

2 September 2011

Pre departure accommodation operating standards

Foreword

Welcome to this interim set of operating standards for the pre departure accommodation (PDA) for families with children. These standards, which are auditable, set out what families can expect in the way that the PDA will work.

Following the government's publication of its new approach to the return of families, we were tasked with opening the facility as quickly as possible. The project has moved at incredible speed, in partnership with Barnardo's and G4S, to provide high-quality residential accommodation for families with children, ensuring they are held securely for short periods of time prior to their departure from the UK. This is a new approach, and the facility looks and feels very different to an immigration removal centre. The level of security is lower, designed to promote the welfare of residents while deterring them from absconding. In particular, we appreciate that the returns process brings families disappointment and can be stressful. They may feel uncertain about their future. For that reason, the services we are delivering at the PDA have an emphasis on helping families to come to terms with their return, and to prepare positively for their departure.

Given this is a new service, we recognise that there will be a great deal of learning in the early months. It is for that reason that these operating standards are being published on an interim basis. We will therefore review them carefully with our corporate partners after six months.

Introduction

1. The UK Border Agency will afford families with no right to remain in the UK every reasonable opportunity and support to leave voluntarily. Where they fail to do so, however, steps will be taken to enforce their departure, which as a matter of last resort may include the use of pre departure accommodation (PDA), following advice from the independent Family Returns Panel.
2. Stays at the PDA are limited to a maximum of 72 hours prior to the family's planned removal date, although there is provision for them to remain for up to seven days in exceptional circumstances, subject to ministerial approval.
3. Although families are legally held in the PDA, the approach is very different to that of an immigration removal centre in terms of the level of security, physical environment, the operation of the facility and the extensive specialist support families receive during their stay in the last few days before their return.

4. There is a particular focus on providing families with support, to enable them to come to terms with their situation and prepare for their departure from the UK. The key element is to ensure families comply with their return and minimise any emotional distress at having to leave.
5. The facility's operation and physical environment are designed to promote a family's independence and protect their privacy. During their stay families are able to stay together as far as possible, with the intention that they can lead as normal a family life as possible. Security is kept to a minimum, consistent with the need to ensure a safe and reasonably secure environment for both residents and staff.
6. Each family lives in a self-contained apartment, with a living area, kitchen, bedrooms and bathroom. In addition, there are a range of communal facilities, such as a lounge area, café, shop, gym and IT facilities, where families can socialise together. Families are free to wander around the facility and use the gardens with little or no restriction. They may also make a request to leave the facility for short periods of time to undertake recreational activities subject to a risk assessment and suitable supervision arrangements.

The 'journey' through the PDA

This document sets out the standard of service families can expect to receive as they pass through the facility from reception through to their departure from the UK. In particular it covers:

- reception - the way in which families are received on arrival, including searching, health screening, and arrangements for settling them into their apartments
- accommodation - the standard of the apartments
- activities and temporary absence - the provision of recreational activities, both within the facility but also where families are allowed to leave for short periods
- welfare - the provision of advice and counselling to help families prepare for their return, and to deal with any distress caused by their impending departure from the UK
- equality and diversity - the measures taken to ensure that the diverse backgrounds of families, staff and visitors are respected
- personal safety - ensuring that families are kept safe during their stay
- check out - the way in which families will leave the facility for their transfer to the airport and departure from the UK.

Standards

Annex A	Admission process
Annex B	Retention of resident's cash and property
Annex C	Equality and diversity

Annex D	Pre-return welfare support
Annex E	Religion
Annex F	Interpreters
Annex G	Prevention of suicide and self harm
Annex H	Apartments
Annex I	Disabled residents
Annex J	Catering
Annex K	Activities
Annex L	Hygiene
Annex M	Keeping residents informed
Annex N	Legal advice
Annex O	Communications
Annex P	Visits
Annex Q	Removal of families from the company of other residents
Annex R	Complaints procedure
Annex S	Safety and security
Annex T	Check out process
Annex U	Healthcare
Annex V	Managing non-compliance

General

Annex W	Staff training
Annex X	Standards audit

Please note that references in the standards to the 'UK Border Agency manager' also denotes the contract monitor appointed under section 149 (4) of the Immigration and Asylum Act 1999, as extended by The Immigration (Short Term Holding Facilities) Regulations 2002.



Alan Kittle
Director of returns
UK Border Agency

Annex A

Admissions process

Standard: To have in place a safe and well managed admissions process, recording essential information and treating residents throughout with respect and regard for their well being.

