



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

**For reporting year
1 January 2024 to 31 December 2024**

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

Under the Detention Centre Rules, 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

2.1 Derwentside is the principal UK Immigration Removal Centre (IRC) for women and is located in Consett, County Durham. It opened in November 2021, with an operating capacity of 84, and the first women were transferred from Yarl's Wood IRC on 28 December 2021. It occupies the site of the former Hassockfield Secure Training Centre (previously Medomsley Detention Centre).

2.2 The buildings of the old secure training centre were extensively refurbished before the IRC opened. The main residential accommodation is in three single-storey units placed around a large, grassed area and there is a separate building for regimes, reception and the care and separation unit (CSU). Healthcare occupies a separate, new prefabricated building. Additional facilities, including a care and induction suite and a cultural kitchen, were finally opened and useable for detained women in a separate block in December 2024, three years after the centre opened.

2.3 During 2024, Derwentside was not run at full capacity: the list, below, shows the number of women detained there on each quarter date, with figures for 2023 in brackets:

- 31 March: 43¹ (29)
- 30 June: 62 (19)
- September: 50 (26)
- December: 65 (40)

A total of 650 women left detention from Derwentside during 2024².

2.4 Since 1 September 2023, Derwentside has been run for the Home Office by Serco. Practice Plus Group has held the healthcare contract since 1 October 2023. Mitie Care & Custody holds the contract for escorts and transfers.

2.5 The Detention Centre Rules 2001 (the DC rules) govern the running of the centre. The Home Office is represented by a local Detention Services (DS) Compliance Team, which has responsibility for monitoring the contract, and by a Detention Engagement Team (DET), which has responsibility for engaging with the detained women about the progress of their immigration cases.

¹ Source: Serco.

² Source: Home Office Detention Datasets, December 2024.

3. Key points

3.1 Background to the report

3.1.1 Derwentside is a controversial establishment, partly because it detains women in a remote location, far from the largest UK cities and its principal airports, and partly because of the history of the previous establishment on the site. As a result, protests and prayer vigils are held at the gates of the IRC most weekends, but these have generally been peaceful.

3.1.2 In late September 2023, it was announced by the Home Office that Derwentside would be re-roled to become an IRC for men. This has inevitably had an impact on the smooth running of the centre (see 5.4.1). However, as of April 2025, there is still no indication from the Home Office about when the change in role will come into effect.

3.2 Main findings

Safety

3.2.1 From the Board's observations, Derwentside provides a generally safe environment, with few incidents involving violence or the use of force. Reception staff are welcoming on arrival, and early indications are that the recently opened induction suite will provide a supportive environment for new arrivals. Suicide and self-harm prevention processes seem to be well-managed and detained women have reported to the IMB that they feel well-supported by staff.

3.2.2 A high proportion of the detained women are considered to be 'adults at risk', with mental health illnesses a common occurrence. Some extremely vulnerable women remain in detention for long periods, even after their release has been authorised, while arrangements are made for post-release accommodation and/or support. There have also been many instances of detention being maintained after a Rule 35 (3) report, in which a medical practitioner has attested to concerns that the woman may have been the victim of torture.

Fair and humane treatment

3.2.3 In our previous two annual reports, we expressed the view that the location of Derwentside, together with its inadequate communications infrastructure, was unsuitable. It is our view that these factors have led to the treatment of detained women that was, in some respects, inhumane and unequal and unfair compared with the treatment of detained men. In 2024, we continued to observe that women were subjected to long and frequent journeys, often at night, and generally with a disruptive overnight stop at Manchester Residential Short-Term Holding Facility (RSTHF) on the way.

3.2.4 The accommodation remains in good condition and is kept clean and tidy. There is access to plenty of natural light and outside space. On our visits, the quality of the food was a source of frequent dissatisfaction and comment among the women. Three years after the opening of the centre, the induction suite and cultural kitchen were finally opened in mid-December for use by detained women.

3.2.5 Throughout the year, we observed many interactions between staff and detained women, which were positive and empathetic. There have also been

examples of impressive multi-disciplinary working towards achieving good outcomes for women. Our conversations with women have evidenced that many have valued the response of staff members to their need for support, often in trying and difficult circumstances.

3.2.6 The Board, again, highlights deficiencies in the availability and use of translation services, which can help relieve feelings of isolation for women whose first language is not English. Since the end of the year, Serco have increased the number of computer tablets available across the centre, with 11 devices for staff to use. We see this as a positive development to improve inclusion, although there will need to be a cultural shift to ensure they are used by staff for routine interactions.

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

Health and wellbeing

3.2.8 Our monitoring indicates that healthcare generally provided a good, woman-focused service in 2024. The integrated physical and mental healthcare teams provide a seven day per week service and we often hear positive feedback from residents about the care they receive.

3.2.9 We consider the waiting times for R35(3) assessments with a GP, where there were indications that the detained woman may have been a victim of torture, became unacceptably long towards the end of the year. (see 4.4.6)

Preparation for return or release

3.2.10 The provision of activities that can help to support health and wellbeing, such as arts and crafts and gardening, has reduced. We regard this as insufficient provision, particularly for those women with anxiety and mental health issues.

3.2.11 There is no legal time limit for immigration detention, but the majority of women detained at Derwentside in 2024 left detention within 14 days of arrival. There are some examples, however, of women staying for several months, even after their release has been authorised, because of delays in suitable accommodation being secured or approved. More than 60% of the women released from Derwentside were released on bail.

3.2.12 There has been no progress on improving the mobile phone reception or providing Wi-Fi calling (which allows phone calls to be made and text messages to be sent over wireless internet networks rather than via a mobile signal), which was referred to in the Home Office's action plan in response to our 2022 report as 'a priority piece of work'. Difficulties for visiting families are largely due to the centre's location.

3.2.13 We continue to be impressed by the care taken by staff in making travel arrangements for women who are being released on bail.

3.3 Recommendations

TO THE MINISTER

3.3.1 In the light of the issues and inequalities we have highlighted in this report, to reconsider the suitability of Derwentside as an IRC (*repeat recommendation*).

3.3.2 To introduce a time limit for immigration detention (*repeat recommendation*).

TO HOME OFFICE IMMIGRATION ENFORCEMENT

3.3.3 To the detention gatekeeper: not to detain women with current, or a history of, serious mental health issues (*repeat recommendation*).

