiple and frequently arduous journeys this year, which we consider inhumane. They also receive very few visitors, particularly from their children, which is potentially damaging long-term to families.
- The accommodation is well maintained and work has been done to soften the overall look and improve comfort of the environment. The newly opened induction unit is proving a calm and supportive space.
- Women have frequently told us that they appreciate the support they receive from staff across the centre. Almost without exception, we have observed staff engaging positively with women, demonstrating kindness and care, often in challenging circumstances.
- From our observations, multi-agency working practice is impressive, contributing to improved outcomes for women. There is a developing personalised approach to providing support for each woman's individual needs.
- Catering continues to generate the highest number of verbal complaints to the IMB and is often raised at the weekly residents' consultative committee (RCC) meeting.

Health and wellbeing

- The integrated physical and mental healthcare teams appear to be well resourced and provide a full seven-day-a-week service. They consistently receive high praise from women. Health prevention and promotion for women's future better health is an effective element in their approach.
- From our observations, the complaints procedures are sometimes not completed before the complainant leaves Derwentside, due to the lengthy completion timescales relative to their stay.
- A small number of women arrive at Derwentside with acute mental conditions, and may stay in detention for a lengthy period until an appropriate secure hospital bed can be found for them.
- Welfare team resources have developed over the year, and women tell us they highly value the wide-ranging support they receive.

Preparation for return or release

- Creative planning has gone into setting up new and improved spaces for a wider range of activities for detained women to choose to take part in, including a successful multi-cultural kitchen, a music room and a gardening project.
- DET is proactive in pursuing women's legal cases and appears to make a lot of effort to keep them well informed. New voluntary return schemes are in place.

- There remains no legal limit for detention. A total of 36% of women left detention within seven days, and 72% within one month (see the Home Office summary in Annex 2).
- Similar to 2024, DET data indicate that up to 60% of women during 2025 were released on bail to live back in their own communities whilst continuing to work on their legal cases, often after just two or three days in detention.

3.2 Recommendations

TO THE MINISTER

- Reconsider the suitability of Derwentside as an IRC so that difficult journeys and low numbers of visitors can be improved. *(Repeat recommendation).*
- Review the role of the detention gatekeeper to ensure that it acts as an effective mechanism in preventing the detention of those with significant mental health issues.
- Consider alternative community-based approaches to detention for women that can have lower impact on women's mental health and thus prevent additional harm.
- **I**ntroduce a time limit for immigration detention to help reduce detained women's anxiety. (*Repeat recommendation).*

TO HOME OFFICE IMMIGRATION ENFORCEMENT

- Continue to work with the escorting contractor, Mitie Care & Custody, to reduce the incidence of night-time moves in and out of Derwentside, including the provision of a vehicle base. *(Repeat recommendation).*
- Reduce the number of moves experienced by detained women around the wider detention estate, and to ensure that all women understand where they are being moved to, and why. (*Repeat recommendation).*
- Increase community-based services so that more case work decisions can be made at an earlier stage in the detention process.
- Enable women who are foreign national offenders (FNOs) to be deported as soon as they complete their prison sentences by increasing prison-based case work services.
- Finalise the installation of the planned wi-fi communications infrastructure as soon as possible in order to improve women's communications outside of Derwentside. (*Repeat recommendation).*
- Increase the hourly rate for paid work for detained women so as to introduce fairer recognition for the jobs they undertake. (*Repeat recommendation).*
- Raise the detention gatekeeper's threshold for the detention of women with known current or historical mental ill-health. (*Repeat recommendation).*
- Finalise the decision on whether Derwentside is to be re-roled to a male-only detention centre in the near future, to enable a staff-gender balance appropriate for the current female-only population.
- Shorten the complaints procedure completion timescale to fit with the majority of women's detention period.

TO THE DIRECTOR/CENTRE MANAGER

- Continue to develop the current, more personalised, positive and supportive culture at Derwentside.
- Improve the consistency of the quantity and quality of meals served.
- Increase the day-to-day use of translation tablets for routine interactions with women whose first language is not English**.**
- Continue to ensure key information is available in a range of languages (including on the electronic kiosk, a self-service computer terminal that allows detained women to manage their daily affairs).
- Ensure that catering for women with food allergies is as robust as possible.
- Conduct all reception interviews in a private space, without exception.

TO PRACTICE PLUS GROUP

- Continue to develop the current, more personalised, positive and supportive culture at Derwentside.
- Continue to reduce the waiting times for Rule 35(3) assessments.
- Ensure that the percentage of women released after a GP Rule 35(3) recommendation is comparable with data for all detained women.

3.3 Progress since the previous report

In this section, we provide an update on progress made on the recommendations and concerns raised since the last annual report.

ISSUE RAISED	RESPONSE GIVEN	PROGRESS
TO THE MINISTER		
To reconsider the suitability of Derwentside as an IRC. ***(Repeat recommendation).***	**Not accepted.** The detention estate is kept under ongoing review. Derwentside IRC continues to provide safe and secure facilities for the women detained here.	**No progress.** The inhumane multiple long journeys required for women to be transported from south to north and returned (frequently during the night state) have increased during 2025. Also, visitor numbers remain very low, particularly children.
To introduce a time limit for immigration detention. ***(Repeat recommendation).***	**Not accepted.** No plans, as would significantly impair the ability to remove those who have breached immigration laws, and would encourage reward	**No progress.** The inhumane lack of a time limit to detention worsens detained women's mental health.

	and abuse.	
TO HOME OFFICE IMMIGRATION ENFORCEMENT **To the detention gatekeeper [whose function is to independently review and approve proposed detentions into the centre to ensure they are lawful, necessary and appropriate, including consideration of vulnerability and adults at risk factors]: not to detain women with current, or a history of, serious mental health issues. *(Repeat recommendation).***	**Not accepted.** The appropriateness of detention is balanced against any immigration control and public-protection considerations on a case-by-case basis.	**No progress.** Despite the improved settled context of day-to-day detention within Derwentside during 2025 a significant proportion of detained women have vulnerabilities categorised as Level 2 or Level3 on the Home Office Adults at Risk assessment. A few women arrived in 2025 with very significant mental health issues, remaining in the CSU and SLU until a secure hospital bed was found.
To continue to improve pathways with local authorities and other external agencies, including probation, to enable prompt access to housing, social support and other services, which are required to be put in place before vulnerable women leave detention.	**Not accepted.** Pathways are established and strengthened on a case-by-case basis, taking account of the needs of individual women.	**Some progress.** Long delays for accommodation have reduced this year, aided by development of advocacy work with relevant organisations by Serco and PPG staff.
To improve the communications infrastructure for Derwentside *(Repeat recommendation).*	**Accepted**	**Some progress.** Work began in November 2025 to install cabling for a wi-fi phone system, but it is not yet operational.
To increase the hourly rate for paid work for detained women. *(Repeat recommendation).*	**Not accepted.** See Detention Services Order (DSO) 1/2013, a Home Office instruction that sets out the rules for paid activities for people held in immigration	**No progress.**

	removal centres (IRCs).	
To continue to work with the escorting contractor to further reduce the incidence of night-time moves in and out of Derwentside, including the provision of a vehicle base.	**Accepted.** The Home Office and escorting services are seeking to avoid routine night time transfers where possible.	**No progress**. Actual increase in night-time moves during 2025. The vehicle base building is now rescheduled to 2027.
To reduce the number of moves experienced by detained women around the detention estate and to ensure that all women understand where they are being moved to, and why.	**Accepted.** Derwentside presents some logistical challenges. Work on the vehicle base is due to commence in 2026 and be completed by 2027.	**No progress.** No significant improvement in the number of moves that many women experience around the estate during 2025. The vehicle base completion is now rescheduled for 2027.
TO THE DIRECTOR/ CENTRE MANAGER **To increase the range of activities for women, with a view to better supporting those with anxiety or mental health issues.**	**Accepted.** Complete.	**Ongoing progress.** Increase of positive supportive culture and provision of relevant activities which appear to be appreciated and well used by detained women.
To increase the use of translation computer tablets for routine interactions with women whose first language is not English.	**Accepted.** Complete.	**Ongoing progress.** Big improvement in provision, but tablets still need to be used by staff more frequently for day-to-day communication with detained women.
To ensure that the processes for identifying and catering for food allergies are completely failsafe.	**Accepted.** Complete.	**Some progress.** Improved policy and practice now in place, but an ongoing review will be helpful to ensure that this remains as robust as possible.

