Report on an unannounced inspection of

Derwentside Immigration Removal Centre

by HM Chief Inspector of Prisons

8–25 August 2022

Contents

Introduction

Derwentside immigration removal centre (IRC) for women is located on the site of the former Hassockfield secure training centre, near Consett in County Durham. It is a remote setting, far from the main population centres where most detainees had been living.

It opened, after some delay, in November 2021 and at the time of our inspection it held 25 women. Further work was going on to create more space for activities and an induction unit. The site was pleasant with lots of open space, and the units, in which women shared double or single rooms with an en-suite shower and lavatory, were in excellent condition. Communal spaces had comfortable seating, televisions and pool tables.

Although inexperienced, staff members were generally friendly and supportive to detainees and relationships were mostly good. The centre had the advantage of high staff ratios which meant officers had time to get to know the women in their care, but some did not have enough understanding or insight into the experiences and backgrounds of detainees.

Much of the leadership team in the centre also lacked experience, both of immigration detention and of working at their current grade. As a result, we found that procedures for oversight and quality assurance were not good enough in a number of important areas, none more so than in the governance and practice of the use of force. Leaders had not properly overseen the use of force in order to make sure that it was reasonable, proportionate and safe. Inspectors found systems of collecting and storing video and paperwork were not properly organised, making it difficult to track incidents. There appeared to be no footage for some of these incidents.

Levels of violence appeared to be low, but again there was an ineffective system for collecting data, assessing and understanding incidents, supporting victims and dealing with perpetrators.

The Home Office engagement team was operating far more effectively than we have seen in other IRCs. Staff were out and about in the centre, engaging with women who were better informed about the progress of their cases. Similarly, the welfare team provided a good service which was appreciated by the women, many of whom were distressed by the length of time they were spending in custody, the separation from their families and the uncertainty about their cases. Health care in the centre was excellent with a well-led and motivated team that provided a good service to patients.

The centre had opened before building work was complete, and some of the activity places that would have helped to engage the women were not yet finished. While there were enough spaces for the current population, projected increases in the numbers of women may put these facilities under strain.

The remoteness of Derwentside meant that there were very few visits. The centre had not done enough to encourage women to keep in contact with family

and friends, while the use of video calling was surprisingly low. Although women had mobile phones, reception in the centre was patchy, so that calling was difficult from some units and rooms.

While the general atmosphere at Derwentside was positive, there is much work for the leadership, the central Mitie team and the Home Office to make sure that systems of governance are strengthened and that staff are adequately trained to support the often vulnerable women in their care.

Charlie Taylor
HM Chief Inspector of Prisons
October 2022

What needs to improve at Derwentside Immigration Removal Centre

During this inspection we identified 15 key concerns, of which four should be treated as priorities. Priority concerns are those that are most important to improving outcomes for detainees. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Systematic governance, action planning, record keeping and quality assurance were deficient across most areas of operational management.** Detainee safety was an example needing priority action.

2. **Those at risk of self-harm or suicide did not receive consistent and well-organised care.**

3. **Use of force was not always carried out professionally, and oversight was lacking.**

4. **Some vulnerable detainees continued to be detained, despite evidence of a deleterious effect on their health and well-being.**

Key concerns

5. **There was insufficient focus on the needs of women in detention, in policy and practice.** Some staff showed insufficient awareness of women's needs.

6. **Many women had long journeys and arrived late at night.**

7. **Detainees were not kept sufficiently safe by thorough processes to address any evidence of intimidatory behaviour, and to support victims.** Data collection was weak and when investigations into alleged incidents took place, they were inadequate.

8. **Separation was not always clearly justified or used for the shortest time possible.** It had sometimes been used punitively.

9. **Staff and managers were not always professional in their interactions with detainees.** Despite the generally good relationships, there were some disrespectful comments, and some behaviour which showed little understanding of detainees' past traumas and present concerns.

10. **Interpreting services were used too little with those who did not know English well.** This was especially an issue at key points such as reception and discharge.

11. **Consultation with detainees, to understand and respond to their needs, was poor.**

12. **Some key facilities were unavailable because of unfinished initial building work.**

13. **There was not enough for women to do.** There was no plan for the development and promotion of the activities provision to meet the needs of an expanding population.

14. **The centre was not doing enough to encourage and support family contact.** Poor mobile phone reception exacerbated the problem.

15. **Some women waited too long in detention,** often because bail accommodation was not available.

About Derwentside Immigration Removal Centre

Task of the establishment
To detain adult women subject to immigration control.

Certified normal accommodation and operational capacity (see Glossary)
Detainees held at the time of inspection: 25
Baseline certified normal capacity: 84
In-use certified normal capacity: 65
Operational capacity: 84 (when fully opened)

Population of the centre
- 310 women had arrived at the centre since its opening, around 11 per week.
- 10 women held at the centre were recognised as adults at risk under the Home Office policy. This included three women who were recognised as being at level 3, the highest level of vulnerability.
- 44 Rule 35 reports (see Glossary) had been submitted from Derwentside in the previous six months. Release was recommended in 23 of these cases.
- Four women were waiting for a Rule 35 assessment.
- In the last three months, about half of detainees leaving the centre had been released into the community, with one released without accommodation.

Name of contractor
Mitie Care and Custody

Escort provider: Mitie Care and Custody
Health service commissioner and providers: Spectrum Community Health CIC
Learning and skills providers: Mitie Care and Custody

Location
Consett, County Durham

Brief history
Derwentside Immigration Removal Centre (IRC) is on the site of the former Medomsley Detention Centre, which closed in the late 1980s. The centre was refurbished by the Home Office and opened in November 2021 as an IRC for adult women. The first detainees arrived at the centre at the end of December 2021.

Short description of residential units
There are three units currently open. Each unit has a large communal area, a servery, a multi-faith room and a laundry. All have en-suite facilities.

Name of centre manager and date in post
Elaine Tubby (acting centre manager since December 2021)

Leadership changes since the last inspection
N/A

Independent Monitoring Board chair
Jane Leech

Date of last inspection
N/A

Section 1 Summary of key findings

Outcomes for detainees

1.1 We assess outcomes for detainees against four healthy establishment tests (see Appendix I for more information about the tests).

Safety

At this first inspection, we found that outcomes for detainees were not sufficiently good against this healthy establishment test.

1.2 Many women had long journeys to the centre, and in the last two months 20% had arrived between midnight and 4am. We saw some inadequate and insensitive treatment by escort staff. However, the centre's reception staff treated newly arrived women well and gave good support, although they did not speak to each woman in private on arrival or use interpreting services where needed. The reception area was bright and welcoming. The induction process was not organised well enough.

1.3 Many highly vulnerable women were held in the centre, but the safeguarding policy was not focused on the specific needs and risks of women. At the outset of the inspection, 10 detainees were classed as being at risk of harm, including three at the highest level of risk. One of the three was released during the inspection, but the others stayed in detention for lack of suitable accommodation.

1.4 There was good communication between the Home Office and Mitie Care and Custody ('Mitie') about adults at risk. Multidisciplinary management of care for vulnerable detainees was good but record keeping was weak. Vulnerable adult care plans were used appropriately to monitor and support detainees, but some did not detail the care given, or the risks and triggers which staff should bear in mind. Staff sometimes entered women's rooms on their own at night without adequate justification or oversight.

1.5 The incidence of physical self-harm was not high and women were positive about the care that they received under the assessment, care in detention and teamwork (ACDT) case management system for detainees at risk of suicide or self-harm. However, most ACDT documentation was inadequate and there were flaws in the process. Constant supervision in the cases of highest risk was not well organised or documented.

1.6 Assaults and intimidatory behaviour were rare, but data and records were far from complete and there was not adequate investigation or support when there were grounds to monitor particular women for antisocial behaviour.

1.7 Security was proportionate; detainees were never locked in their rooms and had access to the grounds for 14 hours a day. Searching took place only on the basis of intelligence, and there was no strip-searching.

1.8 Force had been used eight times in the previous six months. Body-worn camera footage was not available for all of these incidents and records were not properly collated or retained. It was not clear that use of force was in every case, in every respect necessary and proportionate; derogatory comments were made by staff on some occasions; and there was not always sufficient planning in those cases that were not spontaneous.

1.9 Governance of the use of force was weak, on the part of Mitie and Home Office compliance staff alike. Learning from incidents had not been effectively identified or disseminated.

1.10 Removal from association (see Glossary) was used sparingly. There was some evidence that it had been used punitively and not for the shortest possible time.

1.11 The Home Office detention engagement team (DET; see Glossary) at the centre was providing an effective service, which was much better than we normally see. Each woman was seen promptly on arrival and given the contact details of their engagement officer, and our survey showed good access to Home Office staff.

1.12 Several of the women had lived in the UK for many years and had complex immigration histories and significant vulnerabilities. Their cases were being progressed, but detention was often prolonged for various reasons, including a lack of suitable bail accommodation. One woman had been at the centre for five months.

1.13 The provision for legal visits was adequate, but in-person visits had been problematic because of the centre's location. All detainees were now offered a free half-hour legal advice session, and 47 in-person sessions had taken place since June 2022.