3.3.4 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.

3.3.5 To improve the communications infrastructure for Derwentside (*repeat recommendation*).

3.3.6 To increase the hourly rate for paid work for detained women (*repeat recommendation*).

3.3.7 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.

3.3.8 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.

TO THE DIRECTOR/CENTRE MANAGER

3.3.9 To increase the range of activities for women, with a view to better supporting those with anxiety or mental health issues.

3.3.10 To increase the use of translation computer tablets for routine interactions with women whose first language is not English. (see 5.5.5)

3.3.11 To ensure that the processes of identifying and catering for food allergies are completely failsafe. (see 6.2.8)

TO PRACTICE PLUS GROUP

3.3.12 To take steps to reduce waiting times for R35(3) assessments. (see 4.4.6)

3.4 Progress since the last report

Recommendation	Response given	Progress
To the Minister 3.4.1 In light of the issues and inequalities that we have highlighted in this report, to reconsider the suitability of Derwentside as an immigration removal centre	Not accepted.	Recommendation repeated for 2024.
3.4.2 To introduce a time limit for immigration detention.	Not accepted.	Recommendation repeated for 2024.

To the Home Office 3.4.3 Not to open a new immigration removal centre, or other such establishments, until all building work at Derwentside is completed and all facilities available for use.	Partially accepted.	Outstanding facilities for detained women finally opened in December 2024.
3.4.4 To the detention gatekeeper: not to detain women with current, or a history of, serious mental health issues (<i>repeat recommendation</i>).	Not accepted.	Recommendation repeated for 2024.
3.4.5 To establish or 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 (<i>repeat recommendation</i>).	Accepted.	Delays in securing release accommodation still being experienced by vulnerable women. Recommendation repeated for 2024.
3.4.6 To improve the communications infrastructure for Derwentside (<i>repeat recommendation</i>).	Accepted.	No progress. Recommendation repeated for 2024.
3.4.7 To increase the hourly rate for paid work for detained women.	Not accepted.	Recommendation repeated for 2024.
3.4.8 To take steps with the escorting contractor to reduce the incidence of night-time moves in and out of Derwentside.	Partially accepted.	We have seen some reduction in night-time moves in 2024, but work has not begun on the promised vehicle base.
3.4.9 To reduce the number of moves experienced by detained women around the detention estate and to ensure that women understand where they are being moved to, and why.	Partially accepted.	We continue to observe many women arriving at Derwentside dazed and disoriented, often after a series of moves around the country.
3.4.10 To increase and improve the provision for, and women's	Accepted.	A mixed picture. Improvements seen in

access to, education and activities.		some areas, but staff with particular skills are not always replaced when they leave.
3.4.11 To take steps to encourage and increase the uptake of paid employment.	Accepted.	30 paid roles are now available.
3.4.12 To improve communications with detained women whose first language is not English.	Accepted.	The introduction of multi-lingual kiosks is a positive, if limited, step forward. Concerns remain around the use of translation tablets. Recommendation repeated for 2024.
3.4.13 To improve the quality and variety of the food served to the detained women.	Accepted	Some improvement seen following the appointment of a new catering manager in late summer 2024.
3.4.14 To ensure that the processes of identifying and catering for food allergies are completely failsafe.	Accepted.	Concerns remain, due to the food allergens on the multi-lingual kiosks being only in English.
3.4.15 To make better use of the offices in reception to provide a quieter environment for new arrivals.	Accepted in principle.	Recommendation finally implemented early in 2025.
To Practice Plus Group 3.4.16 To ensure that all residents are made aware of Rule 35 on arrival to enable access to a medical practitioner and provision of reports to case-owners as soon as possible after arrival in detention.	Not accepted.	We remain concerned that women who do not see a GP on arrival may not have an early R35(3) assessment.
To Mitie Care & Custody 3.4.17 To take steps to reduce the incidence of night-time moves in and out of Derwentside.	Partially accepted.	Some improvement seen in 2024.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 Reception provides a generally welcoming and safe environment for women arriving at Derwentside. Staff are mindful of the difficult journey women face to get to Derwentside, and they endeavour to make reception as smooth and pleasant as possible, although when there are a lot of arrivals this can be challenging. Reception staff are mindful of late arrivals (see 5.1.2); where this happens, priority is given to getting women to their rooms. Women receive their first healthcare appointment soon after arrival. If arrival times to the centre mean mealtimes are missed, packed lunches and drinks are provided. Similarly for women leaving the centre, food and any medications are provided beforehand.

4.1.2 We have observed some very thoughtful and kind interactions by both reception and escorting staff to support women leaving the centre. Women have responded positively to the efforts of reception staff, to the extent that some have sent thank you cards to staff in appreciation of the kindness they have shown them.

4.1.3 Part of the registration process involves asking women personal and sensitive questions. We had regularly observed women being asked these questions in the main reception room, loudly and very publicly. We raised this issue in our 2023 annual report and maintained our position throughout 2024 that all women arriving at the centre should be interviewed in one of the private interview rooms in reception. We did not accept the explanation as to why private facilities are not used to interview all women on arrival: that offering women a private interview facility can draw unwanted attention to them from other women. The review of rooms in reception finally took place early in 2025. Separate holding rooms and a private interview room are now in use.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Throughout the year, incidences of non-suicidal self-injury have been high. There have been many examples of cutting and scratching with implements. Much of this was the result of an individual woman, who was at risk and in detention for many months, routinely self-harming. She was taken to hospital on two occasions after ingesting vape fluid. We were encouraged by seeing a detailed management strategy in place, developed with a strong contribution from the mental health team. But we remain concerned at how easy it seems to be for individuals to deliberately injure themselves, even while subject to constant observation.

4.2.2 Incidents of suicidal behaviour are rare. One woman required treatment after using a phone charger cable as a ligature around her neck. We observed a detailed and thorough review of this incident. Where such incidents have happened, staff responses have been swift and appropriate levels of care and support put in place. The Board has witnessed very professional, empathetic responses by staff to women who have attempted suicide. Women report that they are well supported by staff across the centre.

4.2.3 During the year, we raised concerns about the timings of assessment, care in detention and teamwork (ACDT) reviews, the Home Office process for managing individuals identified as being at risk of suicide and self-harm. ACDT reviews were not fixed in advance and made it difficult for relevant parties to attend. Since then, we have seen an improvement, and most review timings are now published in the daily briefing.

