Annual Report of the Independent Monitoring Board at Yarl's Wood IRC

For reporting year
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1. Statutory role of the IMB

1.1 Statutory Role in the IRC

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 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.

The Board's duties also include the production of an annual report covering the treatment of detained persons, the state and administration of the facility, as well as providing any advice or suggestions it considers appropriate. This report has been produced to fulfil that obligation.

2. Description of the establishment

Yarl's Wood IRC ('the centre') is a purpose-built establishment for the detention of single men and women under immigration legislation. The centre is managed on behalf of Home Office Immigration Enforcement (HOIE) by Serco.

During 2025, the establishment has been used as an IRC for men and women and a residential short term holding facility (RSTHF) for men who are housed under IRC rules. The maximum capacity of the centre is 444[1] people: 386 male and 58 female. These are housed in five units: Avocet, Bunting, Crane and Dove for males and Nightingale is a stand-alone unit for females. Most of the accommodation is in ensuite twin rooms, although single rooms are provided when necessary. The rooms in Dove house three males. All units provide access to a garden area.

The care and separation unit (CSU) is used for IRC rules 40 and 42 (which allow for a detained person to be separated from others or confined in the short-term where necessary, for safety or security) and comprises 10 single rooms. There are also two rooms in the supported living facility (SLF): one single and one double. Since 2018, these have sometimes provided more relaxed and temporary accommodation for those detained people requiring a greater level of support, as well as for those who struggle to cope on a main unit. The centre is also the primary IRC in England for detaining transgender persons, and these are also housed in the SLF.

In 2025, the number of detained males leaving the centre was 4,409 (3,197 in 2024) and the number of detained females leaving the centre was 1,889 (1,736 in 2024). This represents a 28% increase in the 2024 population of the centre. There was an average monthly occupancy of 379, with a maximum of 396 persons in May 2025[2].

Onsite healthcare is provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT), commissioned for the centre by NHS England.

The Home Office detention engagement team (DET) communicates with detained persons and helps them understand their cases and detention. During 2025, drop-in surgeries were held on each unit by the DET team and in the visits hall. Detained persons have been contacted by phone as well as having face-to-face meetings in the legal corridor and on units. The Home Office Detention Services (DS) compliance team is responsible for all on-site commercial and contract monitoring.

The welfare office also runs daily surgeries to support detained persons, and further services are supplied by external organisations: Hibiscus, which advises on resettlement; the Red Cross, which helps trace families; and Bail for Immigration Detainees (BID), which advises on bail applications. Beyond Detention provides emotional and practical support both to detained persons in the centre and post-detention in the community. Finally, the UK Lesbian and Gay Immigration Group support detained persons who are lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.

Spiritual support and counselling for pastoral purposes are provided by the religious affairs team, with representatives from all the main faiths. If not a regular visitor, then arrangements are made for specific faiths. Educational opportunities are provided by the contractor.

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[1] Unless otherwise stated, figures included in this report are local management information. They reflect the centre'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 Home Office.

[2] Data source: Serco.

3. Key points

3.1 Background to the report

- The flow of detained people through the centre has increased by 28% since 2024. During 2025, Operation Safeguard was in place to reduce pressure on space in the prison estate. This resulted in the transfer of men to Yarl's Wood with high vulnerability and risk profiles who might normally have remained in prison under immigration controls.
- During 2025, Operation Hillmore was put in place. This is the 'one-in, one-out' returns programme agreement between the United Kingdom and France designed to break the business model of human smuggling gangs. Six beds were allocated in the Nightingale unit for women detained under this programme, who had entered the United Kingdom via small boats.

3.2 Main findings

Safety

- The levels of violence and self-harm at Yarl's Wood have increased during 2025. Aggressive and antisocial behaviour has again been notable and there were several incidences of damage to the fabric of the centre. There continue to be altercations between detained persons and there have been physical and verbal assaults on both male and female officers.
- The Board continues to observe that the Detention Gatekeeper has not been robust enough in its safeguarding purpose of protecting vulnerable persons from being detained. High levels of vulnerability were observed at Yarl's Wood in 2025, and amongst other evidence, three persons were sectioned under the Mental Health Act. There is much evidence that the length of time and uncertainty in case resolution, takes its toll on the detained person's mental health and the results are seen in poor sleep, volatile and aggressive behaviour, depression and self-harm.
- The Board has observed that vulnerabilities are identified by staff, and appropriately assessed, managed and records maintained using the vulnerable adult care plans (VACPs), assessment care in detention and teamwork (ACDT) and adult at risk (AAR) management tools that are available.
- The Board has observed and commends staff in their use of a range of management tools to engage with and respond to angry, frustrated and potentially violent detained persons.

Fair and humane treatment

- The Board repeats its view that detention without a time limit is unfair and inhumane.
- Nearly all persons attending hospital in 2025 did so in handcuffs. The Board acknowledge that the use of handcuffs is determined by a risk assessment, but the default position is that handcuffs are used, with very few exceptions. The Board considers this is unfair and inhumane and wearing handcuffs in public is widely and understandably seen by detained persons as degrading and embarrassing.
- The Board has seen that the CSU has been used appropriately by staff. The Board has observed multi-disciplinary team reviews and commends the staff's use of de-escalation techniques to return detained persons to normal association as soon as possible. The Board has again seen that the CSU has been used to house detained persons with significant mental health problems. The environment is not ideal for

someone in a severe mental health crisis and again highlights the failure of the Detention Gatekeeper to adequately assess the vulnerability of persons being detained.
- The Board has seen that detained persons have been treated humanely and fairly by staff. There have been some complaints by detained persons about staff, a few of which have been substantiated, but behaviour of concern by staff has not been witnessed by Board members.