TO PRACTICE PLUS GROUP **To take steps to reduce waiting times for R35(3) assessments.**	**Accepted.** Changes to the Adults at Risk and Rule 35 processes are underway and proposed for later this year.	**Some progress.** Some improvement but continues to be variable. A relatively low number of women were released following a Rule 35 GP assessment recommendation, compared with other immigration removal centres where women are detained.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 From the Board's observations, reception provides a generally welcoming and safe environment for women arriving at Derwentside. Women are searched by female staff. Staff are mindful of the difficult journeys women can face when travelling to Derwentside, and they endeavour to make reception as smooth and pleasant as possible.

4.1.2 We had raised concerns in previous years about the lack of privacy afforded to women on arrival and undergoing an induction interview, which involves asking a number of personal questions. We welcomed changes made to reception in the first quarter of the year, where a private room was made available to conduct these interviews. We also noted the growing use of translation tablets and The Big Word translation services. However, we have been disappointed to see that the use of these private facilities is still not the default position for interviewing women arriving at the IRC; instead, interviews are conducted in reception's relatively public environment. It is our opinion that all reception interviews should be conducted in a private room, without exception.

4.1.3 We continue to be very concerned about the number of arrivals and departures that happen at night and the length of journey times some women experience in getting to Derwentside. For this reason the personal escort records (PERs) are a useful source of information. These are stored securely in the reception area and a member of staff has to be present to facilitate perusal of these records by the IMB.

4.1.4 We have observed some really thoughtful and kind interactions by both reception and escorting staff. Staff are very alert to the heightened emotional state many women are in on arrival or when leaving prior to removal and respond with empathy and compassion. Even where women have become violent towards staff, we have seen some good examples of staff calmly de-escalating the situation and supporting women throughout what can be a stressful situation for them. For example, a woman being removed threw a bottle of water over an officer. Force was used only as far as was necessary to keep her safe, and staff continued to speak to her throughout to help keep her calm. The professional way the situation was handled resulted in the woman leaving voluntarily after apologising for her actions and thanking staff for their help.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Incidences of non-suicidal self-injury have fallen considerably compared with the previous year, possibly as a consequence of one individual in 2024 routinely self-harming. Incidents of suicidal behaviour are rare. There were no 'near misses' or deaths in detention during the year:

	Total number of women detained	Total number of ACDT files opened	Instances of self-harm	Instances of constant supervision	Deaths in detention
2025	1284	151	65	19	0
2024	1062	132	113	13	0
2023	560	80	13	2	0

4.2.2 None of the self-harm reported was classed as serious by staff. In the main, incidents involved scratching, biting, nipping and head-banging types of behaviour, and quite a few involved the same individual. We have been able to observe how assessment, care in detention and teamwork (ACDT) plans (initiated when there are concerns about a person's risk of self-harm or suicide) have been used to provide support, and that relevant information is well recorded and available to all staff. There were a very small number of incidents that had the potential to be more serious, e.g. where women had used cables as ligatures. However, these were dealt with very swiftly and appropriate levels of support, supervision and medical care were put in place for these women and the procedures used reviewed by management. Serco and PPG are actively analysing the ACDT data to understand it better, in terms of how women from different cultures and faiths may respond to anxiety.

4.2.3 When observing ACDT reviews, we have been encouraged by the professionalism demonstrated by staff, who have conducted interviews with empathy while not shying away from raising difficult issues related to the women's self-harm. There were also several positive examples during the year in which staff demonstrated strong knowledge of women on ACDT procedures, including familiarity with the details of their care plans without needing to refer to them. In addition, we have seen women responding positively to ACDT interventions, where they have opened up to staff and disclosed self-harm, enabling appropriate support to be put in place. Women have told us that they know how to seek help and would be confident in approaching staff if they needed support. We have raised concerns in the past about the timing of ACDT reviews, making it difficult for IMB members to attend for observational purposes. We are pleased with the progress made to standardise the timing of review meetings, although there have still been occasions when the Board has not been informed.

4.2.4 Constant supervision for women assessed as being at the highest risk of self-harm was used 19 times over the year, representing a 32% increase on the previous year. We note that the use of constant supervision is appropriately considered before it is used, with a multi-disciplinary team, including representatives from healthcare and the Home Office, involved in reviewing its ongoing use. We have observed that constant supervision is undertaken only by female staff; however, staff have commented that this can be operationally challenging given the increased proportion of male officers.

4.2.5 An 'alert, intervene and monitor' system was introduced in March 2025 to help identify women who may be vulnerable in the centre, although it is too soon to comment on its value. We will monitor its use going forward.

4.3 Violence and violence reduction

4.3.1 Women have commented to us and in residents' consultative committee (RCC) meetings that the centre feels safe. Violent incidents at Derwentside continue to be rare. Tackling anti-social behaviour strategies, such as temporary behaviour agreements (TABs), are well used to support violence reduction. A total of 21 TABs were opened during 2025. We have noted that, in general, women who have been subjected to the TAB process have understood the reasons why and what behaviour is expected of them to ensure a safe, respectful living environment.

4.3.2 Violent incidents mainly involve damage to property (rather than violence against staff or other detained people), and these events have nearly always been triggered by external events, such as receiving bad news from family. Staff take into account the circumstances leading up to any anti-social or aggressive behaviour and, in our view, respond appropriately and empathetically.

4.4 Detained people with specific vulnerabilities, safeguarding

4.4.1 Throughout 2025, a significant proportion of the women detained at Derwentside were recorded by their Home Office case holders as being 'adults at risk', indicating that there was evidence to suggest that they would, at some level, be vulnerable to harm from detention.

Numbers varied week by week, but it is disappointing that these findings mirror a similar situation that we reported on for 2024, despite the more developed supportive culture and increased provision of activities within Derwentside this year. Many are assessed to be at Level 2 (approximately 15%), which means that there is professional and/or documentary evidence that the individual is an adult at risk and, therefore, vulnerable to harm. We have been surprised that only eight women in 2025 were recorded at the highest Level 3 – that is, as having evidence that continued detention was likely to cause harm by exacerbating the severity of their symptoms or condition, given the severity of their mental health issues. We therefore continue to have concerns about the failure of the detention gatekeeper to prevent vulnerable women with significant and sometimes acute mental issues from being assessed as suitable for detention in the first place.

4.4.2 In terms of identifying vulnerabilities, DSO Rule 34 states that all newly arrived detained people should have a medical examination by a GP within 24 hours of arrival. The purpose of this examination is to assess whether there are any physical or mental conditions that require attention, or that may cause the woman to be particularly vulnerable to harm in detention, and therefore indicate whether a DSO Rule 35 (see below) appointment is necessary.

