

SERVICE IMPROVEMENT PLAN**UNANNOUNCED INSPECTION OF THE TINSLEY HOUSE IMMIGRATION REMOVAL CENTRE**

Inspected between 1-12 December

Ref	HMCIP Recommendation	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	Progress	Action Taken / Proposed	Expected Completion Within [6 / 12 / 18 months]
Main Recommendation – To the Home Office and Centre Manager					
6.1	Border Force should consider alternatives to detention before holding families with children at Tinsley House. This consideration should be fully recorded on the detainee's casework information database record. (S37)	Partially Accepted	Completed & Ongoing	Border Force guidance is clear that where families with children are involved, the presumption will always be in favour of granting temporary admission. Detention in all immigration removal centres is used as a last resort and only after all other available alternatives have been considered. All such cases must be authorised by a Director and logged by the National Command Centre. Detailed consideration is contained on the port file and fully accessible to staff at IRCs if required. Notes on the Case Information Database (CID) also provide information on a case. As such, Border Force consider that the recommendation to make a duplicate record is disproportionate.	N/A
6.2	The Home Office should reassess the role of the unit. The name of the unit should reflect its function. Which detainees are deemed suitable for the unit should be robustly governed to manage risks safely for all those held on the unit. (S38)	Accepted	Ongoing	Work has commenced on reviewing current processes in the family unit including risk assessments and contingency plans with a view to drawing up placement and individual care plans for those who are to be accommodated in the unit.	6 months
Main Recommendation – To the Centre Manager					
6.3	Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (S36)	Accepted Subject to resources	Not Started	A proposal has been submitted to the Home Office including plans for a dedicated care suite	12 Months
Recommendation – To the Home Office					
Casework					
6.4	Rule 35 reports should be given due weight by Home Office decision makers. (1.82)	Accepted	Completed and ongoing	All caseworkers are aware of the Rule 35 policy and adhere to the guidance when decisions are considered. All responses are reviewed at a senior level to ensure that they meet the required quality. Caseworkers are given feedback where necessary to drive improvement.	N/A
Recommendation – To the Home Office and Escort Contractors					

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Escort Vehicles and Transfers					
6.5	Detainees should not be subject to exhausting overnight transfers between centres. (1.5)	Rejected	N/A	The Home Office and the escort contractor seek to avoid routine night time transfers. Tascor operates a 24/7 escorting service that covers a wide range of activity, including moves between centres. All proposed moves consider the impact on the care and welfare of individual detainees, including the time and length of the move. Although overnight moves are avoided where possible, moves between centres sometimes have to be conducted during the night if it has not been possible to complete them during the day; e.g. due to a high number of time-specific priority moves such as taking detainees to flights, court appearances, embassy appointments, medical appointments.	N/A
6.6	Detainees should not be taken on circuitous routes around the immigration estate to reach Tinsley House. (1.6)	Partially Accepted	Completed and Ongoing	The Home Office and Tascor will always attempt to minimise journey times but resources are finite and best use must be made of these. This may require the collection of detainees from multiple locations. Though this can lead to an extended journey time it arguably reduces the overall length of time detainees are waiting for transport. With the distances covered by the business when collecting detainees, there may be some circumstances where delays are experienced which are outside of Tascor control. Despite a certain amount of contingency time factored in for traffic issues, this has to be carefully managed to ensure detainees are not on Tascor vehicles for a prolonged length of time.	N/A
Recommendation – To the Home Office and Centre Manager					
Casework					
6.7	Any circumstances that might have a bearing on a detainee's case to remain in the UK should be effectively communicated among centre staff, the Home Office contact team and Home Office decision-making teams. (1.83)	Accepted	Complete and Ongoing	Mechanisms are in place to ensure that information regarding detainees is shared with the Home Office. A system is in place within all case work commands to ensure information is passed on as appropriate. This includes ensuring effective notes are recorded on CID and the dynamic sharing of information with the contact management teams in IRCs who in turn may advise centre staff as appropriate. Centre staff are aware of the need to share any pertinent information about detainees with the on site Home Office staff so that this may be considered appropriately. A system is in place to pass on information.	N/A
Early Days in Detention					
6.8	The rules and regulations booklet should be available in a range of languages. (1.13)	Accepted	Ongoing	Rules and regulation booklets will be made available in 12 languages	6 months
Bullying and Violence Reduction					