4.2.4 Relevant statistics for the year are:

	Total number of women detained	Total number of ACDT files opened	Instances of self-harm	Instances of constant supervision	Deaths in detention
2024 ³	1062	132	113	13	0
2023	560	80	13	2	0
2022	520	67	7	13	0

4.3 Violence and violence reduction

4.3.1 Violent incidents at Derwentside continue to be rare. Tackling anti-social behaviour strategies are well used to support violence reduction, and removal from association is generally used appropriately. Where violent incidents have occurred, they have mainly involved 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. We have found that staff take into account the circumstances leading up to any anti-social behaviour and respond appropriately and with empathy.

4.4 Detained people with specific vulnerabilities, safeguarding

4.4.1 Throughout the year, a significant proportion of detained women were recorded as being an 'adult at risk', indicating that there was evidence to suggest they would be vulnerable to harm from detention. Numbers vary but they have regularly made up around one half of the population. Many are at level 2, which means that there is professional and/or documentary evidence that the individual is an adult at risk and therefore vulnerable to harm. We are not always aware of the nature of the vulnerability, but cases have included serious mental health issues, anxiety and depression. We have seen a number of women who have presented as emotionally or mentally troubled. Others have told us they are anxious or have difficulty sleeping.

4.4.2 In terms of identifying vulnerabilities, the detained women are seen by a nurse within two hours of arrival. This is followed up with a second nurse assessment the following day to ensure all relevant information has been captured. This is an important part of the process, as many women arrive tired and disoriented after long journeys.

³ Figures for 2024 provided by Serco.

4.4.3 Rule 34 of the Detention Centre Rules provides that people entering detention must also be examined by a medical practitioner within 24 hours of admission (provided they consent). The purpose of this examination is to assess whether there are any physical or mental conditions that require attention or will cause the woman to be particularly vulnerable to harm in detention and, therefore, to indicate whether a rule 35 (see below) appointment is appropriate.

4.4.4 Rule 35 requires the medical practitioner to report to the Centre Manager and to the Home Office if there are concerns that a detained person's health might be injuriously affected by continued detention or any conditions of detention (Rule 35/1); that they have suicidal intentions (Rule 35/2); or that they may have been the victim of torture (Rule 35/3). The detained person can request a healthcare appointment at any time, or they may be referred after their initial screening. If, on examining the detained person, the doctor has concerns, they must send a report outlining the concerns, with detailed medical evidence, to the Home Office Rule 35 team. That team must then decide within two working days whether to release the detained person or to maintain detention. The IMB does not see individual Rule 35 reports, which are covered by patient-doctor confidentiality.

4.4.5 The number of Rule 35 assessments carried out each month is provided to the IMB by PPG and also by the Home Office DET Team, and some months there is a slight discrepancy of one or two between the figures provided by these two sources. From the information provided to the Board, a total of 186 Rule 35 assessments have taken place at DWS in 2024: 10 under Rule 35(1), 8 under Rule 35(2) and 168 under Rule 35(3). These assessments led to 60 detained women being released. This means that, in relation to at least 100 women, the doctor had concerns that they may have been a victim of torture, or that they had physical or mental health conditions that were likely to be exacerbated by detention, and yet detention was maintained. The length of time women wait for a Rule 35 assessment has varied over the year, but the trend has been for longer waiting times as the year progressed. A typical waiting time in January and February 2024 was only two days, but this had risen to 21 days in December.

4.4.6 For a woman whose health is at risk of deterioration in detention, a wait of 21 days for an assessment with the doctor is too long. The reason for this lengthening waiting time is perhaps explained by the increased numbers of women passing through the IRC in 2024 without a necessary increase in the provision of GP sessions. While GP appointments are available six days a week, the demand is high, and a Rule 35 assessment is complex and necessarily time-consuming. The IMB has been told that nursing staff are facilitating the collection of information for the GP for Rule 35(1) assessments, and the visiting consultant psychiatrists similarly assist with Rule 35(2) assessments, but the majority of assessments are under Rule 35(3) (victims of torture), which are carried out by the GPs. As the capacity of the IRC has risen and may increase further, the number of GP sessions needs to be increased so that women do not wait weeks for an assessment.

4.4.7 Whilst women with vulnerabilities remain in detention, vulnerable adult care plans (VACPs) may be opened to manage their care. In addition, their cases are discussed at weekly vulnerable adults and adults at risk meetings. The IMB often observes these meetings, which are attended by staff from different parts of the IRC. There are detailed discussions and we have been impressed with the knowledge and empathy shown by individual staff members and the focus on appropriate care.

4.4.8 In paragraph 5.1, below, we highlight the long and disruptive journeys, often at night, undertaken by the women at Derwentside. A significant proportion of the detained women are vulnerable. In our view, the journeys undertaken risk increasing the harmful effects of detention.

4.5 Use of force

4.5.1 There were 60 use of force instances in 2024. This is a significant increase on the number of instances for 2023 which is, perhaps, explained by an increase in the number of women being held in the centre and the fact that a number of incidences involved women being held to prevent self-harm. Unfortunately, the paperwork has still not consistently been supplied to us. We were satisfied with the reasons given, which were, in addition to the prevention of self-harm, following an assault on staff, to break up altercations between detained women, to prevent assaults on staff, and to comply with removal directions. We have reviewed footage from three incidents. We raised concerns with the Home Office in relation to one of these incidents, which involved a woman who was a prolific self-harmer. Force was used without appropriate explanation and discussion with the woman, who was removed under Rule 40 and shortly afterwards Rule 42. The DS use of force team agreed with our concerns and also raised concerns about some of the techniques used to restrain the woman. This resulted in a review by Serco and refresher training for staff.

5. Fair and humane treatment

5.1 Escort, transfer and transport

5.1.1 In our two previous reports we highlighted the long and disruptive journeys, often at night, which the detained women experienced. This year we have continued to monitor journeys to and from Derwentside and continue to be concerned about the impact of these journeys on the detained women. Women in detention may well have been trafficked and may have experienced difficult and frightening journeys in the past. We continue to be of the view that the long journeys experienced by the women, often including one or two overnight stops, will contribute to the anxiety and fear they would experience as a result of their detention.