Respect

At this first inspection, we found that outcomes for detainees were reasonably good against this healthy establishment test.

1.14 Staff interactions with detainees were generally courteous and friendly, and some vulnerable women were offered good support. In our survey, all respondents said that staff treated them with respect. The Home Office DET, health care and welfare staff had good relationships with detainees.

1.15 However, there were some inappropriate interactions by custodial staff, particularly during tense moments such as preparation for removals and when women had become agitated. Staff sometimes used

unacceptable language and did not demonstrate care or compassion for detainees, and there was evidence of unprofessional conduct not being challenged.

1.16 Living conditions were generally good, and much better than in other immigration removal centres (IRCs). One large building remained incomplete, so that important facilities such as the induction unit, the care suite and the cultural kitchen were yet to open.

1.17 Outside areas were well maintained and pleasant, and the residential units were bright, clean and spacious. They were well equipped with activities such as games, jigsaw puzzles and crafts.

1.18 The bedrooms were large, clean and well ventilated, although mattresses and bedding were not always of adequate quality.

1.19 There were few complaints and they were generally handled well. Consultation with residents was poor; a weekly meeting took place, but records suggested that senior managers were rarely present and detainee attendance was often low.

1.20 Detainees criticised the food, which did not sufficiently reflect the cultural diversity of the population, although changes were being made. This was exacerbated by the delay in opening the cultural kitchen. Women could eat together on their units, where they also had microwave ovens and toasters. Purchasing arrangements for detainees worked well, although the planned shop had not yet opened, but there were too few healthy food options and an inadequate range of items such as make-up.

1.21 Equality work was not well organised, with too little action planning, consultation or examination of data. Monthly reports did not interrogate some key issues. Professional telephone interpreting was not always used by centre staff when needed, including when new detainees arrived and in ACDT reviews.

1.22 About two-thirds of operational staff were women, but few of the local Mitie policies were tailored to the female population. Some staff did not show sufficient awareness of the needs of women. There was appropriate support for LGBT women and some adjustments were being made for those with disabilities.

1.23 The supportive chaplaincy staff were visible throughout the centre and covered most of the faiths practised by detainees. Facilities for worship were adequate for current numbers, but too small to accommodate much increase. Detainees could access all the faith rooms during the day.

1.24 The well-led team of health professionals was fully qualified to offer women-centred care and detainees spoke highly of their work. They made exceptional efforts to use interpreting and translation.

1.25 Patients could see a nurse on the same day and a GP within 24 hours if urgent. Good women-specific screening and treatment services were

supported by a full range of clinics, with good provision for patients with long-term conditions and complex care needs.

1.26 The mental health team provided sensitive and responsive support for patients, and gave useful training to custody officers.

1.27 Pharmacy services were very good. Women could see a dentist within a week, or sooner if urgent, and had access to a dental hygienist and dental therapist.

Activities

At this first inspection, we found that outcomes for detainees were reasonably good against this healthy establishment test.

1.28 The basic recreational facilities were adequate for the number currently in the centre and detainees had good access. However, the building containing many of the planned activity rooms was not yet open. A new team had recently begun to develop the provision, but their work was not guided by a clear plan for the future.

1.29 In education, teachers were appropriately qualified and developed a good rapport with detainees. During the inspection, around half of the detainees attended at least one of the education sessions. Resources for arts and crafts were good, but there were insufficient learning materials to support English teaching and few attended the English class.

1.30 Teaching rooms were too small and the range of education classes was too limited. There was not enough recording of progress, or quality assurance.

1.31 There were 18 paid jobs, of which six were currently filled. This work was well used to support women who were experiencing distress, but there was insufficient training or supervision.

1.32 The library was a welcoming, busy and informal space, open daily from 9am to 9pm. The books were mainly in English, and little used by detainees. A large stock of films on DVD, including some in foreign languages, found more borrowers.

1.33 Women had good access to the gym, although attendance was low, especially in the daytime. It had a sports hall and a range of exercise machines. There was no outdoor sports area, but staff had organised games on the grassed areas. All detainees had a gym induction and health care staff provided individual guidance as needed, but there was little active promotion of fitness, and stress-relieving activities such as yoga and Zumba were in the pipeline but not yet available.

Preparation for removal and release

At this first inspection, we found that outcomes for detainees were reasonably good against this healthy establishment test.

1.34 Welfare provision was good and women could drop in to the office at any time. The team had not received formal training, but they were knowledgeable and detainees said that they were helpful and accessible.

1.35 All detainees were interviewed on arrival to identify need, with a further interview 48 hours later to check that actions had been completed, and daily checks thereafter. The work done was not sufficiently well documented.

1.36 A team from the charity Hibiscus (see Glossary) and a local visitors group gave support to the women. Welfare staff also liaised with other support groups, to enable detainees to contact them by telephone and email.

1.37 Visits were available daily from 9am to 9pm, but there had been very little take-up. The centre was not actively encouraging or supporting women to maintain contact with their families. The visits area was clean and tidy, but there was insufficient access to food and drink, especially hot food. There was little provision for children, apart from a small play area for the younger ones. Visiting groups were able to visit those who did not otherwise receive visits, but leaders were not proactive in identifying such people.

1.38 Mobile phone coverage was poor and detainees often struggled to get a signal. Twelve computers were available for detainee use, which was sufficient for the current population but not for the expected future capacity. Access to Skype was good, but take-up low. We were not satisfied that it was promoted sufficiently – for example, to enable family contact for the great majority of the population who were not receiving visits. There was no access to social networks, but no legitimate websites were blocked.

1.39 In the last three months, about half of detainees leaving the centre had been released into the community. Some women had been held for long periods through lack of bail accommodation.

1.40 There was insufficient evidence of multidisciplinary preparation for release, including for complex cases, and in our survey a minority said that they had been helped to prepare for leaving the centre.

1.41 Women were positive about the services they received, mainly from Hibiscus, whose support continued after leaving detention and included material and financial aid. The welfare team saw all women leaving the centre. However, there was insufficient use of interpreting services during the discharge process.

Notable positive practice

1.42 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for detainees; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.43 Inspectors found seven examples of notable positive practice during this inspection.

1.44 Health care staff asked women a range of gender-specific questions during the induction process, including about female genital mutilation and pregnancy, which allowed those concerned to be identified and referred to appropriate support services. (See paragraph 3.9)

1.45 The Home Office's detention engagement team was providing a good level of service. Engagement officers had manageable caseloads and a good understanding of the cases they were responsible for, and detainees were able to meet their engagement officer in person regularly. (See paragraphs 2.8 and 3.47)

1.46 Living conditions were much better than in other IRCs. Communal areas and detainees' rooms were large, clean and well ventilated. (See paragraphs 4.4 and 4.6)

1.47 Health care staff made exceptional efforts to use interpreting services and provided translated information, including care plans, so that patients fully understood their treatment. (See paragraphs 4.49 and 4.69)

1.48 The delivery of bespoke training for detention officers to enable care for women with complex needs, with integration of key points in the women's vulnerable adult care plan, gave officers a meaningful plan with which to work and increased their understanding of the psychological needs of the woman. (See paragraph 4.65)

1.49 The development of culturally sensitive materials encouraged detainees to participate in therapy by integrating health care into their personal and cultural frames of reference. (See paragraph 4.69)

1.50 Hibiscus had good working relationships with the women, providing support both in detention and after release. Through the facilitated returns scheme, it provided 'start-up' funds for women who were setting up their own business, and kept in touch after removal to another country. (See paragraph 6.18)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for detainees. (For definition of leader, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for detainees. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The decision to open a new immigration removal centre (IRC) for women in a location far from main centres of population, and where it was difficult to recruit staff, and especially managers, with relevant experience, had created many challenges for those leading the centre.

2.3 Most leaders were motivated to set an example of positive care for detainees, and staff and detainees said that they were visible around the centre. A positive tone was set by a pleasant environment, freedom of movement and mainly caring staff, but most leaders at all levels lacked sufficient knowledge of, and operational experience in, the immigration detention context and they had not been given sufficient support to develop their knowledge and skills. There was some evidence of insufficient supervision to make sure that all staff complied with professional standards.

2.4 Many managers were new to leadership responsibility at the appropriate level. Some support had been given by Mitie Care and Custody managers from other sites in the early stages, but this had not been sufficient to embed proper oversight across a range of operational areas. The governance of use of force was a conspicuous example; although the use of force was rare, some unapproved and risky techniques, and some inappropriate language, had been used by staff, including a manager.

2.5 Leaders had not grasped the importance of structured governance processes. They did not make sure that operational data were collected and used to guide planning, for example on incidents of violence or physical force. We were told that key meetings – for example, about safety or vulnerable detainees – took place regularly, but in many cases there was no record of the meetings, with the result that decisions or actions could not be reliably tracked and followed up.

2.6 The specific needs of women were not reflected in many of the published policies, which were often drawn from generic material relating primarily to male detention centres. Some staff did not show sufficient awareness of the needs of women in this context, or of a trauma-informed approach in response to their specific vulnerabilities.