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6.9	Sustained efforts should be made to investigate negative perceptions of safety held by some detainees and appropriate action should be taken. (1.20)	Accepted	Ongoing	A Safer Community Survey was completed immediately following the HMIP inspection and the results reflected a significantly different response to the inspection results. Analysis of the survey results and information from detainees indicated the previous results reflected a small but challenging group which caused an increased level of negative perception of safety. The post inspection survey reflected: 51-56.6% felt very safe 36-40% felt safe 2-2.2% felt un safe & 1-1.1% felt very unsafe whilst residing at Tinsley House IRC. Safer community surveys will be conducted 3 times a year	6 Months
Self-Harm and Suicide Prevention					
6.10	Information relating to vulnerable detainees who have previously been subject to suicide prevention procedures in custodial facilities should always be obtained. (1.28)	Accepted	Completed and ongoing	If it becomes known that a detainee has previously been subject to suicide prevention procedures in a previous custodial facility, information will be sought from that establishment in order to assess and manage any on-going risk. A process is in place for all staff to refer any information to the safer custody manager Refresher training to be delivered to all custody staff Safer community referrals are always handled by the safer community manager who is the liaison point for all previous custodial managements	6 months
6.11	Messages left on the confidential safer community telephone number should be responded to promptly. (1.29)	Accepted	Completed & Ongoing	Safer Community manager has been issued a mobile phone enabling contact 24 hours a day. The landline number will be located in the Control Room at Brook House, which is staffed 24 hours a day. On receiving a message staff will immediately inform the appropriate manager responsible for safer community.	6 months
Safeguarding (Protection of Adults at Risk)					
6.12	The processes by which decisions about the care of vulnerable detainees are made should always be recorded clearly. At-risk detainees should have care plans. (1.34)	Accepted	Completed & Ongoing	All detainees considered to be at risk will continue to be monitored using the ACDT process. All decisions will now be recorded clearly using the Supported Living Plan format.	6 months
Safeguarding Children					
6.13	There should be no unavoidable delays in dealing with age dispute cases. (1.40)	Accepted	Ongoing	Detention Service Order (DSO) 14/2012, Care and Management of age dispute cases is currently being reviewed. All Home Office staff are aware of the requirement to proactively seek a resolution in dealing with age dispute cases. Delays involving outside agencies involved in dealing with age dispute cases are beyond the control of the Home Office but will be flagged as appropriate with those agencies to expedite a resolution. These actions will be recorded to demonstrate the steps taken by the Home Office.	6 months

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6.14	The safeguarding policy should be amended to reflect current practice in the family unit. (1.41)	Accepted	Ongoing	The safeguarding policy is stipulated by DSO 19/2012 (Detention and Escorting Safeguarding children policy) and this is currently under review. The review of the family suite (referred to at 6.2 above) will include revision of the safeguarding policy.	
6.15	A G4S manager should be directly represented on the Local Safeguarding Children's Board. (1.42)	Accepted	Completed & Ongoing	G4S has approached the Chair of the Local Safeguarding Children's Board (LSCB) and they requested that G4S attend a local safeguarding forum enabling a direct link to the main board. This meeting is attended by a G4S manager.	6 months
Security					
6.16	Detainees should be allowed to sit next to their visitors unless an individual written risk assessment states otherwise. (1.47)	Accepted	Not started	This will be subject to a pilot to assess any increase in risks.	6 months
The Use of Force and Single Separation					
6.17	A use of force committee should meet regularly to review all use of force documentation and apply any lessons learnt. (1.55)	Accepted	Ongoing	Monthly use of force meetings have commenced and all incidents involving use of force are reviewed identifying any lessons learnt and action to be taken. All use of force meetings will have a use of force instructor present	6 months
6.18	Staff involved in the application of control and restraint techniques should be conversant with their role and apply only approved techniques. (1.56)	Accepted	Completed and ongoing	All staff in the role of Detainee Custody Officers must undertake control and restraint (C&R) techniques training as part of Home Office requirements to achieve accreditation in that role. They must also undertake annual C&R refresher training to maintain this accreditation. All Detainee Custody Managers (DCMs) are receiving Supervisor Training to ensure that they are able to oversee the use of C&R techniques to ensure their appropriate use. Body worn cameras are utilised in the centre. All body worn camera footage is reviewed by a senior manager and discussed in the Security and Use of Force meetings. All use of force will be discussed and lessons learnt will be applied.	6 months
6.19	A suitable therapeutic care suite should be available. The new care suite should be used to hold those separated under rules 40 and 42 of the detention centre rules. (1.57)	Accepted Subject to resources	Ongoing	A care suite is part of a proposal to provide additional beds at Tinsley house (see 6.3 above) The care suite will not be used routinely for the purposes of separation under rule 40 and 42 of the Detention Centre Rules 2001. Usage will be determined by risk assessment ensuring the most suitable location is used. The current room which accommodates those subject to separation under Rule 40/42 will be refurbished to improve the environment and usage.	
Legal Rights					
6.20	Detainees should receive a copy of their bail summary by 2pm the day before the bail hearing. (1.66)	Accepted	Completed and ongoing	Bail summaries are sent to the Presenting Officer's Unit (POU) by 12pm the working day prior to any hearing, as set out in guidance. The POU is then required to serve copies of the bail summaries by 2pm the same day, in order for the detainee and their representatives to have adequate time to prepare.	N/A
Casework					

