

Yarl's Wood IMB 2024 - Annual Report – Action Plan

Ref	Recommendation	Accepted / Partially Accepted / Not Accepted	Comments	Progress Ongoing or completed
TO THE MINISTER				
1	<p>The Board repeats the recommendation to introduce a time limit for immigration detention. If no time limit is introduced, how does the Minister plan to ensure that the amount of time people are held in detention is decreased?</p> <p><i>(Repeat recommendation)</i></p>	Not Accepted	<p>There are currently no plans to introduce a time limit for immigration detention.</p> <p>A time limit on immigration detention would significantly impair our ability to remove those who have breached our immigration laws and refused to leave the UK voluntarily. It is likely to encourage and reward abuse, allowing those who wish to guarantee their release to frustrate the removal process until the time limit is reached.</p> <p>It would encourage late and opportunistic claims to be made simply to push a person over the time limit, regardless of the circumstances of their case. This would undermine our ability to maintain effective immigration control and potentially place the public at higher risk, in particular through the release of Foreign National Offenders (FNOs) into the community.</p> <p>The law does not permit individuals to be detained indefinitely. Our policies make clear that for detention to be lawful, that detention should be reasonable and for a specific statutory purpose, such as for examination or removal.</p> <p>The Home Office will seek to minimise detention times to ensure the timely return of those who have failed their claims or for FNOs who are set to be deported.</p>	N/A
TO THE HOME OFFICE IMMIGRATION ENFORCEMENT				
2.	<p>The removal process for TSFNOs is started in prisons well before their sentence is due to end and in advance of their transfer from prison to the immigration estate.</p> <p><i>(Repeat recommendation)</i></p>	Accepted	Through Operation Bornite, IE's Foreign National Offender Returns Command (FNORC) has been testing an approach to commencing casework earlier in the FNO journey, focused on convicted FNOs awaiting sentencing who wish to return voluntarily. Operation Bornite has proved effective in increasing the time available to effect voluntary departures and, after the initial pilot phase concluded in December 2024, has now been expanded to all prisons.	Ongoing
3.	The length of stay is reduced by improving the processes related to asylum status/and or removal.	Accepted	In addition to Operation Bornite noted above at recommendation two, and as part of the asylum, returns and enforcement programme, NRPC have reviewed and assessed Detained Asylum Casework (DAC) processes, introducing efficiencies to the current model with the aim to reduce the length of stay in detention.	Ongoing
4.	The process for voluntary returns should be improved/rationalised so that those who wish to leave, do so more quickly.	Accepted	<p>The process for voluntary returns is under continual review however not all detained individuals are suitable for voluntary return.</p> <p>When individuals are detained for removal, a voluntary departure can still be arranged for most cases. Where individuals indicate a desire to purchase their own ticket while in detention, we will look to consider the request favourably. Individuals leaving voluntarily will benefit from a reduced entry ban and they are more likely to comply with the departure, resulting in less failed removals, less last-minute barriers, and less requirement for escorts. However, there are limits on the airlines we can utilise, as well as the number of passengers we can place on each flight. This means that there may be some delays in arranging suitable flights even when individuals are keen to depart.</p> <p>In addition, from 19 June 2025, a 12-week pilot commenced where all detained non-FNOs are offered the opportunity to voluntarily depart to their home country with financial support. The pilot will assess whether there are benefits to offering a financially supported voluntary return scheme (VRS) within immigration detention, with the aim of achieving increased compliance and facilitating removal at an earlier point for those who are eligible.</p> <p>Currently, detained persons are excluded from making an application via the VRS for a financially supported return, with other schemes available for foreign national offenders who are serving a</p>	Ongoing

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			<p>custodial sentence in prison, and general support made available for all residents in our Immigration Removal Centres (IRCs) who wish to depart voluntarily.</p> <p>As mentioned at recommendation two Operation Bornite has proved effective in increasing the time available to effect voluntary departures and, after the initial pilot phase concluded in December 2024, has now been expanded to all prisons.</p> <p>Detention Engagement Teams are working closely with case working colleagues to ensure that those seeking to make a voluntary return have their return quickly facilitated. DET managers have now established a dedicated Teams channel with FNO RC colleagues to raise any voluntary departure cases which require escalation.</p>	
5.	The Detention Gatekeeper should be more robust in its safeguarding purpose of protecting vulnerable people from being detained	Not Accepted	<p>The role of the Detention Gatekeeper (DGK) is to consistently apply the Detention: General Instructions, and Adults at Risk (AaR) in immigration detention policy (https://www.gov.uk/government/publications/adults-at-risk-in-immigration-detention) so that detention only takes place where there is a realistic prospect of return within a reasonable timescale.</p> <p>Where vulnerabilities are identified, the presumption of liberty is strengthened for that individual, and the appropriateness of detention is balanced against any immigration control and public-protection considerations on a case-by-case basis. The Adults at Risk policy does not exempt vulnerable people from the possibility of detention, however vulnerable individuals will only be detained under immigration powers where those immigration control considerations or public-protection factors outweigh any risk factors in their case.</p> <p>In addition, mental vulnerability and immigration detention non-clinical guidance was published in July 2020 (reissued July 2023). This guidance looks to ensure that appropriate support is offered to: those who lack decision making capacity, those with disability arising from mental impairment and those who have a mental health condition; and that, for those with a disability, adjustments are made to support the individual whilst in immigration detention.</p> <p>All individuals have ready access to healthcare throughout their detention and can make an appointment with the healthcare team at any point - ensuring access to medical professionals and levels of primary care in line with that available in the community. There are also established procedures in place in every IRC to manage vulnerable individuals including those with mental health concerns, with formal risk assessments undertaken on initial detention and additional systems for raising concerns at any subsequent point</p>	N/A
TO THE DIRECTOR/CENTRE MANAGER				
6.	There have been logistical issues when the Care and separation Unit (CSU) unit has been needed to be used by both male and female detained persons. The Board recommends that to avoid such problems, there should be a separate dedicated CSU for female detained persons.	Partially Accept	The Home Office are working with Serco to consider feasibility options for a specific CSU on Nightingale Unit.	Ongoing
To NHS ENGLAND				
7.	To encourage external acute psychiatric services to remove psychiatrically ill patients at an early stage.	Accepted	NHS England Commissioners work closely with the healthcare provider at the site, to encourage and support close collaboration with Specialist Commissioning Teams and local Integrated Care Boards (ICB) to ensure (where clinically appropriate) that those in our care gain access to mental health beds in as timely and efficient a manner as possible.	Ongoing

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			With the current re-organisation of NHSE, this will lead to greater integration and collaboration between commissioners and ICBs – in turn this will lead to closer working relationships with acute psychiatric services, ensuring transfer to hospitals are done at an earliest stage as is possible.	