5.1.2 This year, we have received monthly statistics from Mitie C&C, which show that moves in and out of Derwentside during the night state (10pm to 6am). These show that night-time moves have been taking place throughout the year. During 2024, 1130 women arrived at Derwentside, 270 (24%) of whom arrived during night state, and 447 women were collected from Derwentside, 97 (22%) of whom were during night state. Although these figures show an improvement on the limited information we were given for 2023, they do, in our view, remain too high and do not show the full extent of the disruptive nature of some of the journeys, as the following examples demonstrate:

- In January, a woman was detained at Milton Keynes police station overnight, taken to Yarl's Wood IRC in Bedfordshire the next day, arriving at 13.50. That same evening, she was moved to Manchester RSTHF, arriving at 03.15, and after only four hours at Manchester was she transferred to Derwentside.
- On 18 March, a woman arrived at Exeter police station at 12.36. On 19 March, she left Exeter at 11.15, arriving at Yarl's Wood at 16.10. On 20 March, she left Yarl's Wood at 07.05, arriving at Manchester RSTHF at 10.05. On 21 March, she left Manchester RSTHF at 20.00, arriving at Derwentside at 23.26.
- In April, a woman who left Manchester RSTHF at 07.40 for a journey to Derwentside was woken at 03.20 for a pre-departure appointment with healthcare.
- In November, a woman was detained in Edinburgh at 19.15. She was taken to Dungavel, arriving at 21.25. She left Dungavel at 00.20 the following morning, arriving at Derwentside at 03.20.
- During December, Manchester RSTHF was closed to women, which resulted in a number of journeys of between 7 and 9 hours.

5.1.3 We have observed women arriving and preparing to leave Derwentside and have been impressed by the caring attitude and respect shown by escort staff. In one instance, we saw new arrivals thanking the escorts. We are aware of two instances this year of extremely vulnerable women leaving. In both cases, the escort was made up of five members of staff to ensure the appropriate level of care.

5.1.4 We understand there are plans to build a vehicle base on the site, which could help to reduce the number of night-time moves. At time of writing, work on this had not begun.

5.2 Accommodation, clothing, food

5.2.1 Residential accommodation is provided in four units. Three main single-storey units are set around an open, grassed area with adjoining pathways. A fourth residential unit has been belatedly opened in December 2024, providing a further 19 bedrooms to accommodate women when they first enter the centre. It is on the first floor of block 4 and accessed by stairs or lift. New residents are now accommodated here in single rooms for their first 1-3 days, depending on how well they settle, and this time can be extended to five days' maximum, if necessary. The new residents receive hourly checks through the night. Induction checks and information about the centre are provided here. The unit in block 4 is smaller in scale and less busy and, thus, attempts to provide a calmer entry to the centre. Visits, activities, the gym, and healthcare are in separate buildings close by. Women have free access to all parts of the site, apart from short periods at mealtimes and after 9pm, when they must stay in their own units, but they are not locked in their rooms

5.2.2 Sleeping accommodation in the three main residential units is mainly in single rooms, although some rooms are double occupancy. The accommodation was extensively refurbished before the centre opened in 2021 and continues to remain in good condition: very clean and with good access to natural light. Each unit has two communal areas, with attached laundry rooms, a small servery and two large tables for eating. A multi-faith room is also provided. The new induction unit has one communal area and an eating table. Here, an attached laundry room is provided, but there is no multi-faith room. Temperatures inside all the units are consistently warm, even in winter months. Food is trolleyed down to each unit from a central kitchen.

5.2.3 During the summer, staff and a few residents volunteered time tidying and replanting the garden with donated plants. This work, which can enhance health and wellbeing, once again improved the outdoor space. Herbs and salads were grown in the small polytunnel and bulbs have been planted for the spring. Gardening jobs for detained people are now available, but there is no budget or other resources available to support this work.

5.2.4 Mobile phone reception and Wi-Fi availability continue to be problematic in the residential units, in some more than others. Innovative changes to provide a more reliable system have been planned since early 2023 but are not yet in place. This impacts daily the detained women's contact with their family and friends, as well as managing their legal cases. There are also frequent reports from both staff and residents that the functioning of translation devices is affected. Residents are frequently noted to be hovering by open windows or outside waiting for or taking part in calls, regardless of the weather and temperature.

5.2.5 Towards the end of 2023, there were considerable problems with laundry facilities, which were not resolved until February 2024. A number of washing machines and dryers broke down and the delay in sourcing spare parts or replacement appliances created challenges in managing the throughput of clothes and bedding needing to be washed and dried. Women became frustrated about having to take their laundry to other units, particularly as numbers increased, and about clothing being dried on radiators in communal areas and going missing.

Sporadic breakdowns continue to be reported but appear to have been resolved fairly quickly.

5.2.6 Whilst women are permitted to wear their own clothing, it is not unusual for women to arrive at Derwentside with very little property of their own, including clothing. In these circumstances, a basic pack can be provided by reception staff, typically comprising underwear, flipflops, jogging bottoms, T-shirt and jumper. Thereafter, the welfare department have a clothing store that women can access if they need additional items. Welfare works with three charities to be able to provide clothes in a range of sizes, which are either second-hand but in good condition, or newly bought such as underwear. Where necessary, the women are provided with warm coats and appropriate clothing during wet or cold weather. This is particularly important for women moving between blocks on the site, and when they need to find a signal outside to use their mobile phones.

5.2.7 Food and eating not only involves personal tastes but is also at the heart of promoting good mental and physical health and the wellbeing of the detained women. We do not underestimate the challenges to catering staff of providing meals that will satisfy the diverse range of nationalities and cultures of the Derwentside population. We understand that appropriate provision must be particularly trying on a very limited budget and restricted sources from where food ingredients can be bought. Also, menus must be submitted to the Home Office three months in advance. While it is the case that we have had reports from women about meals they did enjoy, the most common complaints from women to the Board have continued to concern their dissatisfaction with the variety and inconsistent quality of meals provided and inadequate portion sizes. We have consistently observed a very high reliance on carbohydrates in menus provided, of limited choice of vegetarian and vegan options, and evidence of wasted food at the end of a meal. Women have reported concerns about both putting on weight from eating the meals provided and difficulties with maintaining fitness, or with losing weight from eating insufficient food.