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6.21	All casework, including substantive decision making and consideration of rule 35 reports, should be progressed promptly. (1.80)	Accepted	Ongoing	All casework is progressed promptly taking account of the complexity of the case and the resource available. Individual case work areas employ local procedures to ensure that the progress of a case is tracked proactively and at the appropriate level of seniority and that any barriers to progression are swiftly resolved.	N/A
6.22	All rule 35 reports should provide objective professional assessments, for example commenting on consistency between injuries and alleged methods of torture. (1.81)	Accepted	Ongoing	NHS England have arranged training for IRC doctors on the documentation of torture in relation to rule 35. In parallel, the Home Office is reviewing the rule 35 report template to assist doctors to make better quality reports and response templates to better aid caseworkers' consideration of reports. All medical professionals receive bespoke induction and training that includes guidance about the completion of Rule 35 reports and sets expectations and standards to ensure best practice within current guidance	6 months
Residential Units					
6.23	Corridors and rooms should be well ventilated and free of bad smells. (2.8)	Accepted Subject to resources	Not started	The proposed additional bed project includes an upgrade to the ventilation system.	12 months
6.24	Detainees' rooms should be free of bed bugs. (2.9)	Accepted Subject to resources	Not started	The proposed additional bed project will replace the carpet in all bedrooms with linoleum. In the interim a robust cleaning schedule is being devised and implemented by the residential Detention Custody Manager's (DCM) and Aramark the on site cleaning contractor. If the additional bed project does not go ahead then other measures will be taken to ensure Tinsley remains free from bed bugs.	12 months
Staff-Detainee Relationships					
6.25	Detainees should be consulted to understand any concerns about the behaviour of staff and action should be taken to address those concerns. (2.15)	Accepted	Ongoing	A Safer Community survey will be completed 3 times a year and will include questions relating to respect. Exit surveys are completed with detainees leaving to gain their views and feedback, which then is used to inform practice or actions to be taken. Respect will be added as a dedicated item on the agenda for the Diversity, Safer Community and Detainee Consultative meetings The induction to the centre which is delivered to newly arrived detainees will include advising detainees on the behaviours they can expect from staff at the centre.	
6.26	Staff should knock and wait for a response before entering rooms, except in emergencies. (2.16)	Accepted	Completed and ongoing	All staff have been instructed to knock and wait before entering rooms via a notice to staff and staff briefings. The safer community survey which will be completed 3 times a year will include questions on respect including this requirement. Spot checks will be conducted by managers on a daily basis to ensure that staff are observing these instructions.	6 months
6.27	All detainees should be allocated a designated care officer who updates their personal file regularly. (2.17)	Accepted	Ongoing	The Care Officer scheme will be reviewed by the Residential Manager and a Detainee Custody Manager will undertake 5% checks as part of their daily checks.	6 months
Equality and Diversity					