In practice, all women arriving at Derwentside are seen by a nurse within two hours. Since many arrive at night and are tired or disoriented, a nurse sees them again within 24 hours so that essential information about their health is fully captured. The head of healthcare tells us that all women are offered an appointment with the GP but the take-up is low. For the 10 months that data is available from PPG, the number of women arriving at Derwentside was 1080, but only 83 (7.6%) had a GP appointment under Rule 34.

4.4.3 DSO Rule 35 requires the medical practitioner to report to the manager and the Home Office if there are concerns that a detained person's health might be

negatively affected by continued detention. Assessment should be carried out by the GP if:

- the detained person has a health condition that would be exacerbated by being in detention (Rule 35/1);
- they have suicidal thoughts (Rule 35/2); or
- they reveal that they have been the victim of torture (Rule 35/3).

The detained person can be referred for an examination at initial screening or at any future time whilst in detention. If the doctor has concerns, they must send a report, with detailed medical evidence, to the Home Office Rule 35 team to decide whether a woman should continue to be detained or released. In our previous report, we expressed concern that, at certain times in the year, women at Derwentside were waiting as long as 23 days for a Rule 35 assessment. In 2025, the waiting times generally varied between six and 16 days. This shows some improvement, which we welcome.

4.4.4 Whilst the main onus of Rule 35 assessments falls on the GPs, the nursing staff and the psychiatrists facilitate the collection of information for the assessments. The total number of Rule 35 assessments carried out in 2025 was 145, significantly fewer than the 186 carried out in 2024, despite an increase in the number of women entering Derwentside (1284 compared with 1062 in 2024). Of these 145 referrals, 11 were under Rule 35/1 15 under Rule 35/2; and 119 under Rule 35/3. Only 16 women (11%) are recorded as being released as a result of a Rule 35 assessment compared with 60 (32%) who were released in 2024. This figure is potentially concerning but we have not been given an explanation for it. IMB does not have access to the GP reports due to patient-doctor confidentiality.

4.4.5 Welfare staff meet every woman when they first arrive at Derwentside and again, after two days, to assess their needs and to sign-post them to the range of resources and activities available. They also document all their interactions with each woman on a shared data base so as to help build a detailed knowledge of their needs from a welfare point of view. An additional safeguarding check - a questionnaire -– was introduced in March 2025 to provide an indicator of risk soon after their arrival and every two weeks thereafter, which women are invited to complete via the kiosk. Many women feel anxious on first arriving in detention, but the staff hope to see that their anxiety levels lessen with the support and care they receive at Derwentside. Unfortunately, the questionnaire is only available in English. Therefore, when a woman does not speak or read English well enough, a staff member has to translate personal information in the busy public spaces where the kiosks are located.

4.4.6 Women considered vulnerable are discussed at the weekly multi-agency safeguarding meeting. The meeting may decide to open a vulnerable adult care plan (VACP) to effectively manage a woman’s increased care needs.

The IMB often observes these meetings, which are well attended by staff from across all sections of the IRC. We have been impressed with the knowledge and concern shown by individual staff members, as well as the focus on problem solving and planning. The meetings are consistently well facilitated, making sure that each person attending has an equal chance to put forward their evidence, views and ideas and to be listened to during detailed discussions. Women’s own views and opinions

may also be represented. When necessary, staff been confident enough to challenge each other. For example, Serco staff working on the residential units disagreed with a psychiatrist's clinic-based diagnosis that a woman's challenging behaviour was learned rather than the outcome of prior trauma. Further discussion allowed a more holistic support plan to be developed. Discussions are empathic and, on occasion, we have also noted staff recognising and respecting a woman's strengths, courage and own efforts to manage both their experience of detention and their fears for their futures. Meeting minutes are distributed promptly. In the Board's view, this consistently high bar of positive, personalised and caring practice is likely to result in richer and more effective support for the women, and further contribute to the increasingly settled environment in Derwentside overall.

4.4.7 We have not been aware of any situation where we were concerned that a woman was placed in the care and separation unit (CSU) as punishment or to make her removal easier to carry out if she was isolated from others. PPG also appears to have robust arrangements in place for safeguarding, as well as a high level of staff training.

4.4.8 During induction interviews, women are asked about any difficulties or disabilities that may affect their detention at Derwentside, such as, for example, deafness or limited mobility that could impact evacuation in the event of a fire. The Board has noted that this information is recorded and kept in designated locations for staff to refer to in case of emergency.

4.5 Use of force

4.5.1 We observed a one-day use of force training delivered to staff by Serco's national training team in 2025. Operational staff take part in the course every six or 12 months, and other refresher training is held during the year as required. Non-operational staff (including the IMB) complete a separate annual training. The national programme was significantly revised in 2023. It emphasises de-escalation, close attention and communication with the person on whom the force is being used, and the use of strategy rather than strength or body weight, i.e. the design should enable use of force 'by any body onto any body'. One Serco staff member is now a certified national trainer.

Force was used 52 times in 2025. This is a decrease on the number of instances for 2024 (60), despite a higher population:

	Planned use of force	Unplanned use of force	Removal from association (Rule 40)	Temporary Confinement (Rule 42)
2025	10	42	13	1

In addition to the prevention of self-harm, during 2025 use of force was used to break up altercations between detained women, to prevent assaults on staff or following assaults, and to comply with removal directions. We frequently review the paperwork and body-worn video camera (BWVC) footage of use of force events, particularly when they involve women with additional vulnerabilities. Approximately 25% of detained women involved in use of force were FNOs, although around 10% of the overall population were FNOs.

The Home Office assigns each incident a red/amber/green (RAG) rating, and Serco puts appropriate retraining in place where required. Staff are also engaged in incident-planning training based on actual events, and must confirm that their training is up to date before taking part in planned use of force situations. We acknowledge the complex decisions staff need to make in balancing efforts to de-escalate situations without resorting to force, against the need to use force quickly enough to ensure safety and bring situations under control. During the year, approximately 81% of use of force incidents were rated green, 17% amber and 2% red.

Examples below reflect a range of events observed by IMB:

- A detained woman caused significant disruption by scattering materials in a communal area. CCTV and BWVC footage showed her shouting at staff, although it was not possible to hear what was being said. Staff escorted her to a quieter room in an effort to de-escalate the situation, but she continued to object. The Board did not observe any unduly forceful or aggressive behaviour by Serco staff; handcuffs were applied after some time. The incident was RAG-rated green.
- A detained woman refused to leave the centre and get into an escort vehicle. She lay on the floor in the reception area and resisted efforts to assist her to her feet, while repeatedly shouting for her phone. Initial attempts to calm her were unsuccessful, and force was used to apply handcuffs and help her stand. At times she became calmer before becoming distressed again. Staff can be heard speaking calmly and reassuringly, explaining that she would be able to get her phone, to contact her family, at another centre. With support and encouragement, she walked to the vehicle. She continued shouting and resisting, and it took some time to remove the handcuffs once she was secured by a seat belt. The incident was RAG-rated amber due to a member of Derwentside staff getting into the vehicle to assist rather than remaining outside. The Board was informed that retraining had already taken place.

4.5.2 We are told that individual risk assessments are carried out before women are taken to hospital, but we do not see the outcomes of those assessments. The default position seems to be that women are handcuffed to go to hospital and the view expressed to us by senior managers at Derwentside is that the availability or lack of information about an individual woman's past behaviour does not mean that she might not abscond on a particular occasion. We have observed women, already worried or unwell, becoming more anxious when informed that handcuffs were required. One woman told us that she found being taken to hospital in handcuffs humiliating. She felt criminalised and said hospital staff treated her disrespectfully. She reported to us that the experience was so upsetting, she would refuse to go in the future. We are, therefore, very concerned that women's health may be compromised by this practice.