2.7 Many areas of day-to-day detainee well-being were not being affected negatively by these deficits, mainly because of the large staff-to-

detainee ratio and the caring approach of many staff, but they resulted in the establishment carrying an unnecessary level of risk.

2.8 Two teams in the centre stood out as examples of positive leadership. Firstly, the Home Office's detention engagement team (see Glossary) gave much more attention and support to individual detainees than we often see in IRCs. The lower detainee numbers were a factor, but a positive culture of engagement had been established.

2.9 Secondly, leadership and staff skills in the health care team stood out as consistently good, and we saw instances where the expertise and commitment of health care staff contributed to detainee well-being across the whole site. The enthusiasm of some of the activities staff and of the religious affairs team were also positive influences.

2.10 The failure by the Home Office to make sure that the whole site was complete and open for use, including some key facilities in one unfinished building, such as the care suite and cultural kitchen, shop, café, proper hairdresser and worship space for some faiths, was having a negative impact on the well-being of detainees.

Section 3 Safety

Detainees are held in safety and with due regard to the insecurity of their position.

Arrival and early days in detention

Expected outcomes: Detainees travelling to and arriving at the centre are treated with respect and care. Risks are identified and acted on. Detainees are supported on their first night. Induction is comprehensive.

3.1 Since the opening of the centre, there had been 310 new arrivals. Many women experienced long journeys because of its remote location; some had had brief stays in a short-term holding facility before arriving at Derwentside. In the last two months, 20% had arrived between midnight and 4am.

3.2 We observed three women arriving including one who had been on the escort van for around five and a half hours, with only one comfort break and limited snacks. None of them knew where they were and they were visibly upset on arrival. We observed an escort officer behaving inappropriately towards them, making insensitive comments. Reception and health care staff, however, responded well. They were supportive of the women's needs and processed them swiftly through reception. All detainees in our survey said that they had been treated well in reception.

3.3 The reception area was bright and welcoming, with soft furnishings and fresh fruit and water available. Women were searched promptly by a female officer on arrival, and in our survey, 95% said that this had been done in a respectful way. An informative booklet was available in different languages and gave a brief overview of the centre. Women were provided with a sandwich and snacks, as well as a mobile phone, and they were given phone credit to enable them to contact their families and friends. They were unable to have a shower in reception, but this was mitigated in part by being taken to their units quickly, where showers were available in each room. Clean clothes were provided to those who needed them.

Reception area

3.4 The initial screening in reception was not private. We observed women being asked sensitive questions near to other detainees. There were two rooms available where interviews could have taken place and it was unclear why these were not used. Interpreting services were not used enough, despite a detainee repeatedly saying that she spoke little English. Questions about vulnerabilities were asked by health care staff during their initial screening, which took place in a private room away from reception. Detainees did not wait long for their reception screening.

3.5 Detainees were checked at least three times during their first night and 91% of respondents to our survey said that they had felt safe on their first night in the centre, in comparison with 59% in other immigration removal centres. There was no dedicated first night accommodation, as the building work had not been completed. Women were welcomed by staff on the main units and shown to their rooms. We saw no use of interpreting services during this process.

3.6 Induction was completed within 48 hours of arrival, but this was unstructured and detainees were unsure when they would be seen and by whom. Records were poor and it was not clear which agencies had visited women when they first arrived.

Safeguarding

Expected outcomes: The centre promotes the welfare of all detainees and protects them from all kinds of harm and neglect. The centre provides a safe environment which reduces the risk of self-harm and suicide. Detainees at risk of self-harm or suicide are identified at an early stage and given the necessary care and support.

Safeguarding of vulnerable adults

3.7 Many women held at the establishment were highly vulnerable. Most had lived in the UK for some time and many had long and complex immigration backgrounds. They were well cared for in the centre, but in some cases it was clear that the experience of detention had adversely affected their health and well-being.

3.8 The centre's safeguarding policy for adults was suitably tailored to the detention context. However, it was generic and did not focus on the specific vulnerabilities or safeguarding risks for women. This was mitigated in part by a number of officers – including all detention custody managers and those working on the welfare team – receiving an enhanced safeguarding training programme which covered some relevant issues, such as gender-based violence and domestic abuse.

3.9 During the induction process, health care staff asked women about issues such as pregnancy and female genital mutilation, and were able to direct them to relevant support services.

3.10 At the outset of the inspection, 10 women held at the establishment were recognised as adults at risk under the Home Office policy, including three at the highest level of vulnerability (level 3). Detainees who engaged this level of the policy were generally released reasonably promptly. The other two continued to be held despite their vulnerabilities and also the fact that both had been approved for release, as a result of a lack of suitable bail accommodation (see also paragraph 6.16).

3.11 Data sharing between the Home Office and Mitie Care and Custody ('Mitie') about adults at risk was effective and we saw good communication about vulnerable women. The shared record of adults at risk held in the centre was updated regularly. However, we found errors in relation to one woman: in Home Office online records, two incompatible risk levels were shown, so that the centre's information about her was not accurate.

3.12 Multidisciplinary weekly meetings to discuss adults at risk and complex cases were well attended and provided a useful forum for staff to discuss women's progress and plan their care. Home Office case workers dialled in to discuss the most urgent cases, which was good practice. However, as a result of poor minute-keeping, the quality of the discussions was not captured in records, and the details of the cases raised in the meetings were not clearly recorded.

3.13 The centre used vulnerable adult care plans (VACPs) to oversee the care of vulnerable detainees. These were used appropriately to monitor and support such individuals. The women on these plans told us that they felt well supported, but the plans did not always document the level of individualised care that each received. Some of the plans we reviewed failed to consider the risks and triggers for vulnerable detainees.

3.14 While Home Office records contained information about whether a woman had children and where they were residing, this was not communicated routinely to staff working face-to-face with the women. They may not, therefore, have been aware of risks and triggers involving detainees' children, or may have missed opportunities to improve family contact.

3.15 In the previous six months, 44 Rule 35 (see Glossary) reports had been submitted at Derwentside. Of these, 36 related to torture claims, four to health concerns and four to suicidal ideation. It was positive that Rule 35 reports in relation to health concerns and suicidal ideation, as well as torture claims, were being submitted routinely. The quality of reports was generally adequate and contained an assessment of the impact of ongoing detention on detainees' health and well-being, although they did not always include body maps when claims of physical torture had been made. Of the 44 reports submitted, 23 (52.3%) resulted in release being recommended.

3.16 In our sample of 10 recent Rule 35 reports, we found that Home Office responses were prompt and based on a suitable definition of torture. Seven of these related to claims of torture, two to suicidal ideation and one to health concerns. Detention was maintained in five of the cases, release was recommended in one case, and in four cases detainees were released for other reasons while their Rule 35 was being considered. All of the detainees whose detention was maintained engaged the adults at risk policy, including one with suicidal ideation, who continued to be detained despite being an adult at risk level 3.

3.17 We asked the Home Office for information about the number of referrals made to the National Referral Mechanism (NRM; see Glossary) from Derwentside, but they were unable to provide this.

3.18 A Mitie staff whistleblowing policy was in place to identify misconduct, and in our staff survey 97% of respondents said that they would raise any concerns that they had. The whistleblowing process had been used once.

Self-harm and suicide prevention

3.19 In our survey, 16% of respondents said they had felt suicidal at some point in the centre, and 68% that they had felt depressed. There had been two recorded self-harm incidents, by the same woman, since the centre had opened, neither classified as serious. In the previous six months, 45 assessment, care in detention and teamwork (ACDT) case management forms had been opened. The women we spoke to who

were being supported through this process were positive about the care they received. Most women on an ACDT received this support because of concerns related to the impact of detention and the removal process.

3.20 Most ACDT documentation was inadequate and there was little quality assurance. Care maps were not always tailored to the individual and most target setting was generic. Daily records focused mainly on observations rather than conversations with the women, and telephone interpreting services were not always used when needed. Paperwork for women who had left the centre, including ACDT documents, was disorganised.

3.21 The Home Office was informed of risk information from case reviews, but they were not recorded in sufficient detail. It was not uncommon for different people to take the role of case manager in successive ACDT case reviews, and we saw a woman having to repeat information about herself in a meeting because a new person was acting as the case manager. In addition, too often the meetings were not multidisciplinary. Mental health workers attended case reviews and offered good support, but onsite Home Office staff rarely took part. Weekly adults-at-risk and complex case meetings discussed ACDTs along with other standing agenda items, but the monthly safer detention meetings were not recorded and data were not analysed.

3.22 Since the opening of the centre, only one woman had refused food or fluids. The documentation in this case was incomplete and there was no evidence of case reviews or of support having been provided.

3.23 Constant supervision, in the cases of highest risk, was usually completed on the residential units, as two rooms designed for this purpose were in the building that remained incomplete (see also paragraph 4.9). The documentation of those on constant supervision was weak, and did not always clarify when a woman was on this process. We saw staff not interacting with the women and failing to maintain observations while, using electronic devices and talking among themselves. We saw a male staff member completing a constant supervision, along with two female staff despite the records of the detainee concerned highlighting the presence of males as a self-harm trigger for this woman.

Safeguarding children

Expected outcomes: The centre promotes the welfare of children and protects them from all kind of harm and neglect.