5.2.8 The high turnover of catering managers and staff was a feature throughout 2023 and continued into much of 2024. This lack of continuity made it very difficult to note any significant and consistent improvements. In addition, the two mechanisms in place for women to give feedback on the food on offer, positively as well as negatively, have continued in 2024 to be poorly used. The written feedback forms, available on each unit, have rarely been used by women and, when they are, it is not clear what happens as a result. A permanent and experienced catering manager was appointed in late summer. It remains early days, but they recently described to the Board a long-term plan for necessary changes responding to issues raised by the women. There is some anecdotal evidence that these changes are reflected in the newly written menus and in more positive feedback from the detained women. The catering manager is now more often present at the weekly meetings of detained women and takes part in discussion on food issues directly with the women. They have also recently introduced a simpler system of seeking written feedback.

5.2.9 The opening of a cultural kitchen in December 2024, providing women with an opportunity to cook their own meals, has been positively welcomed by both detained women and staff. Strategies for sustainable and fair use of the kitchen are still being

worked out, but early indications are that this facility will help promote health and wellbeing and alleviate dissatisfaction with the food.

5.2.10 The shop plays an important role for some women in being able to access, at cost, different food options or supplements to the food provided, such as chilli sauces and other spicy condiments. Although, for a variety of reasons, it may not always be possible, efforts are made by the shop manager to respond to requests from women for specific items to be stocked. There is evidence that some women rely heavily on bought food, possibly resulting in their diets being less nutritious than if they ate the food provided. A high number of bottles of water are sold daily, as women from some cultures don't like or don't trust tap water. Purchase of bottled water is capped to one litre per resident, per day, due to storage limits. A purified water fountain is available in the gym.

5.2.11 During Ramadan, there was a proactive and positive response by catering staff, advised by the religious affairs manager, to meeting the needs of the albeit small number of Muslim women detained at the time. We have also witnessed examples of staff responding positively in relation to meeting the needs of women's specific dietary needs.

5.3 Separation

5.3.1 For some time, the centre did not have any suitable accommodation for women who needed to be held in temporary confinement (under Rule 42 of the Detention Centre Rules) because of their behaviour. The Board was concerned about the level of damage women were able to cause when appropriate accommodation was unavailable. On one occasion, in the absence of Rule 42 accommodation, a woman displaying ongoing violent behaviour was able to pull a door off. Where removal from association has been authorised for longer periods of time, arrangements are made for the detained women to be able to access regimes. On occasion, force has been used to relocate women to the care and separation unit, either in response to their behaviour or to prevent self-injury. Where force has been used, it is documented and filmed.

5.4 Relationships between staff and detained people

5.4.1 The staff group at Derwentside has experienced considerable churn over the year. A number of factors have contributed to this, including organisational changes, negotiations regarding pay and conditions and the uncertain future created by the announcement that the centre would become a facility for detained men. Some staff preferred to leave, while others have been 'managed out' because of poor performance, sickness and time-keeping. We have been told that no disciplinary action has been brought against any staff member for unacceptable conduct towards detained women.

5.4.2 Despite these challenges, and with some exceptions, the overwhelming sense we have gained is one of a culture that recognises the importance and value of professionalism and respect. We have noted occasions that have particularly impressed us as going beyond what might be expected. Examples include a young woman being shown 'kindness in abundance' as she prepared to leave after a lengthy and challenging stay; we saw staff sharing residents' joy when they received

good news; a woman completing her feedback questionnaire was heard to give staff 10/10 for helpfulness; and frequent positive feedback given by women about staff at the weekly RCC meetings.

There have been a few occasions when staff conduct towards individual detained women has been observed to fall below the standards expected and this has been reported to the management team to pursue. We have felt that these representations are welcomed and taken seriously.

5.4.3 A recurring concern at the beginning of the year was the quality of the weekly RCC meetings, which bring together representatives of staff groups from Serco, DET, religious affairs and healthcare with residents to discuss a range of topics. The RCC meetings are an important forum for feedback and exchange to and from detained women and agencies about any relevant issues. Initially, these meetings were observed to be poorly attended by detained women, with much greater numbers of staff, which created an intimidating atmosphere. In addition, the meetings lacked consideration about translation into other languages or feedback about changes made as a result of issues raised. From April, there was a noted improvement in how RCC meetings were arranged and conducted, with much greater attention being paid to encouraging detained women to attend and meaningfully participate. This improvement has been sustained.

5.4.4 At any one time, a large number of first languages are represented among the group and significant numbers of detained women speak little or no English. The availability and reliability of means for translation is, therefore, critical to ensuring that information can be exchanged and conversations held. This has become even more important as the population in the centre has grown over the year and become more diverse. The use of translation tablets for routine interactions is not as embedded as it should be (see 5.5.5).

5.5 Equality and diversity

5.5.1 The transient nature of the centre's population and the low numbers of women detained at Derwentside throughout the year (around 60) together mean that it is difficult to draw meaningful conclusions from statistical analyses of the population.

5.5.2 During the first part of the year, a monthly publication, 'Derwentside Buzz', was distributed to all detained women. It detailed events and activities within the centre and included equality, diversity and inclusion (EDI) messaging. Unfortunately, a combination of staff changes and absences has meant that this initiative tailed off towards the end of 2024. The RCC meeting (see 5.4.3) is used to inform women of both events, and which members of the EDI team can be contacted for support. We have observed staff taking a proactive approach to dealing with issues of racism with residents who engage in repeated threatening or racist behaviour being placed on TABs (tackling anti-social behaviour).

5.5.3 The Board has seen several events throughout the year to promote inclusion and awareness of different cultures. They have been led by the regimes, chaplaincy and EDI teams and have included Black History Month, Halloween and Chinese New Year. A summer Pride party took place in the gym, with events providing an opportunity for staff and residents to mix in a social environment and build an awareness of EDI issues. Events such as this provide opportunities for different

kinds of positive interaction to occur and appear to be greatly valued. Earlier in the year, the Hibiscus Initiatives team (a charity supporting migrant women in prison and immigration detention) was also fully involved, but it no longer has a role in the centre (see 6.4).

5.5.4 Rooms have been adapted in units for those with mobility issues, but a range of potential hazards do exist, including stairs and sloped walkways. We have observed that in windy and icy weather, routes around the centre can be treacherous, with women tending to stay in residential units and staff bringing activities to them.