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6.28	Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes. (2.24)	Accepted	Ongoing	A continuous improvement plan will be implemented to capture issues and trends in the monthly diversity report.	6 months
6.29	Complaints and reports with an element of discrimination should be recorded as such and investigated appropriately. (2.25)	Accepted	Completed	Complaints and reports with an element of discrimination are recorded in line with DSO 03/2015 and the complaint and diversity policy. Any complaint with a discrimination element will be managed and investigated by the diversity/senior manager	N/A
6.30	Specific forums should be established for detainees with protected characteristics. (2.26)	Partially Accepted	Ongoing	There are mechanisms in place to consult with detainees about a range of protected characteristics and it is not considered that there is a need to establish specific forums, rather any particular issues raised will be discussed in 'needs-led' forums where appropriate.	N/A
6.31	The under-reporting of disabilities should be investigated and addressed. (2.31)	Accepted	Ongoing	The subject of under reporting of disabilities will be investigated by the Safer Community manager and a survey with detainees will be undertaken in order to ascertain whether there is underreporting and if so to what extent and how that this be improved.	6 months
6.32	Support and provision for older and younger detainees should be improved. (2.32)	Accepted	Ongoing	The current support and provision at the centre for older and younger detainees will be reviewed and an action plan implemented from the findings. The monitoring of older and younger detainees to ensure the provision meets their needs will commence.	6 months
Faith and Religious Activity					
6.33	There should be adequate faith provision for Muslim detainees. (2.36)	Accepted Subject to resources	Ongoing	The additional bed proposal includes the relocation of the current Muslim prayer room to a larger multi-faith location. A new Imam has been recruited to fill the vacancy, which brings the chaplaincy staffing to full compliment.	12 months
Health Services					
6.34	All clinical incidents should be reported and monitored effectively so that lessons are learnt from them. (2.56)	Accepted	Completed and ongoing	A clear policy and system has been implemented ensuring that clinical incidents are reported by clinical staff using a set format. These incidents are reported within the company and across all sites using the electronic system. In order to ensure lessons learned and reflective practice these reports are discussed at the weekly senior healthcare managers meeting and monthly staff meetings. All staff will be re-educated on how to raise a clinical incident. All clinical incidents are discussed at quarterly quality meetings as a set agenda item. All clinical incidents are reviewed by the clinical lead within 24 hours of being uploaded onto the clinical system	6 months
6.35	Staff should feel assured that the centre was taking adequate steps to manage the risks of an Ebola outbreak. (2.57)	Accepted	Completed	Full updates from Public Health will be communicated to staff via Notices to Staff. Staff will be informed via daily briefing and handovers of any specific public health risks. Staff to be reminded of the systems in place to communicate management information	N/A