3.24 There was a thorough child safeguarding policy and staff had received appropriate training. No women had been subject to age dispute cases since the opening of the centre.

3.25 Women with children were identified on reception, including those who were living in the UK. Although staff were aware of those who had children, limited work was being done to support these individuals.

Personal safety

Expected outcomes: Everyone is and feels safe. The centre promotes positive behaviour and protects detainees from bullying and victimisation. Security measures and the use of force are proportionate to the need to keep detainees safe.

3.26 In our survey, 15% of respondents said that they currently felt unsafe, and 45% that they had felt unsafe at some point during their time at the centre. Most to whom we spoke told us that they felt safe in the centre and no detainees said that staff made them feel unsafe.

3.27 Assaults and intimidatory behaviour were rare, but structures and processes to make sure that victims were supported and protected, and that perpetrators received support to change their behaviour, were weak. The anti-bullying and violence reduction policies were not tailored to the specific situation and needs of women in immigration detention.

3.28 Data and record-keeping relating to violent and antisocial behaviour were poor. We were told that there had been two assaults on detainees by other detainees and one assault on staff in the previous six months, but managers were unable to provide any relevant paperwork.

3.29 Records also indicated that during this time seven detainees had been monitored for antisocial or violent behaviour. When we requested the paperwork for these, we were provided with only two examples. These were of poor quality and lacked sufficient investigation. Entries made by staff were mainly observational and provided no evidence of meaningful interaction to support detainees to change their behaviour. Similarly, the documentation intended to support the two victims of antisocial behaviour was inadequate.

3.30 We were told that the safer community team met monthly, but there was no evidence of this as there were no records, nor an action plan to drive improvements.

Security and freedom of movement

Expected outcomes: Detainees feel secure. They have a relaxed regime with as much freedom of movement as is consistent with the need to maintain a safe and well-ordered community.

3.31 Detainees were never locked in their rooms. They were able to move freely around the grounds for 14 hours per day, and around their units at all times.

3.32 During the previous six months, 217 security information reports had been submitted. Reports were not always analysed and processed quickly and it was not clear what consequent actions had been identified or whether they had always been completed. There were no efficient systems for processing them quickly, or for agreeing and tracking actions in response to them.

3.33 The policy was for strip-searching to be undertaken only as a result of intelligence, and none had yet taken place.

3.34 Handcuffing of detainees during external escorts was based on an individual risk assessment, which was appropriate, but in some cases the paperwork was poorly completed. For example, information about risk or important health care issues was sometimes missing.

3.35 There was no evidence of substance misuse, and in our survey, no respondents said that it was easy to get drugs in the centre.

3.36 All room searches were based on specific intelligence. Checks and searches of the perimeter, communal areas and activities took place regularly.

3.37 Corruption prevention work was adequate. Allegations of inappropriate conduct were investigated by senior managers and acted on appropriately.

3.38 In some cases where a referral should have been made to the Home Office Professional Standards Unit, this had not been done; examples included inappropriate use of force on a detainee and derogatory remarks made about a detainee, recorded on body-worn camera (see case studies at paragraph 3.41).

Use of force and single separation

Expected outcomes: Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held in the unit for the shortest possible period.

3.39 Records indicated that force had been used eight times during the previous six months. Footage was not available for all the incidents, despite the good availability of body-worn cameras. Record keeping of the use of force was poor, with no systematic process for collating all footage and paperwork after an incident.

3.40 Governance and quality assurance arrangements for use of force were weak. Although all incidents were reviewed by Mitie managers and the Home Office, the reviews were inadequate, and had failed to identify several serious failings in the application of force. It was not clear whether all use of force was on every occasion both proportionate and necessary. We observed derogatory comments being made by staff about a detainee, some risky use of techniques in the application of force, an apparent absence of de-escalation, lack of empathy and of overall incident management. It was clear from the footage that other detainees in the centre had witnessed these incidents, with no follow-up support provided.

3.41 Discussions on use of force took place as part of the security meetings, but minutes were poor and did not demonstrate evidence of scrutiny or lessons learned, and there was no associated action plan to support improved outcomes in this area.

Case study 1

A woman aged 38 was required to leave the centre for a removal flight, but she was passively resistant – refusing to go with the staff, but offering no violence or aggression. After a struggle, she was brought to the ground in the communal area of the unit. There was a lot of shouting over one another by staff. She repeatedly complained that she was in pain and that her neck was hurting, but staff continued to struggle with her using unapproved and risky techniques, particularly around the head and neck area, albeit only for a very brief period. They appeared not to use de-escalation techniques sufficiently. The woman was handcuffed, unusually, with two interlinking sets. An officer and a senior manager were overheard to make derogatory remarks about the detainee. Health care staff talked to her and tried to calm her down. Staff decided to carry her, but their lifting technique was poor – the staff were struggling and the woman was in pain. Her head was not properly supported, and one member of staff held her neck, until someone asked them not to. The use of the handcuffs while she was being carried also caused her considerable pain. A member of the health care team was able to persuade her to walk to reception. The

incident was witnessed by other detainees. The woman did not leave the centre and was not removed on the flight.

3.42 During the previous six months, removal from association had been used four times. The average length of stay was 21.5 hours. In the paperwork we examined, the centre's decision to separate detainees was not properly justified. For example, separation under Rule 40 had been used three times for the same detainee, who had been identified as an adult at risk level 2 by the Home Office, but this was not acknowledged in the paperwork and there was no record that alternatives to separation had been considered.

3.43 There was some evidence that separation had been used punitively and not for the shortest time possible. For example, paperwork stated that the detainee was located to the unit 'to calm down', and on body-worn camera footage staff could be heard telling them that they would be there for 24 hours.

3.44 The Rule 42 unit (for the temporary confinement of violent and refractory detainees) had not been used since the opening of the centre. The two cells designed for use in these circumstances, not yet commissioned for use, were very bare.

Rule 42 accommodation

Legal rights

Expected outcomes: Detainees are fully aware of and understand their detention, following their arrival at the centre and on release. Detainees are supported by the centre staff to freely exercise their legal rights.

3.45 The average cumulative length of detention for the women held was 40 days in total, with an average of 27 days spent at Derwentside itself.

3.46 The detainee who had been held for the longest time had been in immigration detention for six months and at Derwentside for five, which was far too long. This was particularly unsatisfactory as this detainee had agreed to leave the UK voluntarily.

3.47 The Home Office DET at the centre was providing an effective service, which was much better than we normally see. Each woman was offered an induction within 48 hours of arrival and given the contact details of their engagement officer. In our survey, 69% of respondents said that it was easy to see Home Office staff, and 70% that they were kept up to date with the progression of their case. Online records showed that DET workers met detainees regularly and responded to their requests to meet. There was a weekly surgery, but this was not always well attended as women could usually ask on an ad-hoc basis to speak to their engagement officer, who would respond promptly.

3.48 Case progression in the time since the women had entered detention was generally reasonably efficient. Of the 10 women whose cases we reviewed in detail, seven had served prison sentences and five were at levels 2 or 3 of the Home Office adults at risk policy. One had received a conclusive grounds decision from the NRM and another had a positive reasonable grounds decision. Three of the women were recorded as having children.

3.49 Detention was often prolonged by lack of progress on their cases while in prison, or by legal processes such as appeal and further submissions, which arose from the complexity of many of the cases. A lack of suitable release accommodation was a particular problem, leading to prolonged detention. One woman recognised as a level 3 adult at risk had been waiting for suitable release accommodation for three months at the time of the inspection, which was far too long.

3.50 The provision for legal visits was adequate, but because of the remote location of the centre, the number of in-person visits was limited. They could also take place over Skype, but the take-up was very low. All detainees were offered access to half an hour of free legal advice under the detained duty advice scheme. Until June 2022, these sessions had been happening remotely, but since then 47 in-person sessions had taken place. Another 120 women had been referred for sessions by Skype or telephone in the same period.

3.51 The library contained some legal materials, although not all were up to date. However, detainees were able to email legal representatives and

access websites containing legal information. The welfare office provided a range of materials and information about bail and removal from the UK, although they were not easily available in a range of languages.

Section 4 Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

Staff-detainee relationships

Expected outcomes: Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

4.1 We generally saw courteous and friendly interactions, and witnessed some vulnerable detainees being offered good support and encouragement. In our survey, all respondents said that staff treated them with respect, and 80% that they had a member of staff they could turn to for help. We saw staff speaking to women regularly and playing games with them on the units. Some members of staff spent a long time with one of the most vulnerable women in the centre, speaking to her to get a better understanding of her situation and encouraging her to take part in activities that suited her interests.

4.2 However, we also saw evidence of some inappropriate interactions, particularly during tense moments such as preparation for removals and when women had become agitated (see section on use of force). These incidents of unprofessional behaviour had not been reported by other staff who were present. Some staff did not show sufficient awareness of the needs of women in this context, or of a trauma-informed approach in response to their specific vulnerabilities.

4.3 The centre had recently introduced a key worker scheme. Each detainee was allocated a staff member, who was responsible for arranging weekly meetings to discuss any concerns, with use of telephone interpreting if needed. This was a positive initiative, but as it had begun recently and was not yet embedded, we could not yet assess the level of support that it provided.