4.6 Substance misuse

There have been very few reports of substance misuse, such as found amongst property on arrival. Overall, we have no concerns about substance misuse across the centre. Daily room searches are carried out, and also more occasional unannounced body searches.

5. Fair and humane treatment

5.1 Escort, transfer and transport

5.5.1 Three previous annual reports have reported on the long and often multiple journeys detained women undergo to reach Derwentside, many at night. We continue to monitor the journeys and remain very concerned about the effect of these journeys on the women, some of whom will have been trafficked and will have experienced traumatic journeys previously to arrive in the UK. We have often observed newly arrived women who appear exhausted and disoriented, and some women have told us that the journey was the most tiring and frightening part of their detention experience.

5.5.2 The services for escorting and transporting detained people between police cells, places of reporting, IRCs and airports is provided by Mitie C&C, who give us monthly statistics of the numbers of women being transported to and from Derwentside, and the proportion that occur during the night state (10pm to 6am). We are disappointed to see that the proportion of women being transported both to and from Derwentside at night has slightly increased compared with 2024. During 2024, 583 women were picked up to leave from Derwentside, 158 (27%) of whom were transported at night, with the monthly figure ranging from 5% to 46 %. This year, Mitie C&C has transported 1389 women to Derwentside, of whom 384 (28%) arrived at night, with a monthly range between 8% and 46%. Some examples, below, illustrate the journeys that some women undergo. While we appreciate that there will be complex logistics in transporting detained people around UK, we question the criteria used by Mitie C&C in terms of how much status the welfare of women transported to and from Derwentside is given in planning journeys. We consider that some of the journeys women are required to endure are inhumane:

- One woman was detained at a port location. Over the course of five days, she was transported between multiple detention and short-term holding facilities (STHFs), finally arriving at Derwentside. Three of these journeys occurred at night.
- A group of women arrived at Derwentside IRC after midnight, following transfer from a short-term holding facility. They had been woken very early in the morning to be seen by healthcare before their departure. Due to delays with the transfer service, they then experienced a very prolonged wait before being taken to Derwentside. On arrival, they all had to be seen by a healthcare nurse again. As several women arrived at the same time, some experienced significant delays before being seen. As a result, all the women experienced two consecutive nights of disrupted sleep. Several had also arrived at the previous STHF during the night, meaning that they had endured three consecutive nights of sleep deprivation.
- A woman was detained at a UK airport, where she remained for an extended period and was moved repeatedly between different locations within the airport and interviewed several times. She was then transferred during the night to an immigration removal centre and, two nights later, was transported again overnight to Derwentside.

5.5.3 We have observed women arriving at and departing from Derwentside and have witnessed the transport crews treating the women with respect and care.

During our monitoring, we regularly read the women's PERs. It is virtually always recorded that the women have been offered food and drink and comfort breaks, if necessary, on the journey.

5.5.4 The Board has been assured since the site opened four and a half years ago that establishing a vehicle base at Derwentside would reduce both the number of night journeys and the overall frequency of journeys. However, at the time of writing, in March 2026, we understand that this base is not now expected to become operational before 2027. By that point, a significant number of women will have experienced avoidable harm as a result of inhumane journeys. We regard this as unacceptable.

5.2 Accommodation, clothing, food

5.2.1 Derwentside's accommodation remains very clean, bright and in good order. Indeed, a visitor from another detention centre told the IMB that he was 'amazed' at the level of cleanliness. Each unit has two communal areas, with attached laundry rooms, a small servery and two large tables with fixed seating where the women eat. There is also a well-stocked multi-faith room and two small private rooms for the women to communicate via internet. We have found the temperature inside all the units to be consistently and comfortably warm. Sleeping accommodation is mainly in single rooms, with a few additional double rooms, all with good access to natural light. Staff appear to give careful consideration to who is assigned to a double room. Washing machines in the units have been in good order throughout this year, with any breakdowns quickly fixed. The Board regularly checks the provision of sanitary products. On the few occasions when we have reported that provision was insufficient or lacked variety, this has been quickly addressed by staff. The members of staff who clean and repair the various rooms appear outgoing and engage in a friendly way with the detained women, contributing to a positive atmosphere.

5.2.2 Meals are trolleyed down to the units from the central kitchen. However, there is a small kitchen area on each unit where women can store food in a fridge, access cutlery and crockery, wash up, and heat food in a microwave at any time.

5.2.3 On arrival, women typically stay in the induction unit for between one and three days, and for no longer than five days, depending on how long it takes them to settle. It is smaller and less busy than the other units. Initial induction checks and information about the centre are provided here. Women are checked on three times through the night. Serco management has assured us that all these checks are carried out by female staff. Both women and staff have given us positive feedback that this new space is achieving its aims of providing both a calmer entry into the centre and better access to useful information. A few women have told us that they sometimes return during the day to sit in this unit, as they enjoy the calm atmosphere.

5.2.4 Women are permitted to wear their own clothes. A basic pack, which includes underwear, flipflops, a tracksuit and a T-shirt, is provided for those arriving with no possessions. If women need additional items, they can request what they need from the clothing store, which is kept stocked by the welfare department. Welfare works with three charities, which donate further items such as a better fitting bra. The chaplaincy team is helpful on advising on and providing culturally appropriate clothing when needed, which is also sourced from a charity. Their contributions are

much appreciated by the detained women. During cold, wet and windy weather, we have observed that women have all been wearing suitable coats. This is important, as women have to move between blocks to carry out their daily activities and, very often, have to stand outside waiting for a reliable phone signal.

5.2.5 Catering remains the most common verbal complaint that the IMB receives, ranging from the quality of the cooking to inadequate portion sizes. We appreciate that food and eating is a complex issue, and we do not underestimate the challenges to catering staff of providing meals that will satisfy the diverse range of nationalities and cultures of the fluid Derwentside population. We have observed the catering manager working to improve things. He frequently attends the weekly women's meetings to get feedback directly from the women, although we can't always be certain whether this positive action promotes change. He has also provided a daily food diary and occasional questionnaires where women can offer feedback. We have noted an increase in the availability of fresh fruit and salads, alongside a reduced reliance on carbohydrate-heavy options. We do hear positive comments from women and their genuine satisfaction with some dishes; we also see women finishing their meals and opting for second helpings when available at the servery. However, maintaining consistency appears to be the main challenge, particularly with the correct preparation of simple items such as boiled potatoes. Women have told us that vegetarian and vegan options are sometimes limited, and we have occasionally noted women scraping whole meals into the waste bin. This has led us to be concerned that some women may be missing meals or relying on more processed shop-bought snacks when suitable alternatives are not available.