Health and wellbeing

- The healthcare team has again been well staffed during 2025, albeit with a slow and continuous turnover.
- The Board has observed better liaison with psychiatric in-patient services during 2025, but delays of weeks can occur before a resident with a serious mental health diagnosis is moved to an appropriate facility.
- Healthcare continues to be hindered in its work by some detained persons arriving at Yarl's Wood without their medical history and who require treatment. The Board has seen no evidence of efforts by the relevant parties to rectify this situation and improve transfer of information.
- Most men are released (58%) rather than removed (42%). This is a concern given the negative impact of detention on mental health and the evidence that is seen that detention results in the detrimental wellbeing and behaviour of detained persons.

Preparation for return or release

- The number of detainee engagement team (DET) staff has increased during the year and their increased visibility and engagement is welcomed. However, some detained persons still complain that they do not receive their monthly updates. This is difficult to verify and may be a result of frustration with their case progression.
- The Board has observed that many detained persons do not understand the administrative steps that need to be processed in their case, and the length of time that this will take. Length of stay and slow case progression is one of the main issues that detained persons raise with the Board, and this especially the case for those persons who wish to return voluntarily.
- The Board continues to hear from detained persons about the length of time it takes to find and approve bail accommodation. There has been a 'probation pilot' but the Board has not seen that this has improved the situation.
- The mobile phone signal has been inconsistent throughout the year, making it difficult for detained persons to communicate with their solicitors and families. During 2026, the centre is to roll out new 'smartphones' which will operate on a Wi-Fi network, and it is to be hoped that this will solve this problem.

3.3 Recommendations

TO THE MINISTER

- Introduce a time limit for immigration detention.

TO HOME OFFICE IMMIGRATION ENFORCEMENT

- The Board again repeats its recommendation that the Detention Gatekeeper should be more robust in its safeguarding purpose of protecting vulnerable persons from being detained. [4.4.1]

- Review DSO guidelines and the appropriateness of risk assessments undertaken before detained persons are taken to hospital that adequately and fairly balance the risk of escape with the need for the use of handcuffs. [6.2.4]
- Review how procedures can be put in place to ensure that the medical records and vulnerabilities of detained persons are transferred to Yarl's Wood, either with the detained persons or in a timely fashion. [6.2.2]
- Review procedures for informing detained persons of the administrative steps that need to be undertaken to process their case and the length of time that it will take. [7.2.7]

TO THE DIRECTOR/CENTRE MANAGER

- Establish mechanisms with other relevant parties to ensure that detained persons are fairly and humanely risk assessed before the application of handcuffs when being taken to hospital. [6.2.4]

TO NHS ENGLAND

Review pathway to allow doctors to prescribe hormone replacements in a safe and timely manner to those transgender detained persons who arrive at the centre without prescriptions. [4.4.2]

3.4 Progress since the last report

Issue raised	Response given	Progress
Introduce a time limit for immigration detention.	Not accepted	
Start the removal process for foreign national offenders (FNOs) in prison before they are transferred to the IRC estate.	Accepted	Operation Bornite tested an approach to starting casework earlier for FNOs who wanted to return voluntarily. This approach is now in place in all prisons. The IMB has not seen any data to indicate that length of stays have been reduced.
The length of stay is reduced by improving processes related to asylum status/removal.	Accepted	Detained asylum casework (DAC) processes have been improved. The IMB has not seen any data to indicate that length of stays have been reduced.
The process for voluntary returns should be improved to reduce length of stay.	Accepted	The process for voluntary returns is under continual review. DET are working closely with case workers to make voluntary returns quickly facilitated. The IMB has not seen any data to indicate that length of stays have been reduced.
The Detention Gatekeeper should be more robust in its safeguarding to prevent vulnerable persons being detained.	Not accepted	The Board continues to see vulnerable persons being detained, some of whom have had to be sectioned under the Mental Health Act.
The Board recommends that	Partially	The Home Office and Serco are working on

there should be a dedicated CSU for female detained persons.	accepted	plans for a dedicated female CSU on Nightingale Unit and these are expected to be implemented in 2026.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 As reported in previous years, the Board monitors the reception area and has observed staff being calm, helpful and respectful at a time that many detained persons find emotionally difficult. There are still some cases of detained persons arriving at the IRC from prisons without their medical records. This is a particular problem for detained persons arriving from the Scottish prison estate. One Board member visited three individuals who exhibited mental health concerns but had arrived with no paperwork or medication. As a result, they were placed into the CSU, which is not ideal. Healthcare have confirmed they get no advance communication, which creates difficulties in trying to assess and help them.

4.1.2 The Board observed arrivals being dealt with in a calm and respectful way by staff who explain clearly the arrivals process that is being undertaken. All arrivals are seen by a member of the healthcare team and are provided with clean towels, bedding and toiletries. If the detained person arrives without spare clothing, this can also be provided.

4.1.3 The detained persons are then moved to the units where an induction takes place. There is a system of guides appointed from the detained persons to provide ad hoc help as well as pamphlets, which are available in 25 different languages, an increase from the previous year (19 in 2024).

4.2 Suicide and self-harm, deaths in custody

4.2.1 There were no deaths in custody during 2025.

4.2.2 There were 62 reported incidents of self-harm during 2025 (57 in 2024), of which 11 resulted in unplanned hospital visits[3]. Members of the IMB have observed that in cases of self-harm, officers have responded in a proportionate manner and have used the ACDT system, where deemed necessary. [4.2.5]

4.2.3 128 detained persons refused food on at least one occasion and, in some cases, fluid as well[4]. One individual refused food and fluids for 13 days as a protest against the Home Office. He had been assessed as having immediate risk of developing, or has developed, healthcare needs that cannot be met within an IRC and was under constant supervision due to refusing food and sipping water. He was discharged to other accommodation.