Daily life

Expected outcomes: Detainees live in a clean and decent environment suitable for immigration detainees. Detainees are aware of the rules and routines of the centre. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair. Food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

Living conditions

4.4 Living conditions were generally good, and much better than in other immigration removal centres (IRCs). Outside areas were clean and pleasant. There was little planting to enhance the environment, although a 'welcome' mural had recently been painted. There was not enough outside seating.

Outside area

4.5 During the inspection, two residential units were in use. They were bright, clean and spacious. All women responding to our survey said that the communal areas of their unit were clean.

4.6 Most of the accommodation was in single rooms. All single and double rooms were large and clean. In contrast to some purpose-built IRCs, windows could be opened. Rooms were generally well equipped, had a television and were adequately furnished, with lockable cupboards. All had separate showers and toilets. Women had their own room keys.

A double room

4.7 All those who responded to our survey said they had clean sheets every week. Mattresses were thin and laid on a solid wooden base.

4.8 Laundry facilities were in good order. In our survey, almost all respondents said that they normally had enough clean, suitable clothes for the week. The centre provided tracksuit tops and bottoms, and underwear, for women who needed them. There was only a small stock of other clothing, donated by local charitable organisations.

4.9 The site had started to receive detainees in December 2021, before building work had been completed. This meant that some services and activities were based in a temporary location, and others (see paragraph 5.1) were yet to open at all. Building work was not due to be completed until 2023.

Detainee consultation, applications and redress

4.10 There were few complaints – just 18 in the six months to the end of July 2022, and they were generally handled well. Despite the low number, three responses had been late. In our survey, 90% of respondents said that they knew how to make a complaint, and 90% of those who had made a complaint said that it had been dealt with fairly. Most complaint responses showed thorough investigation. Replies

were polite and the findings appeared reasonable, apart from an inadequate response to a complaint about poor food.

4.11 We were concerned that one complaint about the conduct of a deputy custodial manager had been responded to by another deputy manager at the same grade.

4.12 Consultation was poor. There was a weekly resident consultative committee meeting, but records suggested that senior managers were rarely present, and most meetings were attended by few detainees. Some concerns were raised repeatedly, without subsequent meetings checking if they had been addressed.

Residential services

4.13 Detainees we spoke to were critical of the quantity and quality of the food. In our survey, 45% of respondents said that the food was good.

4.14 Menu options ordered by detainees were not always available, because of supply problems. The options offered did not sufficiently reflect the cultural diversity of the population, although changes were being made. A cultural kitchen was planned, where groups of women could cook food from their own culture, but this would be in the building which was not yet open.

4.15 Detainees had not been surveyed about the menu. Kitchen staff had not attended any consultation meetings, and there was little evidence that concerns raised there, or in the food comments books on the residential units, were addressed.

4.16 The kitchens were clean and well equipped. Recent inspections by environmental health and regional HMPPS inspectors had found that food was stored and prepared appropriately.

4.17 There was space on the units for the women to eat together if they wished. They had 24-hour access to the unit serveries, where there were microwave ovens and toasters, and a supply of basic food and drinks including bread, cereal and fruit. Some women complained that fruit was not always available, and we found this to be true.

4.18 The on-site shop was not open yet, being in the uncompleted building. Instead, detainees could order goods from a list, with reliable same-day delivery.

4.19 In our survey, only 62% of respondents said that the shop sold the things they needed. They could not order any fresh food and it list provided too few healthy food options. There was little provision for the women to buy make-up.

4.20 There had been no consultation or survey on the range of products available, and the shop manager had not attended any meetings of the consultative committee. Detainees could not make catalogue orders.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality and diversity, underpinned by processes to identify and address any inequality or discrimination. The distinct needs of detainees with protected and any other minority characteristics (see Glossary) are recognised and addressed. Detainees are able to practise their religion. The multi-faith team plays a full part in centre life and contributes to detainees' overall care and support.

Strategic management

4.21 Much more needed to be done to understand and respond to the diverse needs of women. Strategic management of equality work was poor. Senior staff members had been appointed to lead work on each protected characteristic, but this had not yet produced any positive results.

4.22 There was no strategy or action plan. A Mitie Care and Custody ('Mitie') equality, diversity and inclusion (EDI) policy set out some processes, but it was not tailored to a centre holding women.

4.23 We were told that there were monthly EDI meetings, but no minutes were taken, nor any actions identified as arising from them. EDI reports were produced monthly, but they did not interrogate some key issues and were insufficiently focused on equality issues. Equality data presented in them only covered the previous month's activity.

4.24 Equality consultation comprised only an agenda item in the weekly 'residents consultative committee' meetings. These meetings were poorly attended, and few equality issues were raised (see also paragraph 4.12).

4.25 The procedure for complaints about discrimination applied only to those about race. Unit staff did not know how complaints about discrimination should be made. Detainees were not told how to make such complaints in their induction, and none had been made in the last six months.

4.26 There was some evidence of the celebration of diversity, with input from the regimes team, chaplaincy and kitchen staff.

Protected characteristics (see Glossary)

4.27 In our survey, 91% of detainees identified as being non-white. The Home Office did not monitor the ethnicity of detainees. In our survey, 52% of respondents said that they understood spoken English very or quite well, and 50% that they understood written English. In our survey, detainees with little understanding of English generally had similar perceptions to others about their treatment.

4.28 Much useful information had been translated into common languages, but many notices were still available only in English. We saw instances

in which unit staff used hand gestures or spoke loudly in attempts to make themselves understood (see also paragraph 6.19).

4.29 Health care and Home Office DET team staff made good use of professional telephone interpreting (see paragraph 4.49), but we were not satisfied that other staff always used this when necessary. Telephone interpretation was not recorded as having been used in some assessment, care in detention and teamwork (ACDT) reviews for women with little understanding of English. In a reception safety interview, staff failed to use interpretation when it was needed (see paragraph 3.4). A woman was discharged whose record stated that interpretation was needed, but it was not used even though she told staff that she did not understand them (see paragraph 6.19).

4.30 Several detainees were not in the same residential unit as others who spoke their language. More needed to be done to minimise the social isolation of some, with regular recorded checks using interpretation.

4.31 Helpfully, about two-thirds of operational staff were women. However, few of the Mitie operational policies were tailored to a female population. Some staff did not show sufficient awareness of the needs of women, or of a trauma-informed approach in response to their specific vulnerabilities. For example, the scarcity of social visits had a negative impact: few detainees received any visits, and no children had visited any detainee (see paragraph 6.5).

4.32 A small number of women lived with physical disabilities and some appropriate adjustments were made. In our survey, the three women who reported having a disability said they were getting the support they needed.

4.33 There was a well-equipped room with adaptations for someone with mobility difficulties. We were told that, if needed, a peer supporter would be allocated to help them with daily needs. There was little structured oversight of such arrangements.

4.34 Despite some good support from the mental health team, staff said that they found it difficult to help with women with more serious mental health conditions. They had little awareness of neurodiversity and could not say whether any neurodiverse women had been detained.

4.35 There was some appropriate provision for LGBT women.

Faith and religion

4.36 Good, supportive chaplaincy staff spoke with detainees in every part of the centre. In our survey, respondents were positive about respect for their religion. Employed and volunteer chaplains covered most of the religions represented, although leaders had not yet been able to recruit a Buddhist faith leader.

4.37 Facilities for worship were adequate, but the chapel and mosque were too small to accommodate increased numbers in the future. Each unit

had a small multi-faith room and detainees had free access to all the faith areas during association periods.

4.38 The chaplaincy team told us that they had recently experienced problems with restriction of their access to detainees' electronic records, so that they could not see data on their religion or identify those being supported on an ACDT.

4.39 The team worked well with catering staff to promote the celebration of religious festivals and there were appropriate arrangements for Ramadan and Eid.

Health services

Expected outcomes: Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

4.40 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found no breaches of the relevant regulations.

Governance arrangements

4.41 A health needs assessment had been completed, but the results were not yet available. We found that health services met the needs of the population.

4.42 Spectrum Community Health ('Spectrum') provided motivational leadership to the newly formed team, which had, remarkably, achieved full staffing in only eight months. Relationships between the service commissioner, Spectrum, and operational leaders were professional and productive.

4.43 Leaders followed a clinical governance framework to improve on patient care. This included regular audits, quality assurance meetings and a patient safety incident review group.

4.44 Twenty-one service events had been reported in eight months, which demonstrated an open culture, although most were about minor issues related to individual care. There were few complaints (an average of one every two months) and managers had responded appropriately. One complaint about health care had been answered via the centre's complaints system, which was inappropriate as it could have compromised patient confidentiality.

4.45 The well-led team of health professionals had suitable qualifications, skills and experiences to offer women-centred services. All mandatory

training had been completed, with plans to introduce further IRC-related training, such as understanding Rule 35 reports (see Glossary) and completing person escort records. All staff were encouraged and supported to take part in further development.

4.46 Health care staff across all services attended clinical supervision. There were arrangements for peer reviewing, and the handovers included learning from each other. Staff said that they felt supported by managers and knew who to report to if they needed help.