5.2.6 The multi-cultural kitchen opened at the end of 2024 and, from our observations, has been very popular with many women. Staff have been responsive in working through early hitches to set up a safe, fair and workable system that can provide a pleasurable activity. At times, we have queried the safety of food storage and, on one occasion, the level of cleanliness, both of which were quickly corrected. The kitchen offers three sessions each weekday, which women can sign up to. They get support in the library to search out recipes if necessary, then they can order ingredients from the kitchen. The catering manager has been helpful in sourcing these, although we continue to be told of occasional difficulties. We have observed excellent sessions, where women are cooking and clearing up like an ordinary domestic situation. Most often staff are engaged, interested and encouraging whilst keeping oversight for safety issues. Women are sometimes reflective and very concentrated and, at other times, excited, happy and eager to tell us all about how they cooked their dish and what it means for them. Dishes are then boxed and appropriately labelled and can be kept in their unit fridge and shared with others if they want to at the next meal. Staff also organise more general baking sessions to share on the units. This facility has the potential to support health and wellbeing and may also provide additional nutritional benefits for individual women. However, some women have told us that they do not have the mental energy to take part, even in familiar activities such as this, as their anxiety and worries can feel overwhelming, making it difficult for them to concentrate or engage.

5.2.7 The shop continues to play an important role for many women in being able to access different food options or supplements to the food provided such as spicy condiments. Processed foods, crisps, energy drinks and sweets are popular, as are vapes. There is little sign of fresh foods on sale. The shop manager welcomes

requests for specific stock and sources them if she can, such as culturally specific hair and make-up products. Hair dye has been disallowed, which is a problem for some women. The very high sales of bottled water reported last year have reduced at times, depending on the different cultural backgrounds of women. Women are limited to buying two small bottles each a day due to limited storage space. Staff make a lot of effort from induction onwards to reassure women about the hygiene of the tap water, and also signpost them to the free water fountain in the gym, where they can refill their bottles. The shop moved this year to a larger room and so choice has increased overall. There continues to be enthusiasm for a freezer cabinet so that ready meals and other frozen food can be made available [at the time of writing, a freezer has just arrived]. Any profit from shop sales is used directly to benefit detained women, such as to buy games and fund celebration events and shared meals.

5.3 Separation

5.3.1 The care and separation unit (CSU) and supported living units (SLU) are well established. They appear to be used infrequently, and then only for a few hours or less, to allow a situation to de-escalate. We have noted staff that work patiently to support women to return to their residential unit as quickly as possible. For longer stays, this includes gradual increases in time outside or up on the regime corridors (the main residential corridors used during unlocked hours to allow detainees to leave their rooms and access daily activities and services). We closely monitor these situations. We regularly observe mandatory drug tests (MDTs) and, where possible and appropriate, engage with the women to gain their views. We read each woman's file and also review body-worn video camera footage where there has been a use of force incident.

5.3.2 Sometimes, the SLU or the CSU is used when there is a need to isolate highly vulnerable women who are waiting for more suitable accommodation to become available, or for their mental health to improve so that they can return to their residential unit safely. Despite these women's high care needs and challenging behaviour, we have noted staff working together as a caring, efficient and effective multi-disciplinary team in a continual effort to de-escalate the situation. For example:

- A woman arrived at the centre from prison via another IRC in a psychotic state, accompanied by a large escort staff team. She was accommodated at different times in specialist units, depending on her care needs and to manage safety concerns. Her behaviour was sometimes violent, her self-care was poor and she lacked capacity much of the time for staff to be confident that she could understand information or make decisions. As a result, she could not be removed from UK. Although her mental health improved to some extent during her time at the centre, a secure hospital bed was eventually found for her elsewhere in the country. We were told that, once her health had improved sufficiently, she would be returned back to the centre to allow removal papers to be served, before being escorted again for removal from the UK.
- A woman arrived at Derwentside IRC suffering from psychosis. She had been discharged from a mental health facility, where a decision had been made that she was fit to be detained. She remained detained in the centre for an extended period while a suitable secure hospital bed could be found.

We continue to be very concerned that the detention gatekeeper function (which decides whether women with complex needs should be detained and placed at Derwentside IRC) regards it appropriate for women with such high mental health needs to be detained at the centre.

5.4 Relationships between staff and detained people

5.4.1 Compared with last year, there appears to have been more stability and less churn in the staff group at Derwentside, providing greater depth of experience and continuity and so enabling a more settled atmosphere. The recruitment of female staff continues to be challenging, and we have been told that efforts are made to specifically attract women applicants. Also, we are told by Serco that a high level of male staff needs to be maintained in case the possible re-role to a male population is decided to go ahead in the near future. In March 26, at the time of writing the report, there are 19% more male than female staff. Given that a number of women are likely to have experienced harm in some way from men, we regard the indecision over re-role, which has so far lasted 2½ years, as a significant equality issue.

5.4.2 With few exceptions, just as in our previous reports, we have noted positive and respectful interactions between staff and detained women to continue to be the case in in this reporting year. We have noted many occasions when staff have demonstrated support and empathy to women who have been withdrawn, distressed or angry, including many with significant mental health issues. This is also reflected in the regular positive feedback from the detained women about staff in residents' consultative committee (RCC) meetings and exit interviews. There have been a very small number of occasions when staff conduct did not appear to meet a good enough standard, and this has been brought to the attention of senior managers. Our sense is that these representations are taken seriously and action is taken.

5.4.3 The ability of staff to effectively communicate with women, many of whom speak little or limited English, is clearly crucial to understanding each other and making relationships. We have been advised that 20 different languages are spoken by staff at Derwentside. This represents a considerable potential resource for communication but appears to not have much visibility, although clearly welcomed by women when they can speak in their familiar language. The Big Word language services provider supplies a human translator via phone and appears to be used effectively in formal meetings with women, albeit with some delays sometimes in locating an expert in the precise language needed. The intermittent signal at Derwentside can also delay connection to the interpreter, or can cut the call in the middle, which can have a serious impact on how women cope with their meeting.

5.4.4 Significant Serco investment was made to procure more translation tablets for staff to use during the year, including for the IMB. This has increased the capacity for more dialogue with women in their first languages. However, despite some notable exceptions, it has continued to be our experience that these translation devices are not always routinely employed by staff to communicate with women. This issue has been repeatedly raised with managers, both at Serco and the Home Office, but has not been accepted as a matter requiring further attention. We remain concerned that women are reliant on peer interpreters in certain circumstance, which can compromise confidentiality and accuracy.

5.4.5 The installation of cabling for the long-planned wi-fi phone system commenced in November 2025, which we have been assured will solve the ongoing

lack of reliable signal around the whole site. At the time of writing, in March 26, the system is not yet operational. The plan is for all women to be given a smart phone offering a wide range of functions, which do not compromise safety and should provide a solution to limitations of the current system.

5.5 Equality and diversity

We have noticed that attention to equality, diversity and inclusion (EDI) has become more embedded across the culture at Derwentside over this year. EDI continues to feature as a standing item at the weekly residents' consultative committee meetings, as well as a separate EDI monthly meeting, which the women can attend. The purpose of focusing on EDI is regularly explained, and women are told how to raise issues outside of the meeting, if they would prefer to do this. Staff representatives, identifiable by their photos on the units, can be contacted for any specific issues, or written issues can be posted in locked boxes. Based on our reviews of internal reports, incidents of discrimination, including racism, appear to be dealt with proactively, with some women encouraged to speak to staff and to use the complaints procedure where appropriate.

5.5.1 We acknowledge that people who don't speak or read English as a first language are disproportionally impacted by language barriers. A number of creative initiatives have been developed in house to overcome this disadvantage. These include multi-language information films available in both reception and the induction residential unit, as well as well-designed, illustrated posters displayed throughout the centre to promote activities and timetables. One key exception is that the kiosks used to order food and to complete the fortnightly safeguarding questionnaire with information continue to be only in English.

5.5.2 As noted in previous reports, Derwentside has a strong record of celebrating key religious and secular events, including EDI events, throughout the year and this has continued throughout 2025. For example, Pride was celebrated in June and Mandela Day in July. Considerable effort was put into the planning and execution of these events by managers, staff and women, and this was greatly appreciated.