4.2.4 There continues to be a high level of stress and anger, particularly amongst men, regarding the length of time they have been kept at Yarl's Wood. There is much evidence that the prospect of indeterminate detention and the length of time and uncertainty in case resolution has very negative effects on the detained person's mental health and has resulted in poor sleep, volatile and aggressive behaviour, depression, and self-harm.

4.2.5 For detained persons identified to be at risk of suicide or self-harm, a management system called assessment care in detention and teamwork (ACDT) is used. The number of ACDT cases opened during 2025 was 271, compared with 265 in 2024. There were 177 male ACDT cases and 94 female ACDT cases. There were 83 cases of constant

[3] Data source Serco.

[4] Data source: Serco.

supervision ACDT cases compared with 103 in 2024[5]. The IMB and senior Serco management regularly monitor the ACDT paperwork, and this appears to be generally of a good standard.

4.2.6 It is evident that the officers respond confidently and proactively both to self-harming incidences and detained persons talking of self-harm. This can at times be traumatic for staff. It is the Board's experience to date that appropriate support and supervision is put in place in a timely manner.

4.3 Violence and violence reduction

4.3.1 Aggressive or antisocial behaviour has again been notable in the centre during 2025. There were several incidences of damage to the fabric of the centre caused either by angry attacks, or on occasion to provide hiding places for contraband in the partition walls. No data was provided but the IMB has witnessed damage to rooms including those in CSU by detained persons. The Serco staff are to be commended for their use of a range management tools that enables a graduated response to angry, frustrated, and potentially violent detained persons.

4.3.2 Hooch (illicit alcohol brewed in the removal centre) and spice (a chemical compound that mimics the effects of the active ingredient in cannabis) increased from previous years, in part due to the centre being mostly full and the numbers of foreign nationals who have served a custodial sentence.

4.3.5 The centre operates a system of opening tackling anti-social behaviour booklets (TABs). The aim of the TABs is to monitor and reduce tensions and maintain a safe and peaceful atmosphere within the centre and to safeguard the victims from perpetrators. In 2025 a total of 312 TABs were opened, an increase from 285 in 2024. The IMB was informed by Serco that the main reasons for opening TABs were physical/verbal altercations, damage, and non-compliance with centre rules. Violence against staff accounted for 13 TABs[6].

4.4 Detained people with specific vulnerabilities, safeguarding

4.4.1 Throughout the reporting year, the Board has remained concerned about the high number of vulnerable individuals detained at Yarl's Wood, particularly those presenting with complex mental health needs. This has placed considerable demand on the healthcare team. The Board considers that greater scrutiny should be exercised by Detention Gatekeepers in assessing individuals' mental health prior to detention, with a view to preventing the detention of those whose vulnerabilities make detention inappropriate. There is an ongoing issue with people arriving without their relevant medical records and handovers; this seems to be estate wide.

4.4.2 Due to a rise in transgender detained persons who don't come in on the national health programme (NHS) and have accessed hormonal treatment privately (the centre does not have their prescriptions), it is becoming harder to supply these individuals with hormone replacements. It is unsafe for the doctors at the IRC to prescribe these without the appropriate tests, and the Board recommends that the pathway needs to be reviewed to allow hormone replacement treatment to be accessed safely and in a timely manner in these cases.

[5] Data source Serco.

[6] Data source Serco.

4.4.3 At the end of 2025, the Integrity Line was launched. Detention Services partnered with Crime Stoppers to introduce this new initiative, which enables individuals to report concerns anonymously. The service is mobile-friendly, operates 24 hours a day, and provides two-way communication and translation services. This new service is intended to provide an accessible and confidential reporting mechanism for all individuals. It is too early to see the impact of the service, but the Board welcomes the introduction of further mechanisms for detained individuals to report concerns.

4.4.4 The wellbeing of detained persons identified as vulnerable is managed through vulnerable adult care plans (VACPs), which set out each individual's specific needs, as well as any required support or reasonable adjustments. On average, 25 VACPs were in operation each month during the year, an increase from 19 per month in 2024. In total, 295 VACPs were implemented, representing a significant rise from 228 in the previous year[7]. Most of these plans related to mental and physical health concerns and reflect the continued year-on-year increase in vulnerable individuals entering the immigration detention estate (153 cases were recorded in 2023). There was a total of 5,516 mental health appointments at the centre in 2025[8]. The Board observed that appropriate records were maintained, assessments were completed in a timely manner, and clear guidance was provided to staff.

4.4.5 There were eight age dispute cases during 2025 (compared with two in 2024)[4]. Where there is any indication that a detained person may be a minor and no prior age assessment has been undertaken, the individual is released to social services for a formal age assessment. Pending this process, the individual is managed under an age dispute care plan.

4.4.6 During 2025, 904 detained persons were identified as potential victims of trafficking and modern slavery. This represents a substantial increase compared with 436 individuals identified in 2024[7].

4.4.7 Detained persons that are considered especially vulnerable to harm because of their detention are regarded as an 'adult at risk' (AAR). An individual may be regarded as being an adult at risk if they suffer from a medical condition, physical disability or have been the victim of torture or trafficking. There were 425 AAR level one (329 in 2024), 270 AAR level two (240 in 2024) and 5 AAR level three during 2025 (compared with seven in 2024)[9].