4.47 Spectrum was holding monthly patient forums to gauge satisfaction with the service, which was proving constructive. In our survey, 95% of respondents said that the quality of health services was very or quite good.

4.48 The health centre was new, purpose designed and contained the dental surgery as well as clinical rooms. It was an exceptional clinical space that met infection prevention compliance standards. A snagging problem with incorrect locks, unresolved since opening, was fixed during the inspection.

4.49 Clinical in-confidence information was stored on SystmOne (the electronic clinical record). Care plans were subject to clinical audit and those we sampled were of good quality. Health care staff made exceptional efforts to use interpreting services, and took time to discuss treatment options with patients and to provide reassurance.

4.50 There was a suitable policy to manage infectious diseases, under which an outbreak of COVID-19 had been successfully managed.

4.51 The centre had not published a strategy to promote health and well-being, although some discussions had taken place to create one. There was a good health promotion strategy, with regular events. During the inspection, a health promotion afternoon in the gym was reasonably well attended by detainees and some staff. General health screening, in line with national programmes – for example, chlamydia, tuberculosis and blood-borne viruses – was offered to new arrivals as indicated clinically.

4.52 Women-specific health screening was available, including breast and cervical screening, with access to gynaecology and visiting midwifery services if needed. Immunisation and vaccination clinics, such as for COVID-19, MMR and influenza, took place, in line with the national public health schedule.

Primary care and inpatient services

4.53 The primary care service was staffed 24 hours a day, with a nurse providing overnight cover who was available to receive any late arrivals. There were clear processes for out-of-hours GP and emergency cover.

4.54 Around 11 detainees each week were screened by nurses on arrival at the centre. A comprehensive secondary health assessment followed on

the next day. Detainees with urgent needs could see a GP within a day as Spectrum made arrangements for a local GP to come into the centre if no clinic was timetabled. All relevant risk, vulnerability and care planning information was shared by IRC staff and the Home Office team, where appropriate, on the first night and thereafter.

4.55 Detainees could apply in writing for a health appointment. Detention officers would also call health care staff to request appointments. Nurse triage appointments were available on the same day, detainees could attend on a walk-in basis, and nurse prescribers were able to prescribe medicines. We observed caring and compassionate interactions between health care staff and detainees.

4.56 Waiting times for primary care services were short, with GP appointments on Tuesdays and Thursdays. There was funding for a further GP session at the weekend, to ensure compliance with Rule 34 (whereby every detained person should be given a physical and mental examination within 24 hours of admission). An appropriate range of other primary care services was available, including optician, phlebotomy, physiotherapy, podiatry and sexual health.

4.57 Detainees with long-term conditions, such as asthma or diabetes, were assessed promptly by skilled nurses, with support from GPs. Care plans were drawn up soon after arrival, and required diagnostic checks, such as blood tests, were carried out as soon as practicable.

4.58 Hospital appointments were managed well. None were cancelled for lack of escorting officers.

4.59 Four detainees were waiting for a Rule 35 assessment. Most of these disclosures of torture had not been identified until after the initial reception screening. Detailed Rule 35 assessments were undertaken face-to-face by the GP and contained clear conclusions about the impact of continued detention on the woman's health.

4.60 A comprehensive memorandum of understanding for social care was in place for the North-East prisons, and Derwentside had been brought within its scope. Durham County Council (DCC) worked closely with the IRC, North-East prisons and Spectrum to ensure the delivery of social care. The North-East prisons social care system was comprehensive and efficient.

4.61 The pathway for social care was clear and accessible. Screening by Spectrum 'trusted' assessors at reception included social care needs. This would be followed by an immediate care plan and referral to DCC for a local authority assessment. This had taken place once since the opening of the centre, and although no social care was needed at the time of the inspection, it resulted in enhanced mental health care provision (see below).

4.62 Detainees were given a seven-day supply of medication, where needed, to take out on their release or transfer, and all patients were provided with a copy of their medical records. Nursing staff shared

information with patients on where to get further help and support in their area, if released into the UK.

Mental health

4.63 Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust and the Rethink Mental Illness charity ('Rethink') integrated their work to deliver highly valued mental health services. In our survey, all relevant respondents said that they had been helped with their mental health problems. Patients we met said that they were satisfied with their care.

4.64 Mental health practitioners (MHPs) offered services from Monday to Friday and included nurses, a psychiatrist and psychological well-being practitioners. They were well led, trained and supervised, and they were co-located with Spectrum staff within the health centre. Communications were excellent, with MHPs contributing effectively to health centre and prison meetings, including contribution to vulnerable adult care plans (VACPs) and ACDT care coordination.

4.65 Bespoke training was being delivered by MHPs to detention officers, to enable them to support individual women with complex psychological needs. Key points arising from the training were included in the VACP, so that staff could relate training to expected practice.

4.66 TEWV and Rethink standard operating procedures had been carefully adapted for use in an IRC, and about 60% of the population were in receipt of MHP care. Every detainee admitted to the centre was reviewed for the need for such care, the women had open access and there were no waiting lists.

4.67 Treatment interventions were solution-based and included art therapy, cognitive and dialectical behavioural therapies (see Glossary) and counselling. Patients with serious mental illnesses received regular support from MHPs. Interventions had to be adapted for short periods of detention. For example, eye movement desensitisation and reprocessing (EMDR; see Glossary) was offered in flash technique format (see Glossary), as women might not have stayed long enough to benefit from a full course of EMDR.

4.68 Thought was being given to delivering therapy in groups – for example, anxiety management or sleep hygiene – which could be more efficient than one-to-one treatment. There was not yet suitable dedicated accommodation for psychological group therapies.

4.69 We saw impressive written materials on mental health, composed in culturally sensitive ways to encourage participation in therapy. For example, the introduction to mental health services booklet was available to all, but a version to assist Muslim detainees, developed with the Muslim chaplain, to integrate the receipt of care into an Islamic context, was also available. Materials were also translated into languages other than English as necessary, including care plans, which were shared with patients.

4.70 The care programme approach was used to help case management, and pre-release work centred on arranging continuity of care with community mental health teams in the UK. Work had started to identify the support agencies that might be available in other countries, so that patients being removed could be signposted to caring agencies in the destination country.

4.71 Since the opening of the centre, a transfer to hospital under the Mental Health Act had been arranged for one patient within the target transfer time (28 days), although her condition subsequently improved and the transfer became unnecessary.

Substance misuse treatment

4.72 Clinical management of substance use treatment was very good. Spectrum had several appropriately qualified prescribers and evidence-based local operating procedures to guide opiate substitution therapy (OST). Only two patients had presented with substance misuse needs in the last eight months, both of whom were well maintained on methadone, which had started before entering the centre. There was no psychosocial team because of the low demand. Such support was given on an individual basis by primary care and mental health staff. A patient receiving OST said she was satisfied with her treatment.

Medicines optimisation and pharmacy services

4.73 The supply chain, storage and administration of medicines was secure, safe and efficient.

4.74 The pharmacy room was well arranged, with strong cabinetry and a private area for medication to be administered.

4.75 The pharmacy technician was suitably qualified and had support from the GP and senior nurses. She had professional oversight and supervision from Spectrum local and regional pharmacists, one of whom visited regularly.

4.76 Well-ordered medicine cabinets contained stock for named patients, general stock, over-the-counter medicines and items specific to patient group directions (PGDs), which enable nurses to supply and administer prescription-only medicine. Controlled drugs were stored and administered in line with statute and best practice. The shop list for detainees contained few over-the-counter medicines, although the pharmacy technician was intending to offer advice on what might be included.

4.77 Reconciliation of medicines was audited regularly and was very good. Most new detainees' medicines were reconciled within hours of their arrival, and over 95% within the target of three days.

4.78 Medicines were administered four times per day, including at 10pm if clinically indicated. The medicines administration that we observed was

excellent, with sensitive supervision by detention staff outside the pharmacy area.

4.79 Most patients (over 90%) had medicines in-possession, with lockable drawers in their rooms. Risk assessments were accessible on SystmOne and updated as circumstances changed, and were being audited during the inspection.

4.80 While there were no regular pharmacy-led clinics, the pharmacy technician attended daily service meetings and participated in individual patient clinical discussions when medicines were due to be considered. A pharmacist was available on request to see patients, although no detainees had requested a meeting.

4.81 There was no local medicines management committee, but medicines-related issues were picked up at clinical governance meetings, and a prescribing nurse attended the Spectrum regional medicines management group. Standard operating procedures were suitable and localised, and an impressive range of signed PGDs was held in the pharmacy.

Oral health

4.82 Burgess and Hyder was contracted to provide dental services for one day a week, delivered in two half-days, to reduce waiting times between clinics. Dental staff were supported with suitable supervision, appraisal and a comprehensive package of training.

4.83 The service was responsive, with short waiting times for routine and urgent care. The dentist carried out telephone triage initially, to determine the urgency of need. Urgent cases were seen within three days, and non-urgent within a week. In a serious emergency, the dentist would attend the centre in the evening.