5.5.3 Derwentside is spread over a large area, with a sloping gradient to reach residential units and a significant number of stairs in some blocks, making it a challenging site for those with limited mobility. This is magnified during times of poor weather, when wind can make certain doors unusable and leading to women not wishing to leave residential units. Rooms have been adapted for those with additional needs and the introduction of the Harriet unit at the end of 2024 is welcomed as a more supportive space for those who require extra care. Relevant information, such as whether a woman requires support to evacuate in the event of a fire, is clearly displayed in unit offices.

5.6 Faith and religious affairs

5.6.1 The chaplaincy is staffed by a full-time manager, with two part-time staff representing Christian and Muslim religions, while additional support is given by volunteers. The managing chaplain appears to be proactive in making arrangements for women with specific religious needs and fills gaps where possible, such as to support women with Buddhist, Hindu, Sikh or Roman Catholic beliefs. There is a full

timetable of supportive pastoral sessions, prayer meetings and services across the week.

Many key religious festivals are celebrated at Derwentside, such as Diwali in October, and Christian festivals, including Easter and Christmas, were also marked with communal meals. The religious affairs and catering managers have ensured that suitable dietary arrangements were made for practising Muslim women throughout Ramadan, which culminated on Eid-Ul-Fitr with a BBQ involving all women and staff. Once again, from our observations, staff put in considerable time and effort to make sure these events are successful, helped by contributions from an outside charity.

5.6.2 A multi-faith room is in the regimes area, with individual prayer rooms within the residential units containing prayer materials and holy books. We regularly observe, and are told by women, how much they value the pastoral and religious support of the chaplaincy team. The chaplaincy team attend RCC, MDT, safeguarding and ACDT meetings, and they are regularly cited as going above and beyond of what might be expected of them.

5.6.3 Volunteers from the Friendship Across Borders group, which includes the Durham Visitors Group, attend the centre each week to meet with women either in groups or on a one-to-one basis. They provide valued pastoral support, offering a listening ear and companionship, which women greatly appreciate. Information about additional external sources of support, such as the Samaritans, the British Red Cross and Hibiscus, is also displayed on the units. We recognise the particular importance of pastoral support within a detention setting.

5.7 Complaints

5.7.1 There were relatively few formal complaints made concerning detention services throughout the year, with only 80 closed once withdrawn cases are discounted. DSO (detention services order) 03/2015 details the framework for handling complaints raised by detained individuals. We have been told by Serco management that all staff handling complaints have sufficient knowledge of the business areas to be able to substantively address the issues raised by complainants.

5.7.2 As part of the induction process, all new women are provided with clear information about the complaints process. Complaint forms should be provided in a minimum of 20 pre-existing language versions, based on the most prevalent languages of the women within the centre. The availability of forms in a range of languages can vary considerably across residential units, although we cannot say whether that has been a barrier to women being able to access the complaints process.

5.7.3 There is some anecdotal evidence to suggest that women are reluctant to complain, fearing that doing so may jeopardise their immigration case. It is made clear that making a complaint will not have any detrimental impact on Home Office outcomes. The table below provides a breakdown of complaints made throughout the year:

			Closed case outcomes				
Year	**Complaints received**	**Cases finalised**	**Cases withdrawn**	**Unsubstantiated**	**Partially substantiated**	**Substantiated**	**Responses given within designated time**
2025	90	80	10	60	10	0	96% (3 were late)

5.7.4 Complaints are generally low-level in nature, most often alleging minor misconduct and nearly always judged to be unsubstantiated. All complaints were responded to within prescribed timescales. However, the responses have felt formulaic and give a sense of not being very 'people focused.' It is not obvious that careful consideration has been given (as always quoted in responses to complaints) to the issues raised when reading responses to complaints. Also, it is difficult to assess to what extent, if any, the complaint handling process (where complaints about staff members are investigated by other staff members) may be biased. That said, all detention custody manager (DCMs) and above (i.e. those staff who would be responsible for investigating and responding to complaints) undertake mandatory unconscious bias training on an annual basis, mitigating this risk. Here are some examples:

- A response was issued to an anonymous complaint, addressed to 'Dear Anonymous', and followed the same standard format used for complaints where the complainant was identifiable.
- A complaint about the quality of food was unsubstantiated because the complainant had not written anything in the food complaints book provided on the unit.
- A complaint about foreign bodies in food was unsubstantiated because the kitchen refused to accept the incident could have happened.
- Several women raised complaints relating to staff conduct. Despite there being only one element to the complaints and CCTV largely supporting the allegations, the outcomes were recorded as only partially substantiated. We found it difficult to understand how such a finding could have been reached, as the incidents appeared to be a matter of fact.

5.7.5 Although complaints may be submitted in any language, in line with the relevant DSO, responses are usually provided only in English (with the exception of responses to healthcare complaints in England), even where it is clear that the complainant does not speak English. Where a woman is unable to understand the response, a translation can be requested; however, this adds time to what can already be a lengthy process. In addition, responses are not always written in plain English, which can further limit accessibility. The standard timescale for responding to most complaints is 16 working days. However, 36% of women leave Derwentside within seven days, meaning that some complainants may have left the centre before their complaint has been fully investigated. Where translation is required, this may result in additional delay, which is not reflected within the designated response timescale. As a result, the reported 100% achievement of response targets should be viewed in this context.

5.7.6 All complaints relating to healthcare are handled confidentially under separate local NHS complaints procedures and different timescales for investigation and responses apply.

5.7.7 All incidents of a criminal nature must be referred to the police. In 2025,there were no referrals to the police.

5.8 Property

5.8.1 Although occasional difficulties occur, these appear to be quickly sorted out. We therefore have no concerns about how the IRC manages women's property.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 Practice Plus Group (PPG) provides the healthcare at Derwentside with an integrated team of physical and mental healthcare staff. The team appear to be well-staffed. The healthcare facilities are provided from a dedicated block separate from the residences and are modern, clean and spacious. The entrance to the healthcare centre is welcoming, with chairs, a display of health promotion information, which is changed regularly, and information leaflets in 20 languages.

6.1.2 From our observations, it is clear that the medical services at Derwentside are greatly appreciated by the women. Feedback on the healthcare service is almost universally positive, expressed during RCC meetings, through written comments and frequently in our conversations with the women who have been detained. During 2025, seven concerns were raised, and there were seven written complaints, only one of which was partially substantiated. This is a small number considering that 1264 women have passed through the centre in the year. The healthcare team was awarded the Silver Better Health at Work award in 2025.

6.2 Physical healthcare

6.2.1 Nursing staff are on site 24 hours a day, weekends and holidays included. As many women arrive at the centre at night, there are two nurses on duty overnight so that new arrivals can be seen without too much delay. Women who require urgent hospital treatment are usually taken to University Hospital of North Durham, which is 12 miles away. During 2025, a healthcare room was set aside in the reception area for their initial health care assessment. This has speeded up the assessment of the women on arrival.

6.2.2 A member of the nursing team attends review meetings for vulnerable women who are subject to an ACDT (assessment, care in detention and teamwork) plan or VAC (vulnerability action or care) plan, and their input is vital at the weekly safeguarding meeting. Healthcare staff also attend the weekly RCC meetings, where women can raise issues and be given information. From our observations, the patient engagement nurse visits the residence blocks daily to speak to the women and to remind them to keep their healthcare appointments. Once a week, she and the head of healthcare visit the residential units to listen to any concerns the women wish to raise.