4.4.8 The Board would like to see integration of ACDT, R35 and AAR policies to enable dynamic risk assessment of the mental health of detained persons, especially after prolonged detention. It is the Board's understanding that this has now been adopted but that the detention centre rules have not been amended to match them.

4.5 Use of force

4.5.1 Force was used on 170 occasions against male detained persons during the reporting period (156 in 2024) and on 24 occasions against female detained persons (the same number as in 2024). Of the 170 incidents involving men, 153 were categorised as spontaneous, representing a significant increase from 92 in 2024. Seventeen incidents were planned, reflecting a decrease from 44 planned uses of force in 2024[6].

[7] Data source: Serco.

[8] Data source: Northamptonshire NHS Foundation Trust.

[9] Data source Serco.

The reasons for the use of force (UoF) included the prevention of self-harm, responses to violent behaviour, assaults on staff or other detained persons, disruption to the regime, and failure to comply with centre rules. The term 'spontaneous' refers to situations in which officers intervene without prior planning, for example, to separate detained individuals to prevent injury, or to intervene when a detained person appears at risk of self-harm or of causing damage to property.

4.5.2 A small number of UoF incidents were the subject of complaints, and some were referred to the professional standards unit. The outcomes of these complaints did not conclude that the use of force was unjustified. However, in certain cases it was determined that the incidents could have been managed more effectively, and appropriate lessons were identified and implemented.

4.6 Substance misuse

4.6.1 There continues to be an element of substance abuse within the centre, especially among detained persons transferring from the prison estate. There have been finds of hooch, which is made in detained persons' rooms and in laundries. Letters and parcels sent to detained persons through the postal service are also monitored resulting in finds of controlled substances. Patrol activity has been increased as a preventative measure. To date, there is no intelligence to suggest an ongoing or escalating issue. A notable find was made in reception, where a quantity of tobacco, believed to be cannabis, was discovered concealed. The Board has observed searches before and after visits conducted with thoroughness and respect for the detained persons.

4.6.2 A small number of 'throw-overs' (where people from outside the IRC throw parcels over the walls, which contain illicit items, to be picked up by detained people) containing suspected drugs have been identified, together with several related drone sightings. At present, these appear to have been isolated incidents. To strengthen detection measures and address concerns regarding the presence of synthetic cannabinoids (commonly referred to as 'spice') within the centre, two Rapiscan drug detection scanners have been procured and should be operational in 2026.

4.6.3 Healthcare continues to run a detoxification programme, and medicines are available from the medicines administration point. There was a total of 531 substance misuse appointments given in 2025[10].

4.6.4 In 2024 the centre introduced a no smoking policy. The policy continues to be supported by healthcare, which ran 197 smoking cessation courses in 2025[9]. Vaping in the corridors remains a persistent issue. Staff continue to reinforce the relevant policies and guidance; however, this challenge intensifies during periods of adverse weather, when individuals spend more time indoors. It is considered that, in some cases, such behaviour is not deliberate but occurs without full regard to the rules in place. To avoid any misunderstanding of policy by detained persons the Board continues to recommend that there should be consistency in application of the policy by staff. The addition of signage around the centre is an initiative that the Board supports and should offer further clarity regarding expectations

[10] Data source Northamptonshire NHS Foundation Trust.

5. Fair and humane treatment

5.1 Escort, transfer and transport

5.1.1 As in 2024, there were regular refusals by detained persons to transfer to other IRCs, or even to return to prison. One of the primary reasons given was that the distance from family and friends would make visits impractical or impossible. When moves are arranged purely for administrative purposes, in the Board's view, this is unfair.

5.1.2 Despite it being mentioned in the 2024 annual report, there were again instances when detained persons, particularly women, were told that if they did not agree to the move, force would be used. In April this was even recorded on the IS91 of one woman. This is contrary to stated policies, and the Board finds this inhumane behaviour unacceptable that it is still happening.

5.1.3 There were a handful of occasions when men with more serious health conditions could not be treated adequately at the centre. Arrangements were made to transfer them to other IRCs with a larger in-house medical capacity. The Board believes these moves went smoothly.

5.1.4 There were times when, to relieve tensions between certain individuals, some men were transferred to another IRC. Some men requested transfers out of the centre, also usually due to their relationship with other detained men.

5.2 Accommodation, clothing, food

5.2.1 Throughout 2025 the centre was often operating close to full capacity. This had an impact on the general tidiness of the centre, and the Board recorded several occasions where litter was very noticeable in the gardens or dumped in the corridors on top of the kiosks which are used for ordering meals.

5.2.2 The Board also observed that the laundries on the men's units were often a mess, with clothes lying around. In addition, there were often unpleasant odours in the laundries.

5.2.3 On several occasions, the Board expressed concern about damage to the floor coverings and the increased potential for accidents. The damage was taped, and the reasons for the damage has been identified as water spillage from shower trays in the units' rooms. A design for rectification is being developed and will be implemented during 2026.

5.2.4 The men often say to the Board that they do not like the food (there were nine complaints about the food in 2025). It remains a challenge to satisfy all cultural food requirements on a budget and the food offered is quite heavy and high in carbohydrates. Meals should be selected by each person at the kiosks. If they do not do so, they are offered only the default option, which is vegetarian. In September, a group of men temporarily refused food because they did not want the default option.

5.3 Separation

5.3.1 In 2025 those detained seem to be more prone to outbursts of temper, aggression and altercations than in previous years. This meant the CSU was in regular use. 210 people were placed in the CSU under Rule 40, including 22 women. This is, however, a decrease of eight from the previous year. Only two people, both men, were placed under Rule 42. The longest time spent in CSU by one person was 30 days[11].