5.5.5 Women detained at Derwentside are often unable to speak or understand English and language remains a barrier to inclusion. Kiosks are utilised to order food and make appointments, but much of the language remains in English (see 6.2.8). Women support each other as buddies and are regularly relied on to provide translation, although we are not aware that this matching-up happens as a matter of course. The Big Word translation service is used for formal meetings with staff, such as ACDT reviews or appointments with the DET team, but this requires an office with a landline and is not appropriate for less formal conversations. Disappointingly, we have rarely seen the use of tablets with translation software. We regularly ask to use the tablets, but they have often not been able to be located or are not charged. At the time of writing, Serco have recently increased the number of tablets available across the centre, with eleven devices for staff to use. We see this as a positive development to improve inclusion, although there will need to be a cultural shift to ensure they are used by staff for routine interactions. Recently, an innovative short film, produced using AI and giving initial induction information in a range of languages, has been created by Derwentside staff and is shown routinely to all women when they first arrive at Derwentside.

5.6 Faith and religious affairs

5.6.1 The chaplaincy team consists of a mixture of staff and volunteers. There have been some changes in the employed chaplains this year, but the managing chaplain is proactive in ensuring gaps are covered whilst new appointments are made. A Catholic priest is now available to celebrate Mass and on completion of a CTC clearance can also now hear confession. Additionally, an Imam joined the chaplaincy team in November to lead prayers. Jehovah's witness volunteers have attended the centre, and we have seen regular sessions for mindfulness and meditation being facilitated by the Buddhist chaplain.

5.6.2 There is a multi-faith room available on the regimes corridor for prayers and services. Each of the three main residential units has a multi-faith prayer room, with religious resources available for the women to use. Religious festivals are celebrated, such as, for example, a full Christmas programme, with both religious and secular activities was arranged. This included Communion on Christmas Eve and a service on Christmas Day. Inclusivity is encouraged. A carol service and play took place on 20 December and 24 women attended, as well as centre staff and the Imam. Food and drink were provided, making this a positive festive event, with residents and staff interacting socially. The play was about different Christmas traditions throughout the world, reflecting the diversity of the residents. There was clearly a lot of effort put into this collaborative event by staff and residents. The women gave us very positive feedback and told us that the singing made them feel

happy. The chaplaincy team also worked with the catering manager to ensure that women who chose to, could observe Ramadan.

5.6.3 The chaplains are highly visible in the centre, and we regularly hear positive feedback from the women about the support they receive. We have observed members of the team engaging with women in residential units, the cultural kitchen and regimes areas, taking part in knitting groups, bingo sessions and other social initiatives. We often see women visiting the chaplaincy office seeking support. As well as spiritual support, the women often look to the chaplaincy for emotional and social support. We observed a vulnerable adults' meeting where the chaplaincy manager shared how two quite unsettled women sought her and colleagues out – one at the start of every morning for prayer and a hug – to help sustain themselves whilst at the IRC and waiting for Home Office decisions.

5.7 Complaints

The Board has limited information about complaints. The number of complaints received each month is low. There were 23 complaints brought against the contractor in 2024. Although we receive copies of the complaints, we have only seen four responses. Although none of the four complaints was upheld, in each case the complainant was interviewed by the investigating manager and the responses were written using empathetic language.

6. Health and wellbeing

6.1 Healthcare: general

Since 1 October 2023, both physical and mental healthcare at Derwentside has been provided by Practice Plus Group (PPG). The service is run with an integrated team of physical and mental healthcare staff, which is currently fully staffed, apart from a sexual health nurse. A sexual health nurse from another centre attends Derwentside when there is a need. The healthcare facilities are in a separate block, which is separate from the residences and offers clean and spacious consultation rooms and office space for staff. The entrance hall has a display of health information leaflets in more than 20 languages, and wall displays promoting health are also in various languages and the topics are changed regularly.

6.2 Physical healthcare

6.2.1 Nursing staff are available day and night and at weekends and holidays. A welcome development this year has been that two nurses are on duty each night. As new women are still regularly arriving late in the evening or even in the middle of the night, the increased staffing provision means that they can be assessed by healthcare and get to their bedrooms more rapidly. Members of the nursing team attend all review meetings for residents on ACDT or VAC plans and also contribute to the weekly adults at risk meetings, at which residents with specific vulnerabilities and complex needs are discussed.

6.2.2 A patient engagement nurse visits the residence blocks daily and a nurse always attends the weekly residents' meeting. The healthcare team are greatly appreciated by the residents and regularly receive very positive feedback, praise and applause at these meetings. IMB members often hear residents say how much they value the healthcare they receive. Residents are invited to give written feedback, if they wish, after visiting the healthcare centre and these comments are almost universally positive. During 2024, the healthcare team received 14 complaints, a small number considering the large number of residents who have passed through Derwentside and their enormously varied backgrounds and healthcare needs. All complaints were investigated and resolved. Issues that residents have mentioned to IMB members included delays in receiving an appointment and not receiving medication on time.

6.2.3 Halfway through the year a monthly health newsletter was started, and detained women can suggest topics they would like to see covered. The healthcare team runs regular health awareness events to engage residents and promote health and wellbeing. Topics addressed this year have included alcohol consumption, blood-borne viruses, suicide prevention, eye health, blood pressure measurement, stress reduction, diabetes awareness, healthy eating and weight, exercise promotion, sleep hygiene, anti-bullying and vaccinations.

6.2.4 Residents are offered vaccination against flu and Covid-19 and other immunisations that they may have missed out on. Previously the take-up rate was low but it has improved recently due to health promotion work from the nursing team. Detained women are offered screening for blood-borne viruses and cervical screening. The IMB has been told that discussions are taking place at a national level in the Home Office about the approach to take when screening results come

back after a resident has left the IRC and especially if they have been removed from the UK.

6.2.5 Two GPs provide appointments six days a week and an out-of-hours GP service is available for emergencies. One of the GPs provides a substance misuse service. A nearby dental practice provides dental treatment in a well-equipped dental surgery on site and an urgent next-day appointment can be arranged if needed. An optician visits, as required, and a physiotherapist and a podiatry service are available on request.

6.2.6 The nursing staff can prescribe medication and an out-of-hours pharmacy service means that patients do not usually have to wait if their need for medication is urgent. When a detained woman is leaving DWS they receive a week's supply of their medication and a written summary of their medical treatment. Anyone requiring urgent hospital treatment is usually taken to University Hospital North Durham, which is just over 12 miles away.