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6.36	All staff should have regular recorded clinical and managerial supervision and annual appraisals. (2.58)	Accepted	Ongoing	Employee Development Records and clinical supervision records are maintained with Personnel files. All staff have had their Employee Development Records opened for 2015. All Interim updates on Employee Development Records to be completed by 1st September and all Employee Development Records are to be closed by December 2015. Clinical & managerial supervision to be recorded within personnel files.	6 months
6.37	There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (2.59)	Accepted	Ongoing	The two health care consulting rooms are to be reorganised to allow for a separate consulting room to enable private consultations. Clinic times will be advertised to ensure privacy is maintained and a larger waiting area for patients will be created in the main foyer immediately outside the healthcare rooms.	6 months
6.38	Detainees should not be used as interpreters in confidential health care consultations and all telephones used for interpreting should have dual handsets. (2.60)	Accepted	Ongoing	A dual telephone handset will be purchased and installed in the healthcare consultation room and all interpretation will be conducted by telephone using the telephone interpreting service Big Word.	6 months
6.39	A wider range of health promotion material should be displayed across the centre in different languages, including mental health and wellbeing information. (2.61)	Accepted	Ongoing	Additional notice boards will be put outside the healthcare waiting area. Information and health promotion material will be provided and displayed in various languages	6 months
6.40	Detainees should be able to complain about health matters through a specific, well advertised health complaints system. (2.62)	Accepted	Completed and ongoing	The process for managing healthcare complaints will be reviewed by the NHS Area Commissioner and Home Office representatives. DSO 03/2015 was published in August 2015 and covers all complaints including healthcare. The medical complaints system will be reconsidered with a complaints box to be placed outside the healthcare rooms for confidential medical complaints to be placed in. G4S Justice Health, who provide health care services at the centre, have reviewed and re-issued their complaints policy to ensure it is in line with NHS England requirements as the Commissioners of the health care service.	6 months
6.41	Detainees with lifelong conditions should receive regular reviews which generate an evidence-based care plan with appropriately trained and supervised staff. The lifelong conditions register should reflect all lifelong conditions being seen. (2.71)	Accepted	Ongoing	All healthcare staff will receive 2 day chronic disease training and will be re-educated on how to complete the chronic disease register and maintain appropriate care plans. The log and care plans will be audited on a 6 monthly basis	18 months
6.42	All GPs should receive specific training in Rule 35. (2.72)	Accepted	Ongoing	NHS England have arranged training for IRC doctors on the documentation of torture in relation to rule 35. In parallel, the Home Office is reviewing the rule 35 report template to assist doctors to make better quality reports and response templates to better aid caseworkers' consideration of reports. All medical professionals receive bespoke induction and training that includes guidance about the completion of Rule 35 reports and sets expectations and standards to ensure best practice within current guidance	Ongoing
6.43	Detainees should have access to pharmacy-led clinics. (2.79)	Accepted	Ongoing	A Pharmacist will attend the centre monthly and the dates and times of their visit will be advertised clearly. Pharmacy contact details are available at all times by way of a notice on the clinic door.	6 months
6.44	When medications are supplied under a patient group direction, clear records should be made of the strength and quantity supplied. (2.80)	Accepted	Completed	The introduction of system One, the electronic health care records system, on 11th May provides a full record of the strength and quantity of medication given to detainees by Patient Group Directions.	N/A
Services					

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6.45	Detainees should be able to prepare their own food in a cultural kitchen. (2.95)	Accepted Subject to resources	Ongoing	The proposal to provide additional accommodation at the centre includes the creation of a cultural kitchen area.	
6.46	The food comments book and the centre's detainee food forum should be used to proactively demonstrate the catering team's commitment to meeting detainee need. (2.96)	Accepted	Ongoing	All feedback from the food comments book will be considered in the monthly food forum and reflected in the minutes along with any actions taken to address the feedback received.	6 months
Activities					
6.47	Monitoring of attendance at the library, PE and music activity should be sufficiently detailed to identify how inclusive they are of individuals and groups. (3.10)	Accepted	Ongoing	A review will take place of the current monitoring of attendance of detainees in the Library and PE to better indentify the groups and trends of those attending these activities. This will include age and nationality of the detainees taking part. Refer to item 6.13	6 months
6.48	Arrangements to promote, coordinate and assure the quality of activities should be improved to ensure that attendance is consistently high and that the needs of all detainees are met. (3.15)	Accepted	Ongoing	A review of activities promotion will take place The variety and range of activities is discussed during the monthly detainee consultative meeting and suggestions/requests for specific activities are discussed and implemented, where feasible and subject to risk assessment.	12 months
6.49	Rates of pay should be raised to encourage more detainees to apply for paid work at the centre and compliance with the Home Office should not be a pre-requisite for obtaining work. (3.19)	Rejected		The provision of paid work within centres is limited and compliance with both the centre compact and immigration processes is a pre-requisite for eligibility.	
6.50	Management of the library should be improved to ensure that arrangements for borrowing books and checking and renewing stock are effective, and that books and other resources are in good condition, easy to find and meet the needs of detainees. (3.24)	Partially Accepted	Ongoing	The Library is to be re-furbished and will include the renewal of stock and the quality and genre of books. Detainees will be consulted in the choice of books and publications provided. There is a process in place for detainees to borrow books and stock checks will be implemented of the books available to ensure that stock is replenished when required.	12 months
6.51	Sports and activities staff should have appropriate instructor or coaching qualifications, and should supervise the gym more closely to ensure detainees are always safe. (3.26)	Partially Accepted	Ongoing	All Activities staff have completed or are in the process or completing the YMCA Sports Leadership Awards. The two Detainee Custody Officers who deliver sports and activities are currently accredited Physical Education Instructors. . All detainees who wish to use the gym receive a mandatory induction thus negating the need for continuous supervision.	6 months
Welfare					
6.52	Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees. (4.6)	Accepted	Ongoing	A welfare screening process will be introduced to better establish the needs of detainees. Any issues identified will be communicated as appropriate to the on site Home Office contact management team for onward sharing with the relevant case work area for consideration.	
Visits					