[11] Data source: Serco

5.3.2 The Board reported in its last report that there was no separate CSU for women who needed to be placed under R40.This was still the case in 2025, although there are now plans to amend this totally inappropriate arrangement.

5.3.3 16 transgender women were accommodated in the supported living facility of CSU to offer a more secure environment, and this was highly successful[10].

5.3.4 The Board again commends the staff's use of de-escalation techniques as a means of returning detained persons to normal association as soon as possible, often within a few hours. The occasional use of mini-MDTs (multi-disciplinary team reviews) after a less successful main review also contributed positively to this.

5.3.5 For MDTs to achieve the desired outcome, the detained persons must engage during the review. Unfortunately, they are not always willing to do so. Engagement is encouraged using telephone translation services, and staff with bilingual skills, so that the detained person understands fully what is being said. The Board attends some MDTs and has been disappointed by the length of time taken to access suitable interpreters. On one occasion, the interpreter dropped off the line after 90 seconds. After a further 20 minutes waiting for a replacement, the MDT had to be postponed. This was frustrating for all concerned.

5.3.6 The Board again observed that several persons held in CSU exhibited behaviours suggestive of mental health issues. Three people removed to CSU were ultimately transferred to psychiatric hospitals under the Mental Health Act. The Board understands that CSU may be a safer location for them than the residential units while they wait for a bed in a suitable hospital, but the environment is not ideal for someone in a severe mental health crisis, both in terms of the impact on their health and the pressure it puts on CSU staff, who are not mental health professionals.

5.3.7 Over a three to four month period, one man was repeatedly placed in CSU under R40 due to very challenging behaviour in several locations. At one point, the Board wondered if the individual could no longer cope in normal association and that the CSU was becoming his 'safe place', suggesting a mental health facility may have been more appropriate for his needs.

5.3.8 There were several instances of attempted self-harm by people in CSU. In December, one man was frequently held under R40. Staff were not sure if he was deliberately seeking to be placed there and there were concerns for his mental health. He committed an act of self-harm which required hospital treatment, before he was transferred to another centre, although initially, he refused to leave CSU.

5.3.9 The CSU is now only used as pre-departure accommodation when detained persons threaten to disrupt or refuse removal. This detention lasts a few hours, and the Board accepts it is preferable to disturbance on an accommodation unit, often late at night.

5.4 Staff and detained people relationships

5.4.1 The recruitment of new staff has continued and there were several initial training courses (ITCs) during the year. The Board has been pleased to note the diversity of new recruits.

5.4.2 The Board has regularly observed supportive interactions between staff and detained persons. There are staff, many of whom are multi-lingual, who know the people in their care well and so can establish a positive atmosphere.

5.4.3 There have been several complaints about specific staff. Few of these were substantiated.

5.4.4 In July a resident complained to the Board that staff in general were rude. The Board has not witnessed this, although a few detained persons were at times confrontational and it could be difficult for staff to respond to this.

5.5 Equality and diversity

5.5.1 The centre has an equality action team (EAT) and a managed action tracker. At their monthly meetings the team considers a lot of data about detained persons according to protected characteristics, regarding the numbers of detained persons in each group, use of facilities (e.g. the gym), paid employment and contact with external charities.

5.5.2 There is a designated officer for each of the protected characteristics and their names are clearly displayed so that people know who to contact. The officers also have rainbow lanyards, so they are easily identified. In addition, there are volunteer detained person equality representatives who support other persons and bring concerns to the EAT group. They also encourage detained persons to attend coffee mornings and focus groups. However, most detained persons are more interested in leaving the centre than in taking part in events and discussion forums.

5.5.3 EAT meetings observed by IMB members at the beginning of 2025 were not well-attended, but towards the end of 2025 a very good level of engagement from staff with EDI roles was observed that cover the full range of protected characteristics.

5.5.4 In 2025 Yarl's Wood has been the primary IRC location for detained persons that are transgender, who are housed in the SLF. To date, the centre has only housed detained persons who are transgender female, and they are allowed access to regime in the Nightingale unit. This has been observed to be successful management of a challenging situation, with no observed issues integrating with other detained women.

5.5.5 General information is often available in a range of languages. For example, there are induction pamphlets in 25 languages. There are still gaps in the information available for detained persons in a language they can understand, for example, posters explaining FAQs or centre activities. The Board believes limitations in detained persons' colloquial English frequently leads to misunderstanding in already frustrated angry individuals.

5.5.6 Telephone interpretation services are available and are used regularly, and there are several members of staff who can be called upon to offer translation in situations such as MDTs. IMB members have observed this happening regularly.

5.5.7 When people with disabilities are detained, appropriate measures are put in place to support them. They are provided with a personal emergency evacuation plan (PEEP) and appropriate adjustments made.

5.5.8 The centre holds regular focus groups for different populations, for individual nationalities and for population categories. In addition, the resident information advice committee (RIAC) hold meetings to focus on protected characteristics, including LGBT and disability. The number of group meetings is given below[12]:

Population characteristic	Number of focus groups
Age	4
Nationality	35

[12] Data source: Serco.

Disability	8
Religious	9
Transgender	8
Sexual orientation	4

5.5.9 The centre organises events to support tolerance and celebrate diversity including celebrations of Pride, Eid and Black History Month.

5.5.10 The Board received no applications relating to EDI issues.

5.6 Faith and religious affairs

5.6.1 There is a very active religious affairs team, representing most religions. They are often observed walking around the centre interacting with detained persons and visiting those in CSU and SLF, or those who are unwell. Celebrations for significant dates in the spiritual calendars are organised year-round.