6.2.7 The Detention Centre Rules (2001) states that 'in accordance with Rule 34, every detained individual, whether or not they are identified as an adult at risk, must be given a medical examination by the medical practitioner (GP) within 24 hours of their admission into an IRC. This is subject to the individual's consent'. When detained women arrive at DWS, they are seen immediately by a nurse. As the new arrival may be tired or disoriented, especially if their journey has been at night, a second appointment with a nurse happens within their first 24 hours. The IMB is told that all newly arrived women are offered an appointment with the GP, but not all choose to take this up. We have asked repeatedly for data on the numbers of detained people who are actually seen by the GP, as we understand that this information is provided to IMBs in other IRCs. So far, this data has not been available to us. There are ongoing discussions with PPG about standardising the information provided to the IMBs at all the IRCs for which PPG provide healthcare services.

6.2.8 In the annual report for 2023, the IMB commented on concerns about the potential for detained women with significant food allergies to be inadvertently exposed to food allergens. The women order food via the kiosks in the residences. Food ingredients are listed in English, with the addition of universal symbols such as a pig for pork or 'V' for vegetarian. However, allergens are only listed in English. For detained women whose English is limited, there is still the potential for exposure to allergens to occur, although unlike in 2023, we have not been aware of any woman having a significant allergic reaction to a food allergen in 2024.

6.3 Mental healthcare

6.3.1 The mental healthcare team is now fully staffed with nurses, support workers, a psychologist, assistant psychologist and psychological therapist, while two consultant psychiatrists visit regularly. Mental health support is now available every day and the team gives valuable input to review meetings for vulnerable residents.

6.3.2 Many of the women detained at DWS have pre-existing mental health conditions and many have suffered traumatic experiences. The IMB has been impressed by the dedication and empathy shown by the mental health team to the detained women. We hear many appreciative comments about the care received, both at the women's meetings and from individual conversations with them. The

mental healthcare staff are aware that a detained woman may only stay for a short time at DWS, so it may not be appropriate to begin a course of therapy that can not be completed before the patient is released or removed. But they approach this sensitively and plan the best care on an individual basis.

6.3.3 In 2024, two women with suspected TB were isolated in the supported living unit while tests were carried out and treatment commenced. They were locked in their rooms and unable to meet other residents for several weeks. The mental healthcare team visited them regularly to assess the effect of the isolation on their mental health and to offer support.

6.3.4 Women who are on a substance-misuse treatment programme with methadone and who are due for release are no longer released on a Friday. This is to ensure that they have access to community support and their medication, which is more difficult at weekends.

6.3.5 The IMB commented in last year's annual report that some women with serious mental health conditions who had been granted immigration bail, nevertheless remained in detention for weeks or months, waiting for appropriate accommodation and community support services to be put in place. Advocating for such patients was very time-consuming for staff. A welcome development in 2024 has been the appointment of a new member of the healthcare team whose role includes liaison with community support services and accommodation providers to advocate for appropriate provision.

6.4 Welfare and social care

6.4.1 The welfare team carry out a vital function in pursuing a wide range of inquiries on behalf of the detained women. At the detained people's meetings, there is generally appreciation for the care that the welfare team take to engage with the detained women. They ensure that the women have access to a solicitor and if they have no money, they will liaise with several charitable organisations to obtain funds for them. They will also source clothing and luggage for women being released who lack essential items. Additional welfare support had previously been provided by the Hibiscus Initiatives (charity) team. The Hibiscus contract ended in March 2024 and the support they had previously provided was taken over by the welfare team. Help with resettlement previously provided by Hibiscus is now provided through a recently introduced Home Office Scheme (see 7.2.3). The detained women are still able to contact the Hibiscus team via Skype.

6.5 Exercise, time out of room

Women can freely associate during the day and have access to most places on site. A large and pleasant grass area is available, with seating and some outdoor gym equipment. In summer, this space is well used for socialising and recreation, but it depends on the weather conditions.

There is a large and well-equipped gym available, which is also used for special events and gatherings. Although underused during the day, the gym sees more activity in the evenings, with badminton being the most popular sport. Yoga classes have been offered, together with exercise classes and meditation.

7. Preparation for return or release

7.1 Activities, including education and training

7.1.1 The regimes corridor, which detained women can access during the day, accommodates the library, salon, maths and IT rooms and religious affairs.

The library is the most popular recreational resource used by women and is usually a hive of activity. It houses a large collection of books (some in languages other than English), and DVDs, which can be borrowed. There are seven computers available for women to use, plus a printer. Much of the art and craft activity is found in the library, often focusing on preparations for celebratory events. There is also a popular knitting group and a well-attended weekly bingo session.

7.1.2 In February, a replacement maths teacher came into post. Class-based learning is offered, but the teacher has recognised the value of visiting the residential units to stimulate interest and provide teaching in these settings.

7.1.3 The IT teacher continues to provide initial assessments in English for women who want to access open learning or virtual college courses. The latter provide courses that are required in subjects relevant to some paid work posts and these are only available in English. As noted in last year's report, although this can be a valuable opportunity, it severely limits the ability of those with little or no English to gain employment. Serco has advised that this will be addressed when the current contract expires in 2025.

7.1.4 There are currently 30 paid work opportunities that women can apply to do. The process requires security clearance and success in a relevant virtual college course. For a variety of reasons, including the short time most women spend at Derwentside, uptake can be low and requires constant awareness raising, encouragement and support. The pay for all work has remained static at £1 per hour.

7.1.5 Over the year, a range of activities have been organised for the women. We have observed how well celebrations and events have been appreciated by residents, including Eid, Christmas, Olympics, Health and Wellbeing Week and the efforts of staff in providing them are commendable. We have commented in previous reports on the positive contribution the arts and crafts teacher made to the wellbeing of the women detained at Derwentside. This teacher left in 2023 and has not been replaced. On our monitoring visits, we have observed that the arts and crafts room is often locked, although we are told that it is available to the women on request but depends on staff availability.

7.1.6 The hair and nails salon has been upgraded to a more professional standard. It is open five days a week and is always very busy. Many women talk about the health and wellbeing benefits they experience from this resource.