4.84 The team provided a full range of NHS treatments, including oral hygiene and dental therapy. Detainees were given oral health advice during appointments with the dentist, dental therapist or hygienist. They used interpreting services and had a range of useful information in various languages to give to patients. The dentist prescribed pain relief and antibiotics as clinically indicated.

4.85 The dental suite was clean and well maintained, and staff followed infection control and decontamination processes. The provider was responsible for ensuring that equipment was serviced and maintained, and routine servicing had been scheduled at the required intervals.

Section 5 Activities

The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

Access to activities

5.1 The number of activity places was sufficient for the current population of the centre, and 55% of respondents to our survey said that they had enough to do to pass their time. Each accommodation unit provided a range of recreational materials, such as games, puzzles and art materials, but there were insufficient programmed activities. This was largely because building work was still ongoing, so that important facilities such as the shop, café and cultural kitchen were not yet available. Most activities took place in the regimes building, which was in good condition, clean and well lit.

5.2 Managers had not yet produced a plan for the development of activities, but a new team had begun to consider this. To inform their plans, managers had improved the collection and reporting of data on participation and had carried out two detainee surveys. Some of the resulting suggestions were being implemented; for example, a range of distance learning courses was being made available on in-room televisions in response to requests for more activities during the evenings.

5.3 All detainees were shown around the facilities as part of their induction. There was no assessment of their educational needs. The range of education opportunities was too limited: there were only two education classes, with a maximum attendance of around 12, which was not enough for the expected population of the centre. Managers planned to introduce an additional class, in information technology, soon.

5.4 Detainees had good access to the regime building and outdoor areas (see paragraph 3.31). At weekends, staff organised outdoor activities such as rounders and bowls on the lawn areas around the accommodation units. Education classes were offered for two sessions every weekday. Detainees could attend activities whenever they wanted and there were no waiting lists.

Education and work

5.5 During the inspection, around half of the detainees attended at least one of the education sessions. There were two teachers, one offering an education class in English and mathematics, and the other providing arts and crafts activities. They were well qualified and sensitive to the needs of detainees, developing good rapport and often giving valuable support to women who were worried and distressed about their situation. The low numbers of learners allowed teachers to provide good, individualised tuition.

5.6 The art room was too small, with space for only six students, but resources for arts and crafts work were good. The teacher supported each person and encouraged them to try new means of expression. Detainees could create paintings and sculpt in clay, assemble bead jewellery and make textile products using skills in sewing, crochet work, embroidery and tie-dyeing. They enjoyed the lessons and most improved their skills. Seven detainees had recently achieved units of nationally recognised awards.

5.7 Although many detainees had a limited command of English, attendance in the English and mathematics classroom was low, with only 48 attendances in the month before the inspection. Not enough was done to encourage them to attend. The classroom was small and there were not enough learning materials, such as easy-reading books, to support English teaching. However, the teacher engaged with detainees skilfully, to identify the gaps in their knowledge and provide appropriate learning tasks, including practice exercises that detainees could do in their rooms. The small number who attended regularly gained confidence and improved their English skills.

5.8 Managers did not have any quality assurance procedures for the education classes. They had begun to collect data on attendance, but did not record progress. This was left to individual teachers, who kept their own records and sometimes entered this information on the centre's data system. Leaders had not oversight of these records and they were not used to plan improvement.

5.9 The centre offered 18 paid activity posts, which was enough for the current population. Only six posts were filled at the time of the inspection. Most were domestic activities, such as cleaning and servery work, occupying three to four hours per day, and there were also three peer support posts, two gardener jobs, two positions in the hair and beauty salon and one as a chapel orderly.

5.10 Staff made good use of these paid work posts to help individuals who were distressed. Detainees told us that the work activity helped to distract them from the difficulties of their situation. Paid activities were not used to help prepare detainees for future employment. Brief job descriptions were given to applicants, but no training was provided and there was minimal supervision of their work. Those wishing to take up paid activities were vetted by the Home Office, but so far none had been denied the opportunity to work.

Library provision

5.11 The library was open from 9am to 9pm every day and was the busiest of the activity areas, with over 900 visits recorded in the month before the inspection. It was an informal and welcoming space where detainees could meet and chat. Staff sometimes organised social activities, such as bingo, in the evenings. A qualified librarian managed it, assisted by regimes officers and a library orderly.

5.12 The library book stock was poor, mainly books in English which had been discarded from local public libraries. There were only a few books in other languages, and no e-books or 'talking' books. Few detainees used the book stock – only 26 loans had been made in the month before the inspection. Much more popular was the large stock of films on DVD, many of which were available in languages other than English. Detainees had borrowed 488 in the last month. A small range of language dictionaries and reference books on immigration law was available. Only one daily newspaper was provided, along with a selection of women's magazines and weekly foreign language newspapers.

5.13 Detainees mostly visited the library to use the internet. Computers were available in the library and IT room, enabling detainees to watch television programmes streamed from their home countries as well as accessing websites and email (see also paragraph 6.12). However, no headphones were available and some detainees complained that it could be hard to concentrate in the library when others were watching films.

Fitness provision

5.14 The gym was also open from 9am to 9pm daily. In our survey, 69% of respondents said that they could attend the gym as often as they wanted. A small sports hall was used mainly for badminton and netball, with also a range of exercise machines which were in good condition. There was no outdoor sports area, but staff sometimes organised outdoor games (see paragraph 5.4).

5.15 Only two members of staff were qualified as personal trainers, but a further seven were being trained. Additional sports and games equipment was on order.

5.16 All detainees were shown around the gym on arrival and given an induction. Gym staff liaised with the health care department, to make sure that detainees with medical conditions received guidance on exercise. Beyond the induction, there was little active promotion of fitness or wellness activities. Attendance at the gym was low, especially during the day, when it was empty for long periods. Few detainees were following structured exercise programmes. Managers were considering offering stress-relieving activities such as yoga and Zumba, but they were not yet available.

Section 6 Preparation for removal and release

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their destination country and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

Welfare

Expected outcomes: Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

6.1 Welfare provision was good. The officers were knowledgeable and detainees told us they were helpful and accessible, which was impressive given they had received very little training for the role.

6.2 All detainees received a formal interview on arrival to identify need. There was a further interview 48 hours later, to check that actions had been completed. We were satisfied that these initial interviews met need, but work undertaken by officers and subsequent contact were not sufficiently well documented.

6.3 The welfare team was visible on residential units and in other areas. Welfare officers checked on all detainees daily, and they could visit the welfare office throughout the day.

6.4 There was an active visitors group and a team from the charity Hibiscus provided good support to the women. The remote location meant few other groups attended to give face-to-face support to detainees. Welfare staff also liaised with other support groups, to enable detainees to make telephone and email contact with them.

Visits and family contact

Expected outcomes: Detainees can easily maintain contact with their families and the outside world. Visits take place in a clean, respectful and safe environment.

6.5 Visits were available daily from 9am to 9pm, but there had been very little take-up. No children had visited the centre since it had opened and there was no evidence that the centre encouraged, promoted or supported women to maintain contact with their families.

6.6 The visits area was clean and tidy, but there were no facilities for visitors to buy food or drink and they were prohibited from bringing such items into the centre. There was little provision for children, apart

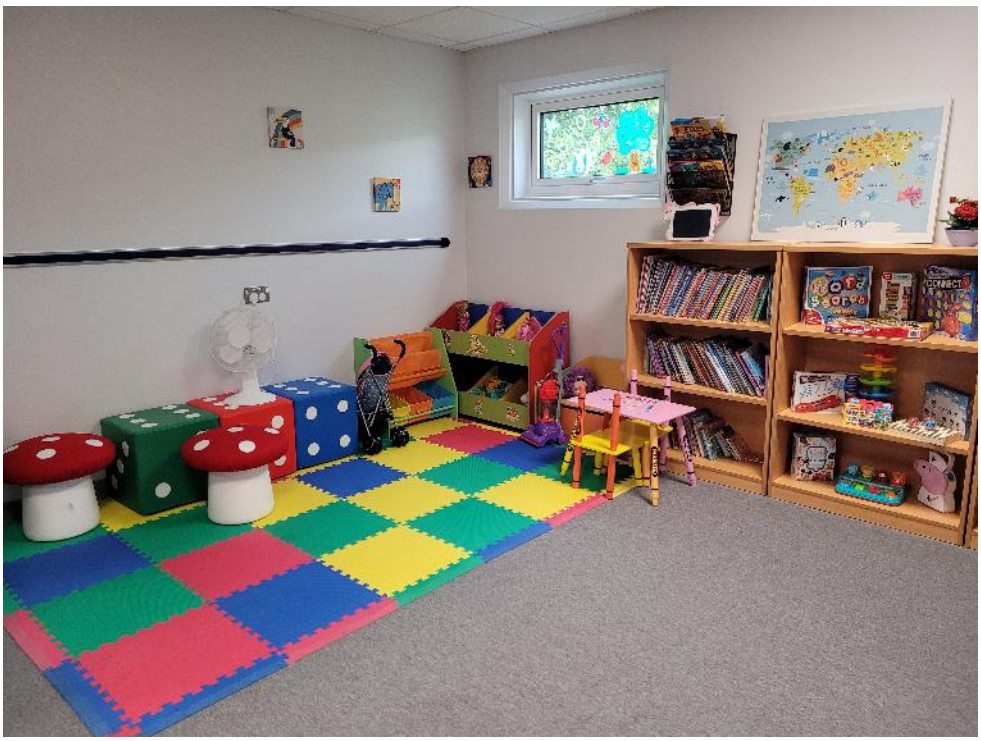
from a small play area for younger children; there were no highchairs or baby products and nothing to occupy older children.