5.6.2 In 2025 there was a movement to include celebrations that encompassed different faiths, e.g. as well as holding Christmas services, a few non-denominational celebrations were held.

5.6.3 The various places of worship within the centre (centrally and within the units) are used but were usually not very busy during rota visits.

5.7 Complaints

5.7.1 During the reporting year, 250 complaints were received, of which 240 were closed. This compares with 164 complaints received in 2024, representing an increase of 86 complaints. The number of complaints closed also increased, from 164 in 2024 to 240 in 2025, an increase of 76 complaints. These figures show a continuing upward trend from 2023[13a]. The Board is unable to determine the reason, for example, the current population, greater awareness of the complaints system or an increased dissatisfaction with treatment at the centre. However, it should be noted that multiple complaints received from detained persons about a single issue are sometimes included in the total. The number of beds has increased slightly, which may also account for some of the increase in formal complaints.

5.7.2 Informal complaints made to IMB members when on rota visits included concerns about staff behaviour, food and the slowness of case progress. Detained persons were encouraged to submit DCF9 complaints forms that are available on all units.

5.7.3 Formal complaints related to: minor misconduct, professionalism, administration, food, use of force, and serious misconduct (assault). Five complaints were referred to the Professional Standards Unit (PSU), which deals with serious complaints from detained persons about staff[13].

[13a] Data source: Home Office Management Information.

5.7.4 Outcomes of complaints are shown below[14].

No of DCF9 complaints	226 (206 in 2024)
No of issues (complaints can cover more than one)	Minor misconduct, professionalism, admin, food, use of force, serious misconduct (assault)
Complaints referred to the PSU	6 (7 in 2024) 5 closed (7 in 2024)
Complaints referred to agencies outside the centre	0 (0 in 2024)
No of complaints upheld	9 (6 in 2024)
No of complaints partially upheld	7 (3 in 2024)
No of complaints not upheld	214 (154 in 2024)
No of complaints withdrawn	9 (1 in 2024)
No of complaints under investigation	0 (10 in 2024)
No of complaints against specific staff	53 (not reported in 2024)

5.7.5 Responses to complaints were detailed, giving reasons for the decision to uphold the complaint or not and outlining the procedure for appealing against the decision.

5.8 Property

5.8.1 In previous years, there have been a small number of problems where detained persons struggle to get access to their property. There have been no such issues raised with the Board this year, and rota report comments regarding property have been largely positive, e.g. one detained person whose clothing had gone missing was found.

5.8.2 The Board received two applications about property. One was due to the HO losing a detained person's passport. The HO confirmed that they had lost it and the detained person had to complete a 'lost property' form. The second was due to a detained person's private letter being opened by staff.

[14] Data source Serco.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 The healthcare unit is conveniently situated in the main building. It comprises consultation rooms, clinical treatment rooms as well as administrative areas. There is no formal inpatient facility, but four rooms can be used for isolating and treating infectious patients.

There are smaller but similar facilities attached to the female unit, but medical isolation requires a room to be used for one person. The Board has observed the facilities to be clean and tidy whenever members have visited. The appointment system appears efficient. Frequently detention staff escort detained persons to the waiting room for their medical appointment.

6.1.2 Translation facilities depend on Big Word, an off-site telephone interpretation system, which inevitably slows the consultation, and the Board has observed distress and confusion in persons that is likely to have stemmed from language problems, especially as much medical vocabulary is challenging to persons with limited English.

6.1.3 Healthcare continues to be provided by Northampton NHS Foundation Trust. Staff turnover is slow but continuous, and the opinion of the Board is that this relates to the location of the centre as well as to the more challenging nature of the work. Healthcare staff attend the multidisciplinary team meeting following the detention of a resident in the CSU.

6.1.4 A psychiatrist visits weekly and a consultant hepatologist visits to review treatment. There are weekly dental sessions and optician sessions with fixed facilities for these practitioners on-site. The Board has had no concerns about waiting times to access healthcare provision.

6.1.5 There were 68 complaints by detained persons about healthcare in 2025 (59 in 2024) of which 7 were upheld (7 in 2024)[15]. Because of medical confidentiality the IMB is not aware of the details.

6.2 Physical healthcare

6.2.1 In accordance with Rule 34, all new arrivals are offered a medical appointment after the compulsory health check to screen primarily for infectious disease. It provides the opportunity for medical staff to open a VACP (vulnerable adult care plan) if necessary. Arrivals are also offered HIV screening hepatitis B and C screening, as well as an invitation to drug and alcohol addiction services.

6.2.2 Detained persons were transferred to the centre without adequate medical records on many occasions in 2025. The Board considers it is not acceptable that records fail to follow detained persons. Scottish prisons and transfers from police stations have been most flagrant in this respect. This results in difficulty and inaccuracy in continuing prescriptions, sometimes for essential long-term medication, which is inevitably distressing for the detained person. The Board notes the healthcare department has reorganised recently and has improved weekend service, but they are still dependent on a reliable flow of information from other institutions, which is still sometimes missing.

6.2.3 During the year, one detained person arrived from prison with no medical records. It transpired that this person had a diagnosis of tuberculosis and he was eventually

[15] Data source Northamptonshire NHS Foundation Trust.

transferred to hospital for treatment. Given that tuberculosis is a serious infectious disease, the Board believes the decision to transfer this individual from prison to the immigration estate was inappropriate as it put other detained people and staff at risk. His transfer without medical records whilst he was diagnosed with this disease highlights the challenges that are placed on healthcare when this happens.