7.2 Case management

7.2.1 Serco figures show that a total of 1062 women arrived in Derwentside in 2024, with 1040 leaving during the year. Of the leavers, 635 (more than 60%) were released on bail. The Home Office detention dataset table, showing numbers of women leaving detention from Derwentside and periods of detention during 2024, is reproduced in Annex A of this report. Of those, 86% were in detention for 28 days or fewer, and 67% for 14 days or fewer, which is positive.

7.2.2 There is no legal time limit for immigration detention, which is only lawful if there is a realistic prospect of removal. We remain concerned that this can add to the anxiety and stress of detained women. There continues to be a minority of women who are held in Derwentside for long periods: 12 women stayed between three and 12 months. This is often because of difficulties in securing suitable accommodation or having accommodation approved by the Probation Service. One woman who was granted bail in November 2023 was not released until April 2024. We were told this was due to a national shortage of bail accommodation.

7.2.3 To encourage voluntary returns, the Home Office has put in place reintegration packages, which apply to 11 countries. Through this scheme, charitable organisations can provide pre-return information, and in the overseas country assistance on arrival, in-country support and economic assistance. Information leaflets and videos about this service are available from the welfare team. We continued to hear complaints from women that they were being held for weeks or months, even though they had agreed to return to their home countries voluntarily. Sometimes, their return was held up while decisions were made about outstanding prosecutions.

7.2.4 The Detention Duty Advice Scheme (DDAS) provides free, initial legal advice for people in detention. The service provided to women in Derwentside through this scheme was reduced to a phone-only service in 2024. We understand there are four legal firms on the list (none is local), with consultations available two days a week. Where necessary, interpreters are used via a three-way phone conversation. Women have told us that it can be difficult to speak to their solicitor because of the poor mobile phone reception. We have observed women being allowed to use the landline in the welfare office to overcome this.

7.2.5 The Detention Engagement Team (DET, who are responsible for enhancing the quality and frequency of engagements between the Home Office and detained people) have a visible presence around the centre. They attend the RCC meetings, run weekly drop-in surgeries and women are now able to request a meeting through the kiosks available on the residential units.

7.3 Family contact

7.3.1 Women detained at Derwentside frequently talk to us about their children and how their open-ended detention impacts negatively on their children's lives. Although the visits' area is clean and comfortable and has some resources for children, Derwentside's remote location makes it difficult for families to visit. Support is available for families to make the journey by taxi to and from Durham railway station, which helps to reduce the cost of visiting. Durham Visitors' Group continued to visit and held weekly drop-in sessions, but uptake from the detained women was disappointing, with language at times a barrier. Women are also able to contact their families via social video calls, with rooms available in the residential units and on the regimes corridor.

7.3.2 In previous annual reports, we have highlighted the poor mobile phone reception at Derwentside and the impact it had on contact with families. As a result of raising this in our 2022 report, the Home Office reported that plans were in place to introduce Wi-Fi calling at Derwentside and described this as a 'priority piece of work'. More than two years later, Wi-Fi calling has not yet been introduced.

7.4 Planning for return or release

7.4.1 When women leave Derwentside, they are generally either released on immigration bail or transferred to another immigration facility, usually Manchester RSTHF. Where the reason is for removal from the UK, the women are generally taken to Manchester, then to Yarl's Wood IRC before removal. This means the whole process can take three days or more, with women being moved out of Derwentside at least three days before their flight date.

7.4.2 When women are released on bail, they will generally be taken to Durham train station by taxi for travel to their accommodation. They are given a printout of their train journey, a packed lunch and, if destitute and of NFA, a cash contribution of up to £20. If they don't have their own suitcase or one cannot be provided by a charitable donation, women are given a brightly coloured, cheap plastic bag in which to pack their belongings. Unfortunately, this has the danger of making them stand out whilst waiting at the station or during their journey. On occasions where women have been considered to be particularly vulnerable or in need of assistance, they were driven to their accommodation. For example, a woman was transferred to Derwentside during the Christmas period and following a positive pregnancy test was driven by Serco staff to her release address on 27 December. We have observed the use of electronic monitoring tags on women prior to release. At times this can cause delays as it is dependent on staff availability.

8. The work of the IMB

8.1 Monitoring visits take place at least weekly, and we meet monthly with Serco, DS, DET and healthcare to discuss our findings and raise any concerns.

8.2 Since the end of the year, we have been given a translation tablet by Serco for our exclusive use. This is a positive step and will enable us to better ascertain the welfare of detained women in the centre.

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	8
Total number of visits to the establishment	177

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation including laundry, showers	0	0
B	Use of force, removal from association	0	0
C	Equality	0	0
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	1
H 1	Property within centre	1	
H 2	Property during transfer or in another establishment or location	0	1
I	Issues relating to detained people's immigration case, including access to legal advice	0	0
J	Staff/detained people conduct, including bullying	5	2
K	Escorts	0	0
L	Other	1	0
	Total number of applications	8	4

Annex A

Home Office data on women leaving detention from Derwentside

People leaving detention from Derwentside IRC by month and length of detention, 2024													
Length of detention	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
3 days or less	4	1	2	2	1	5	2	1	5	4	7	2	36
4 to 7 days	12	12	9	13	17	10	8	12	20	27	39	27	206
8 to 14 days	17	15	7	10	14	16	16	6	14	23	27	29	194
15 to 28 days	10	12	6	12	9	14	11	11	9	8	13	8	123
29 days to less than 2 months	3	5	6	5	7	10	3	4	6	3	9	3	64
2 months to less than 3 months	2	4	2	2	1	0	1	1	1	0	0	1	15
3 months to less than 4 months	0	1	1	1	1	0	0	1	1	1	0	0	7
4 months to less than 6 months	0	0	0	1	0	0	0	1	1	0	0	0	3
6 months to less than 12 months	0	0	0	0	1	0	0	0	0	0	0	1	2
12 months to less than 18 months	0	0	0	0	0	0	0	0	0	0	0	0	0
18 months to less than 24 months	0	0	0	0	0	0	0	0	0	0	0	0	0
24 months to less than 36 months	0	0	0	0	0	0	0	0	0	0	0	0	0
36 months to less than 48 months	0	0	0	0	0	0	0	0	0	0	0	0	0
48 months or more	0	0	0	0	0	0	0	0	0	0	0	0	0
Total leaving detention	48	50	33	46	51	55	41	37	57	66	95	71	650
Source: Home Office, subset of data published in table Det 04b of the 'Detention summary tables, year ending December 2024'													



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