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6.53	Rules in the visits hall should be less restrictive, and allow for appropriate physical contact between detainees and their visitors. (4.14)	Accepted	Ongoing	This will be subject to a pilot to assess any increase in risks (see item 6.16)	
Communications					
6.54	Detainees should have supervised access to social networks, Skype and all other legitimate websites. (4.21)	Rejected		<p>The provision of internet access in IRCs is an important means of helping detainees to remain in contact with family, friends and legal representatives and to prepare for removal.</p> <p>We are taking action to standardise internet access across the detention estate to prevent misuse or access to inappropriate material and ensure parity of access for detainees. This includes work with the voluntary sector to develop a 'white list' of legitimate websites including news, education, employment and legal, which detainees in all IRCs can access; development of a new Detention Service Order setting out requirements for access and monitoring/audit; and strengthening our approach to ensure detainees cannot access prohibited websites including social media.</p> <p>We have no plans to enable detainees to access to social media or Skype.</p>	
Removal and Release					
6.55	Detainees being transferred to other places of detention should be given sufficient notice of the move. (4.28)	Partially Accepted	Ongoing	It is normal practice, subject to consideration of safety and security; that all detainees are verbally informed by the IRC they are leaving in advance of the transfer and are provided with reasons for their transfer. They also receive a briefing from the escorting staff on collection, which will include details of the destination to which they are being transferred. If they are being transferred to an IRC, the detainee will receive a card with the address and contact details of the new IRC to which they are being transferred.	N/A
6.56	A formal system of assistance should be introduced to ensure that detainees are able to reach their final destination safely. (4.29)	Accepted	Completed and ongoing	For escorted removals the escort provider, Tascor, can issue an amount of money to detainees who claim to be destitute, with each case be considered on its own merits. For any overseas removal of a single detainee, Tascor can give up to \$50. . In exceptional circumstances, Tascor may assess that a detainee requires above this limit. In such cases they must refer the matter to the Detainee Escorting and Population Management Unit (DEPMU) on-call Duty Operations Manager for approval. For unescorted removals, Tascor refer to DEPMU for approval.	Completed
6.57	Clear processes and responsibilities should be put in place to ensure detainees subject to MAPPA are effectively managed in the UK and, that where appropriate to do so, there is liaison with the authorities in the countries to which they may return (4.30)	Partially Accepted	Ongoing	The Home Office have clear processes and responsibilities for dealing with MAPPA cases if released this includes Detention Service Order 20/2012. The Home Office are updating the MAPPA DSO and it will be published shortly.	
6.58	The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (4.31)	Rejected		<p>Reserves are required to replace returnees who are the subject of last minute legal challenges. It is a careful balancing act between maximising the capacity of the charter (which of course reduces the time detainees spent in detention) and ensuring we do not unnecessarily transfer detainees to a flight they do not ultimately depart on.</p> <p>The number of reserves is based on historical attrition rates to limit them to the minimum necessary and is kept under regular review. Any reserves that do not return on the charter will either be returned by scheduled flight as quickly as possible or will be allocated priority seats on the next charter if one is imminent.</p>	
The Family Unit					

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6.59	Escort arrangements for families should be based on the needs of any children involved, and female escort staff should be used to facilitate this if necessary. (5.18)	Accepted	Completed and ongoing	DEPMU will alert the escort provider in advance where a move involves a child. Tascor ensures vehicles used in such moves have child seats and escorts who are appropriately trained to interact with children. Tascor has in place a standard operating procedure for the escorting of children and there is a Tascor Family Team whose staff are trained to support the needs of children in a vulnerable situation such as detention or removal. These staff receive training from bodies with expertise in childcare and can provide assistance with these moves.	N/A
6.60	A plan should be produced for each detainee held in the family unit outlining the support they will be offered and, where necessary, steps to be taken to maintain the safety and wellbeing of all detainees. (5.19)	Accepted	Ongoing	Procedure will be reviewed (see item 6.2)	6 months