6.2.4 Specialist and inpatient care is usually provided through Bedfordshire Hospitals NHS Foundation Trust (BH). During 2025, it has been government policy to regard the use of handcuffs for detained persons visiting or staying in hospital as a default measure. This undoubtedly reduces the risk of escape but removes discretion from local detention mangers. Wearing handcuffs in public is widely and understandably seen by detained persons as degrading and embarrassing. The Board believes this blanket policy is unnecessarily degrading to prevent a limited escape risk.

6.2.5 BH also provide an hepatologist to monitor treatment of viral liver infections. There is also a weekly visiting psychiatrist who also administers the Mental Health Act. Delays in admitting sectioned detained persons still occurs despite, the letter of understanding with the NHS.

6.2.6 Healthcare organise several preventative screening and educational programmes especially relevant to the detained population:

- blood pressure
- hepatitis B and C
- cervical cancer
- smoking
- drug and alcohol abuse

6.3 Mental healthcare

6.3.1 The Board has observed better liaison with psychiatric in-patient services this year, but delays of weeks can occur before a detained person with a serious mental health diagnosis is moved from prison like conditions to an appropriate facility. There were 5,516 mental health appointments in 2025, and three detained persons were admitted to psychiatric beds under the Mental Health Act in 2025[16].

6.3.2 Autism awareness training for staff was observed by the IMB during this year. This was provided by a specially equipped caravan. It enabled a non-autistic individual to experience the detention environment in a similar way to a severely autistic person. This was useful training for all staff.

6.3.3 531 appointments were offered for substance misuse in 2025[17]. It is impossible to know how many were effective in the long-term, but it is an important and humane activity of the healthcare department.

6.4 Welfare and social care

6.4.1 Welfare and social care have a large room where three SERCO staff provide help and guidance by appointment, covering a range of induction issues about living in the centre, to issues arising from the issue of removal directions. The Board regularly

[16] Data source Northamptonshire NHS Foundation Trust.

[17] Data source Northamptonshire NHS Foundation Trust.

observes this service which is valued by detained persons and the table below shows the numbers and type of support[18].

Welfare			
No. of appointments booked	**Inductions**	**Removals Directions Consultations**	**Referrals to Other Organisations**
17,160	4553	1,958	167

6.4.2 Medical assessments regarding suitability for detention under Rule 35 were carried out on 637 occasions[17].

6.5 Exercise, time out of room

6.5.1 Detained persons are locked in their rooms from 10pm to 7am. Morning unlock is 7am until 11.30am. Pre-lunch lockdown and roll count is 11.30am for an hour. Units are open for free association from 1pm until 4.30pm, when pre-evening meal lockdown and roll count is done. After the evening meal, between 6pm and 8pm, the open regime for men is split between units and all detained persons are returned to their room at 9.45pm for lock up at 10pm.

6.5.2 Men associate freely in the residential units. The corridors are quite crowded when the weather limits use of the outdoor spaces. Although there are religious rooms, IT facility rooms, games, library, art and craft facilities as well as cultural kitchens where detained persons can prepare their own food, the high population leads to a crowded noisy living environment for detained persons. The gym and sports facilities are popular.

6.5.3 The women's unit is run separately to the men's units with similar provision. Women have access to the sports hall at specific times, relatively fewer than for men, but the Board has not received any complaints regarding this.

6.6 Soft skills

6.5.1 The library is well stocked and includes some major daily newspaper titles from India, Pakistan and Vietnam. There is a smaller library facility for females in the Nightingale unit.

[18] Data source: Serco.

7. Preparation for return or release

7.1 Activities including education and training

7.1.1 The provision of paid activity is welcome, as it gives purpose to the day of the detained person, as well as a small income.

7.1.2 The paid activities are in the kitchen, library and cleaning. Detained persons have also been paid to decorate the units. The table below shows the breakdown of paid activities[19].

Paid activities in 2025		
Average age:		Males 29-39 Females 40-49
Total employed:		
Males		402
Females		37

7.1.3 Educational and training activities in the centre have improved during the year with an increased uptake in attendance during the second half of the year. This has been given impetus by an increase in the number of courses offered, many of which are offered in multiple languages.

7.1.4 There were 4,371 attendances to classroom lesson in 2025 (3,418 in 2024)[20]. The men were usually more engaged than the women. Staff on the women's unit told the IMB that, anecdotally, the women were usually so concerned about their situation that they did not feel able to engage in learning.

7.1.5 Differentiated online learning courses offered by the centre (e.g. 'virtual college', ESOL, British Council ESL) are welcomed by the Board.

7.1.6 To encourage greater involvement by the detained persons, a teacher organised a very successful spelling competition. However, in-house certificates to award achievement were less popular.

7.1.7 There are well stocked libraries in all units, offering a range of books, DVDs, newspapers and magazines in several languages.

7.1.8 There is a monthly programme of cultural and social events, which are noted on the events calendar and resident kiosks.

[19] Data source Serco.

[20] Data source Serco.

7.2 Case management

7.2.1 The detained duty advice service (DDAS) should ensure that all detained persons are given legal appointments, either face-to-face or virtually and this service now operates Monday to Friday.

7.2.2 Some detained persons told the Board they were unhappy with their solicitor, and could not afford to change, but others did not express dissatisfaction.

7.2.3 The numbers of Detainee Engagement Team (DET) staff have increased though the year. They ran regular well-advertised surgeries for each unit, and it was useful for the Board to be able to signpost detained persons to these for advice on their cases.