6.2.3 A monthly healthcare newsletter is produced for the women, and health promotion events happen regularly, e.g. menstrual hygiene, alcohol awareness, ovarian cancer. The women can suggest topics they would like to see covered. Sunscreen is available in the residential units, but the women must ask for it. During the summer, we observed a concern relating to a detained woman’s welfare following exposure to the sun. A new initiative in 2025 - the Get Well Stay Well programme - provided a six-week course designed by the Alliance of Sport in Criminal Justice to improve health and wellbeing by increasing physical activity.

6.2.4 The Board has no concerns about access to healthcare appointments for detained individuals. There has been no sexual health nurse on site in 2025, with services provided when needed from another centre, but a welcome new

development is that a member of the Derwentside team is starting training in sexual health.

6.2.5 The nursing staff can prescribe medication, and also an out-of-hours pharmacy service is available on request. An individual women's medication is kept in the healthcare centre, and they must attend at a certain time to be given it. When women are due to leave Derwentside, they receive a written summary of their treatment there, and a week's supply of their medication. Women on a substance-misuse programme are not released on Fridays or at weekends, as obtaining supplies of their substitute therapy would be difficult. A weekly vaccination clinic is offered. Take-up is generally low but has improved over the reporting year, with health education and encouragement from the nursing team.

6.2.6 We welcome the recent introduction of the integrated healthcare pathway approach. This aims to use trauma-informed care and provide a more cohesive care pathway to avoid women having to tell their history repeatedly to different healthcare professionals and so risk being re-traumatised.

6.2.7 We remain concerned that, potentially, women with severe food allergies might be exposed to allergens in their food because the menus they choose from on the kiosks in the residences list the ingredients only in English. However, the catering manager and their team make every effort to ensure that, where a woman has a severe food allergy, the relevant food items are not sent to her residential unit in order to minimise the risk of exposure. We are not aware of any significant allergic reactions having occurred in the past year.

6.3 Mental healthcare

6.3.1 The mental healthcare team comprises mental health nurses and support workers, a psychologist, an assistant psychologist, a psychological therapist and two visiting consultant psychiatrists. Mental health support is available every day, including weekends and on public holidays, if needed. The team is thoughtful as to how to provide therapeutic support when a woman might not stay at Derwentside long enough to complete a course of therapy. Multi-disciplinary meetings for women with complex needs have been scheduled so that the GP and the psychiatrist are able to attend, if necessary. The well-regarded head of mental health was promoted to a regional post during the year. The IMB was pleased that an internal candidate with relevant prior experience was appointed as her replacement, ensuring there was no delay in the post being filled

6.3.2 In August 2025, the psychology staff started twice-weekly drop-in sessions in the music room for women to come and talk about their mental health. Numbers attending have been small, but it is an initiative that the IMB welcomes and hopes will continue and develop. The assistant psychologist has undertaken training in compassion-focused therapy, which aims to help women build self-awareness and resilience. He is using this in group work and in individual sessions with women.

6.4 Welfare and social care

6.4.1 The welfare team carries out a vital function in pursuing a wide range of inquiries on behalf of detained women. They meet and assess every woman when they arrive in detention and have a second meeting after two days. They make sure that each woman has access to all the resources they need, including a solicitor.

More generally, they help women to understand their situation and to be active in doing what they need to do to move forward with their case. Women tell us that staff are very helpful and responsive, and they often receive high praise at the RCC meetings for their support.

6.4.2 The team moved to a new office early in 2025, where women can drop in at any time through the day. They now have much more room, including a comfortable seating area with a computer and useful reference material, where women can sit and work on their immigration cases. A member of the welfare team attends all review meetings for women subject to ACDT or VAC plans, the weekly safeguarding meeting, the RCC meeting and review meetings for women in the CSU. We are frequently impressed with the depth of knowledge they hold about each woman, and their care and personalised support for each individual who requires it.

6.5 Exercise, time out of room

6.5.1 The grassed area with seating outside the residential area is a popular place for socialising. There is outdoor gym equipment for recreational use, and staff occasionally organise volleyball and other games when the weather permits. In the summer months, workshops addressing physical and mental health issues were arranged and much appreciated by women. Women are free to access the whole site from 9am to 10pm, with brief lock downs on their units at noon and 5pm for roll-call and room searches.

6.5.2 Throughout the year, a great deal of attention has been paid to gardening, with staff and women planting borders and pots with flowering plants. A polytunnel and vegetable plot produced fruit, vegetables and herbs, and a small number of women took advantage of the creation of gardening as a paid activity.

6.5.3 The large and well-equipped indoor gym is open most days and evenings, with staff on hand to encourage and advise. This facility is underused, but badminton, circuit-training and basketball have been popular. The gym is also used to accommodate special and celebratory events throughout the year, which are attended by women and staff.

7. Preparation for return or release

7.1 Activities, including education and training

7.1.1 Early 2025 was a time of considerable change due to staff changes and leave. Although attempts were made to cover these areas by redeploying existing staff, there was some noticeable shortfall in provision for some time before plans matured and better levels of services were provided.

7.1.2 The regimes area, which houses the centre's activities, is situated along a corridor in a building accessible to women throughout the day and early evening. Having all the regime activities co-located in one place makes it easier for women to access the full range of activities and services on offer. The library occupies a large room, with computers and a printer. It is usually busy at most times of the day, with women emailing friends, family and legal representatives, completing virtual college courses or following more recreational pursuits. A large collection of books and DVDs, some in languages other than English, are available to loan. Staff are available during opening hours to assist if needed and they plan and facilitate social activities such as bingo sessions, quizzes and crafting, which are well received.

7.1.3 There have been changes in room allocation along the corridor, which have added value to the regimes offer. The welfare office was relocated to block four and the shop moved into this space, with more room to stock a wider range of goods. A vacant room has been made into a welcoming venue for music, quiet reflection and a twice weekly mental health drop-in. The arts and crafts room has been made available more often and used by small groups of women sewing, knitting and crafting. The English/IT room, maths classroom and religious affairs rooms remain along the corridor, together with a refurbished and very popular hair and nail salon. The maths tutor has been energetic and popular, with small numbers joining his classes, as maths is a less accessible subject for the women without English language and possibly used to culturally different teaching approaches.

7.1.4 There are up to 30 paid work positions that women can apply for, involving a range of activities, including assistance in the library and salon, gardening, cleaning and serving food, as well as 'buddying' with women newly arrived at the centre. Applicants must pass security checks and complete a relevant course, with help and support provided if necessary. Uptake of paid activities is variable but never to capacity, despite constant awareness-raising during initial induction and the weekly RCC meetings. Factors contributing to this may include the relatively short length of time most women spend at the centre, the demands of progressing their cases, and the level of remuneration, which has remained at £1 an hour for several years and, in our view, does not fully reflect the value of their contribution.

7.2 Case management

7.2.1 There continues to be no legal time limit for immigration detention. We remain concerned that this can add to the anxiety and stress of detained women. Women seeking asylum for the first time are generally released on bail more quickly – often after just a few days – after contact with a solicitor. Cases involving foreign national offenders (FNOs) can take several months to progress, with the identification of suitable accommodation remaining a particular challenge in some cases, even where approval has been given by the Probation Service.

The Home Office detention dataset table, showing numbers of women leaving detention from Derwentside and lengths of detention during 2025, is reproduced in Annex 2 of the report. Of those, 72% were in detention for 28 days or less. The data also shows that 36% of women were detained for one week or less. This raises the question as to whether additional community-based resources could have achieved the necessary administrative tasks required at this stage for their cases, and avoided the potential harm that may be caused by actual detention and the journeys involved.