6.7 Visiting groups were able to visit those who did not otherwise receive visits, but the centre was not proactive in identifying people in that situation.

6.8 Measures to maintain safety in visits, such as rub-down searching, were proportionate and detainees could have physical contact with their partners and families.

6.9 Apart from speaking to staff or phoning the main centre switchboard, there was no way for a visitor to communicate concerns about an individual or make suggestions about the visits process, as there was neither a dedicated telephone line for this nor feedback materials.

Main visits area



Children's play area

Communications

Expected outcomes: Detainees can maintain contact with the outside world regularly using a full range of communications media.

6.10 Mobile phone coverage was poor and detainees often struggled to get a signal in their rooms and in some parts of the residential units. This impeded contact with families, friends or legal representatives while they were in their rooms. Managers recognised the problem, but plans to resolve it had not yet been implemented.

6.11 Access to Skype was good, with two separate rooms used for video-messaging calls to family and friends, but take-up was low. We were not satisfied that it was promoted sufficiently – for example, to enable family contact for the great majority of the population who were not receiving visits (see paragraph 6.5).

6.12 The 12 computer terminals were enough for the current population, but not for the full expected capacity of the centre; there were plans to provide more. The computers were well used and there was good access to the internet (see also paragraph 5.13). There was still no access to social networks, but detainees had access to all the legitimate websites we checked, including for legal, human rights and refugee support groups.

6.13 Detainees had access to personal email accounts. There was a printer and scanner in the library and no limit on the number of pages they could ask staff to print.

6.14 Women could send one free personal letter a week and unlimited legal correspondence. Until recently, there had been only one post box, in the activities building, but there were now post boxes in each unit.

6.15 The centre had recently installed WayOut TV, to enhance communication through detainees' televisions, and there were plans to develop the use of this facility.

Leaving the centre

Expected outcomes: Detainees leaving detention are prepared for their release, transfer or removal. Detainees are treated sensitively and humanely and are able to retain or recover their property.

6.16 In the last three months, about half of detainees leaving the centre had been released into the community. Some women had been held for long periods because of a lack of bail accommodation, in some cases for more than three months, which was unacceptable. We were told that two women had been released without accommodation, but this could not be confirmed through lack of record-keeping.

6.17 In our survey, only 35% of respondents said that they felt supported and prepared for release. Leaders told us that preparation for release started when a woman arrived at the centre, but there was insufficient evidence of multidisciplinary working to support this assertion. Records of preparation for release lacked detail and detainees, including those with complex needs, were not well prepared for leaving the centre.

6.18 Women spoke positively about the support from Hibiscus, which continued to help them after leaving detention and removal to another country. We saw examples of women who had left the centre being provided with 'start-up' funds to set up their own business on release and Hibiscus staff were able to keep in touch with some of these after removal to another country. Grants had also been provided for items such as clothing and furniture. Hibiscus worked closely with the welfare team, who saw all women leaving the centre, but the work being done was not always well documented. Mental health services provided an informative booklet for women being released, including details about travel and support services.

6.19 We observed two women being transferred to a short-term holding facility. Interpreting services were not used for one woman because of a technical fault in the device they wanted to use; they could have used telephone interpretation instead, but did not do so. The woman made staff aware that she did not speak English, but this was not acknowledged and staff used hand gestures and spoke loudly (see also paragraph 4.29). She did not know where she was being transferred to and was asked to sign documentation about her stored property in English. The whole experience for the woman was poor. The other woman's transfer was cancelled at the last minute; staff inappropriately informed her in front of other detainees and staff, which

was insensitive in the circumstances. As she had been wrongly registered as discharged on the computer system, she was made to go through the whole new-arrival process again before returning to her room.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **Systematic governance, action planning, record keeping and quality assurance were deficient across most areas of operational management.** Detainee safety was an example needing priority action.

2. **Those at risk of self-harm or suicide did not receive consistent and well-organised care.**

3. **Use of force was not always carried out professionally, and oversight was lacking.**

4. **Some vulnerable detainees continued to be detained, despite evidence of a deleterious effect on their health and well-being.**

Key concerns

5. **There was insufficient focus on the needs of women in detention, in policy and practice.** Some staff showed insufficient awareness of women's needs.

6. **Many women had long journeys and arrived late at night.**

7. **Detainees were not kept sufficiently safe by thorough processes to address any evidence of intimidatory behaviour, and to support victims.** Data collection was weak and when investigations into alleged incidents took place, they were inadequate.

8. **Separation was not always clearly justified or used for the shortest time possible.** It had sometimes been used punitively.

9. **Staff and managers were not always professional in their interactions with detainees.** Despite the generally good relationships, there were some disrespectful comments, and some behaviour which showed little understanding of detainees' past traumas and present concerns.

10. **Interpreting services were used too little with those who did not know English well.** This was especially an issue at key points such as reception and discharge.

11. **Consultation with detainees, to understand and respond to their needs, was poor.**

12. **Some key facilities were unavailable because of unfinished initial building work.**

13. **There was not enough for women to do.** There was no plan for the development and promotion of the activities provision to meet the needs of an expanding population.

14. **The centre was not doing enough to encourage and support family contact.** Poor mobile phone reception exacerbated the problem.

15. **Some women waited too long in detention,** often because bail accommodation was not available.

Appendix I About our inspections and reports

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners/detainees, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review Suicide is everyone's concern, published in 1999. For immigration removal centres the tests are:

Safety
Detainees are held in safety and with due regard to the insecurity of their position.

Respect
Detainees are treated with respect for their human dignity and the circumstances of their detention.

Activities
The centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees.

Preparation for removal and release
Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their destination country and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.

Outcomes for detainees are good.
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

Outcomes for detainees are reasonably good.
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for detainees are not sufficiently good.
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for detainees are poor.
There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

The tests for immigration detention facilities take into account the specific circumstances applying to detainees, and the fact that they are not being held for committing a criminal offence and their detention may not have been as a result of a judicial process. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees: in a relaxed regime; with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment; to encourage and assist detainees to make the most productive use of their time; and respecting in particular their dignity and the right to individual expression.

The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of the particular anxieties to which detainees may be subject, and the sensitivity that this will require, especially when handling issues of cultural diversity.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for detainees. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for detainees; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; detainee and staff surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of immigration removal centres in England are conducted jointly with the Care Quality Commission. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees* (Version 4, 2018) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/immigration-detention-expectations/). Section 7 summarises the areas of concern from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of detainees and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Martin Kettle	Team leader
Deri Hughes-Roberts	Inspector
Rebecca Mavin	Inspector
Steve Oliver-Watts	Inspector
Chelsey Pattison	Inspector
Tamara Pattinson	Inspector
Fiona Shearlaw	Inspector
Rachel Duncan	Researcher
Rahul Jalil	Researcher
Nisha Waller	Researcher
Paul Tarbuck	Lead health and social care inspector
Lynda Day	Care Quality Commission inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Care Quality Commission (CQC)
CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk

Certified normal accommodation (CNA) and operational capacity
Baseline CNA is the sum total of all certified accommodation in an establishment except rooms in segregation units, health care rooms or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged rooms, rooms affected by building works, and rooms taken out of use due to staff shortages. Operational capacity is the total number of detainees that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Detention engagement team (DET)
Home Office team responsible for engaging with detainees to update them on progress on their case while detained.

Dialectical behavioural therapy
This is form of psychotherapy that can be useful in treating mood disorders and suicidal ideation, as well as for changing behavioural patterns such as self-harm and substance use.

Eye movement desensitisation and reprocessing (EMDR)
EMDR is a comprehensive psychotherapy that helps individuals process and recover from past experiences that are affecting their mental health and well-being.

Flash technique
Rapid therapy to enable individuals to cope with intrusive thoughts and unacceptable feelings associated with previous trauma.

Hibiscus
A charitable company whose mission is ‘to support and empower vulnerable foreign nationals, Black, minority ethnic and refugees (primarily women), who are affected by the criminal justice system and immigration restrictions’.

Leader
In this report the term 'leader' refers to anyone with leadership or management responsibility in the immigration detention system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

National referral mechanism
identifies, protects and supports victims of human trafficking.

Protected characteristics
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk
Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Removal from association (RFA)
Under Rule 40 of the Detention Centre Rules 2001, detainees may be taken from normal location to a separate RFA unit in the interests of safety and security. Rule 42 provides for temporary confinement of violent and refractory detainees.

Rule 35
Rule 35 of Detention Centre Rules requires notification to Home Office Immigration and Enforcement if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Detainee survey methodology and results

A representative survey of detainees is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Survey of centre staff

Staff from the centre are invited to complete a staff survey. The results are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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