7.2.4 Case working teams issue monthly updates to detained persons to keep them informed of the progress of their cases and 1,827 monthly updates were issued in 2025. Detained persons often complain that they do not receive these updates, but it is difficult to verify these complaints, which may be born out of general frustration with case progress.

7.2.5 During the year, 3,862 male detained persons from Yarl's Wood left the detention estate; 1,611 were removed from the UK, 16 were granted leave to remain, 2,162 were bailed and 73 left for unspecified reasons. The table overleaf shows the length of stay of male persons leaving detention. The detention figures relate to the entire detention period, not just the length of detention at Yarl's Wood[21].

Male detained people leaving the estate	
Length of detention:	Numbers leaving:
7 days or less	989
7 days to 1 month	1554
1 month to 3 months	987
3 months to 12 months	327
12 months to 18 months	5
Total	3,862

7.2.6 During the year, 1,220 female detained persons from Yarl's Wood left the detention estate; 817 were removed from the UK, two were granted leave to remain, 372 were bailed and 29 left for unspecified reasons. The table below shows the length of stay of female persons leaving detention. The detention figures relate to the entire detention period, not just the length of detention at Yarl's Wood[22].

[21] Data source: Immigration System Statistics & Refugees Analysis & Insight (ISSRAI) https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables.

[22] Data source Immigration System Statistics & Refugees Analysis & Insight (ISSRAI).

Female detained people leaving the estate	
Length of detention	Numbers leaving
7 days or less	378
7 days to 1 month	599
1 month to 3 months	214
3 months to 6 months	24
6 months to 12 months	4
12 months to 18 months	1
Total	1220

7.2.7 A comparison of the raw data for 2025 with the raw data for 2024 shows that lengths of stays are remarkably similar between the two years and time in detention has not reduced. The figures show that 66% of males stayed between 7 days and 3 months (66% in 2024) and 67% of females stayed between 7 days and 3 months (57% in 2024).

7.2.8 HOIE have stated that they have improved their process for removing time served foreign national offenders (TSFNOs, people who have completed a custodial sentence for a criminal offence and are awaiting removed from the UK) reviewed and assessed detained asylum casework (DAC) processes and introduced efficiencies, and the process for voluntary returns is under continual review. However, length of stay remains a concern and causes a great deal of frustration and distress to those held at the centre. This is especially the case for those who want to return home voluntarily and cannot understand why it takes so long. The Board feels that in some instances the dissatisfaction is created by the fact that the detained persons do not fully understand the removal administration process. Length of stay is one of the main issues that detained persons raise with the Board.

7.2.9 Several times this year, frustration with length of stay and perceived lack of information from the HO has led to some of the men to stage peaceful protests demanding to speak to senior HO staff. DET have responded to these protests by holding emergency surgeries over the next few days.

7.3 Family contact

7.3.1 The centre has a large social visits hall that allows detained persons to receive visitors. The booking system seems to work efficiently and the free transport from Bedford train station is essential for some visitors to be able to reach the centre, which is not served by public transport. There is a small play area for younger children and there are vending machines for visitors to buy snacks.

7.3.2 It is known that visitors can pass prohibited items to detained persons during visits. Staff are thorough in their observations of interactions and in following up any suspicions.

7.3.3 The communications hub contains computers and fax machines to enable detained persons to communicate with family or their legal advisers. The room is usually fully booked. There are also Skype terminals, and these are in the visits hall.

7.3.4 The signal for mobile phones has been inconsistent throughout the year. When combined with occasional computer outages, this has been frustrating for detained persons who could not communicate with family and friends or pursue their cases. The main reason for problems with the phone signal is that the phones are not smart and operate on the 2G network, which is no longer supported. During 2026, new phones with an element of smart function will be introduced and these will operate on a Wi-Fi network. It is to be hoped that the new phones will provide a much better and reliable service for the detained persons. Staff can authorise detained persons to use the centre's landlines if required, specifically to speak to their solicitors, but the Board believes that detained persons are not always aware of this.

7.4 Planning for return or release

7.4.1 The Board continues to hear from detained persons that they are frustrated with how long it takes for bail accommodation to be approved.

7.4.2 The process for returning persons who wish to do so voluntarily, the voluntary return scheme (VRS), seems to operate inconsistently. Many do not understand the administrative steps that need to be progressed and often tell the Board that they do not understand why they are still detained when they want to leave. In particular, men who have already served their custodial sentence feel they are having to wait a long time while their return is organised.

8. The work of the IMB

The Board made weekly rota visits throughout the year, during which members monitored the centre and dealt with applications from detained persons. Issues were raised immediately with Serco, HO or healthcare, or during monthly Board meetings, as appropriate. Members also monitored charter flight removals, observed committee meetings within the centre when possible or participated remotely by video or telephone conference. Members have also observed multi-disciplinary reviews to ascertain the best care plans for detained persons.

Board statistics

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	6
Total number of visits to the establishment	297

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation including laundry, showers	1	0
B	Use of force, removal from association	2	1
C	Equality	0	
D	Purposeful activity including education, paid work, training, library, other activities	0	0
E 1	Letters, faxes, visits, phones, internet access	0	1
E 2	Finance including detained people's centre accounts	0	0
F	Food and kitchens	0	5
G	Health including physical, mental, social care	0	12
H 1	Property within centre	0	0
H 2	Property during transfer or in another establishment or location	2	0
I	Issues relating to detained people's immigration case, including access to legal advice	8	14
J	Staff/detained people conduct, including bullying	4	7
K	Escorts	2	0
L	Other	3	8
	Total number of applications	**22**	**48**

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