7.2.2 The on-site detention engagement team (DET) role is to support more regular and effective engagements between detained women and their Home Office case holders, who are based elsewhere in the UK and are responsible for decision-making in their cases. The DET maintains a consistently visible presence around the centre. They attend all RCC and ACDT meetings and the weekly multi-disciplinary safeguarding meetings. They also run three weekly drop-in surgeries, and women are now able to request a one-to-one meeting through the kiosks available on the residential units. The DET makes contact with each detained woman every 14 days so as to keep in touch and reassure them that their case is in process. In our view, the DET provides a very efficient service for women detained at Derwentside. From our observations, they work with care and commitment to manage women's cases with a personalised approach, to communicate openly and to hasten decisions by the case holder where they can. Feedback from women is generally positive, although they can also express frustration with the pace of their case's progress within the complex asylum system.

7.2.3 This year, the Home Office has introduced a new voluntary return scheme. Under this scheme, women may receive a resettlement grant and a reduced re-entry ban should they wish to return to UK in the future. FNOs can apply for a similar facilitated return scheme, intended to encourage them to cooperate with their early removal from prison and deportation. In addition, a reintegration programme is available in selected countries, offering in-country support such as assistance with finding housing or training for up to 18 months following return.

7.2.4 The detained duty advice scheme (DDAS) provides free initial legal advice for people in detention. The service offers in-person and phone advice, but in practice operates mainly as a phone-only service. Twenty appointments are available weekly, and we are told that this usually accommodates demand. Women can make multiple requests for appointments. Where necessary, interpreters are used via a three-way phone conversation over a landline, as the weak mobile phone signal can be problematic during these important and often complex conversations.

7.2.5 Six women were released into the community in 2025 with 'no fixed abode', which is a slightly lower number than the ten women during 2024.

7.2.6 Ten women arrived at Derwentside pregnant in 2025. Eight were released within the required 72 hours, and two women remained detained, with Ministerial approval for five days, as they requested to be returned on the soonest flight to their home countries.

7.3 Family contact

7.3.1 Maintaining contact with friends and family and, most importantly, with their children, is an overwhelming priority for many women detained indefinitely at

Derwentside. The remote location of the centre makes visiting extremely difficult. We consider this unacceptable.

7.3.2 The room provided for social visits is spacious and well appointed, including an area with books and toys for children. Visitors arriving by train to Durham station travel to Derwentside by taxi, which is paid for by the centre and helps with visitors' travel logistics and costs. We have observed staff in the visits area being welcoming and kind, appreciative of the efforts taken by many to get there and facilitating as far as possible a positive visiting experience.

7.3.3 Social video calls to friends and family are made possible at reasonably private bookable stations in the residential units and the visits room and are an important way of maintaining contact with relatives at a distance. Separate arrangements are available for consultations or interviews with legal representatives and the Home Office. When the existing video-calling platform ceased to operate in May 2025, Derwentside switched over to an alternative system. The Board monitored this change closely, and it is to the credit of all involved that it was seamless and problem free.

7.4 Planning for return or release

7.4.1 Approximately 55% of women were released on immigration bail during 2025 to continue to work on their cases whilst living in the community. They may be detained again in the future and transported back to Derwentside for removal, depending on the outcome of their case. We query why these multiple detentions are occurring, given detention is only lawful if there is a realistic prospect of removal. A total of 41% of detained women were transferred to an alternative immigration facility, most often Manchester short-term holding facility or Yarl's Wood IRC. If they are being removed from UK, this will require a further move to an airport. It is not unusual for women to experience multiple onward journeys, sometimes through the night, and being processed on arrival and departure at multiple centres before embarking. Women were very rarely removed from the UK directly from Derwentside.

7.4.2 Almost all women released on bail need to travel some distance to their home or accommodation address, usually by train. Travel tickets are booked for them and they are given a journey plan, a packed lunch and, where necessary, a small amount of cash. Taxis are used to transport the women to Durham railway station. If a woman arrived at the centre without a suitcase, she is given a plastic laundry bag for her belongings. We have previously noted that these bags are quite conspicuous and may draw unwanted attention to women who are often vulnerable and travelling alone.

8. The work of the IMB

IMB monitoring visits take place at Derwentside at least weekly. We meet monthly with Serco, the Home Office detention services compliance team, Practice Plus Group and the Home Office detention engagement team.

Board statistics for 2025

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	7
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	150

Applications (detained individuals' written representations – i.e. complaints) to the IMB

Code	Subject	2024	2025
A	Accommodation including laundry, showers	0	1
B	Use of force, removal from association	0	0
C	Equality	0	1
D	Purposeful activity including education, paid work, training, library, other activities	0	0
E 1	Letters, faxes, visits, phones, internet access	0	0
E 2	Finance including detained people's centre accounts	0	0
F	Food and kitchens	1	0
G	Health including physical, mental, social care	0	0
H 1	Property within centre	1	0
H 2	Property during transfer or in another establishment or location	0	0
I	Issues relating to detained people's immigration case, including access to legal advice	0	5
J	Staff/detained people conduct, including bullying	2	3
K	Escorts	0	0
L	Other	0	2
	Total number of applications	**4**	**12**

Annex A

Glossary

IRC	Immigration removal centre
DSO	Detention centre rules 2001
HO DS	On-site Home Office detention services compliance team
HO DET	On-site Home Office detention engagement team
VACP	Vulnerable adult care plan
SLU	Supported Living Unit
CSU	Care and separation unit
MITIE C&C	Mitie care and custody
MSTHF	Manchester short-term holding facility
PER	Personal escort record
RCC	Residents' consultative committee
EDI	Equality, diversity and inclusion
TAB	Tackling anti-social behaviour
MDT	Multi-agency team
ACDT	Assessment, care in detention and teamwork
PPG	Practice Plus Group
DDAS	Detention duty advice scheme
FNO	Foreign national offender

Annex B

Table: people leaving Derwentside IRC by month and length of stay

Length of detention	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**TOTAL**
Up to 3 days	2	4	0	3	2	1	4	3	1	3	1	6	**30 (4%)**
4 days to 1 week	32	32	22	29	19	12	35	22	13	21	20	7	**264 (32%)**
Over 1 week to less than 1 month	29	22	24	29	26	21	32	20	16	29	21	17	**286 (36%)**
1 month to 2 months	13	9	2	11	10	14	16	20	7	10	6	14	**132 (16%)**
2 months to less than 3 months	4	6	10	7	14	5	4	6	7	5	6	4	**68 (8%)**
3 months to less than 4 months	1	1	1	2	4	3	0	2	1	1	1	1	**14 (2%)**
4 months to less than 6 months	1	1	0	0	0	1	0	0	0	1	0	1	**5 (0.6%)**
6 months to less than 1 year	0	0	0	1	0	0	1	0	1	0	1	1	**5 (0.6%)**
1 year to less than 18 months	0	0	0	0	1	1	0	1	0	0	0	0	**3 (0.3%)**
18 months to less than 1 year	0	0	0	0	0	0	0	0	0	0	0		**0**
Total	82	75	59	82	62	58	92	74	46	70	56	51	**807**

Source: Home Office detention summary tables, year ending 2025

i.e. Percentage of women released *after 1 week or less* in detention: 36%

Percentage of women released *after 1 month or less* in detention: 72%

This publication is available at https://www.gov.uk/government/publications

Any enquiries regarding this publication should be sent to us at imb@justice.gov.uk.