Minimum auditable requirements

1. The facility must have a statement of admissions policy approved by the UK Border Agency that sets out the way families will be treated during the admissions process and how staff will behave during the admissions process.
2. Families will not be accepted into the facility without written authority in the form of an IS91.
3. Reception staff must ensure that parents know where they are and the reason why they are there.
4. The admissions process will be carried out as soon, and swiftly, as possible to ensure that families are settled into their apartment with minimal delay.
5. If a resident arrives without any suitable clothing for their stay, they must be provided with suitable clothing.
6. Adult family members must be spoken to by the member of staff undertaking the admissions process using an interpreter, or via a telephone interpreting service, if their English is not of a sufficiently high standard. Children will not be allowed to translate during the admissions process except in very exceptional circumstances, which might include for example, situations where it has not proved possible to locate a suitable telephone interpreter. They must only be allowed to interpret when requested by their parents and provided they are of an age to understand proceedings.
7. On arrival at the facility each family member should be allowed to make one 5 minute telephone call to anywhere in the world. This telephone call will be paid for by the UK Border Agency.
8. The admissions area must be welcoming and have facilities suitable to the needs of residents. This must include toilets, baby changing facilities and age appropriate snacks (including a range of baby milk and baby food) and other refreshments. There will be a play area for young children and a range of activities to occupy older children during the admissions process.
9. A hot meal should be offered to adults and children in the admissions area unless a scheduled meal is due within two hours, when alternative healthy snacks should be provided.

10. All family members will be searched on arrival. Searching will be undertaken by staff who have undergone the appropriate training. (Please see separate instruction on safety and security).
11. A list of prohibited items which families may not bring into the facility will be displayed in the admissions area.
12. During the admissions process core information must be gathered on all family members for record keeping purposes and to facilitate identification of individuals. This should include names, dates of birth, height, any distinguishing features and photograph.
13. All residents must be medically screened by a healthcare professional within two hours of their admission, including an assessment of their risk of self-harm or suicidal behaviour, with their consent. Screening of children must include recording their weight and height. They should be offered a follow up appointment with a GP within 24 hours if required or requested.
14. Staff must be trained to recognise behaviour and signs that indicate anxiety, distress or risk of self-harm in adults and children. Information about those showing signs of vulnerability must be recorded and passed to the health care team and others responsible for the care of residents.
15. Following conclusion of the initial reception process, a 'welcome meeting' will be held in the family's apartment as soon as practicable, provided the family arrives during the day. During this meeting staff will provide the family with information about the facility, details of activities available and times for these and the support services available during their stay. The family will be provided with written information including a map which shows key areas of the facility such as the healthcare unit, place of worship, gym, and library. A 'child friendly' version of this information must also be provided.
16. If a family arrives at the facility late at night, staff will provide them with basic information on admission. A full welcome meeting (as detailed above) will be held for them on the following day.
17. There will be a pack of toiletries provided in the family's apartment to meet their immediate needs. This must include a comb, toothbrushes and toothpaste, soap, deodorant, shampoo, razor and sanitary protection. Nappies, milk and baby food must be available on request.

Annex B

Resident's cash and property

Standard: To operate a system which provides for residents to retain their own cash and property, alongside a system for safeguarding resident's larger items of property on request and recording receipt, possession and storage of that property, where requested to do so by residents.

Minimum auditable requirements

1. On arrival residents must be advised that they should retain their cash and smaller valuables in their apartment. They must also be advised that, if they would prefer, larger valuables may be retained by the facility for safe keeping.
2. If a family arrives with a large number of small valuables which they are unable to store safely in their apartment, exceptionally, arrangements may be made for some or all of those items to be stored at reception.
3. Residents may not retain property in their apartments where it would be contrary to the interests of safety and security or is incompatible with the personal storage facilities provided in the apartment, or is a prohibited item.
4. Where residents decide to keep larger valuables in their own possession they will be required to sign a disclaimer acknowledging their responsibility for that property. Where a resident declines to do so this must be recorded together with the reasons why. A second member of staff must be asked to confirm this action by noting the record to this effect.
5. Families will be provided with a small safe in their apartment where their cash and small valuables can be kept. Residents must be advised that they are responsible for safeguarding their property and money held in their own apartments. Notices which make this clear must be displayed in the relevant languages around the facility.
6. If, in exceptional circumstances, it is agreed that a family will be allowed to leave any valuables at reception for safe keeping, they will be checked and recorded by reception staff in the presence of one of the adult family members. A second member of staff must be asked to confirm the action by noting the record to this effect. Residents will be asked to agree the record and sign to this effect. If a resident refuses to comply with such requests this must be recorded.
7. Residents will be given access to their property which has been placed in storage within two hours of making a request to do so during day time hours. Details of any property withdrawn or deposited will be recorded.
8. Parents must be advised that they are responsible for any valuables their children retain in their own possession.
9. If a child's property is retained at reception, when requested, that property must be registered separately to that of the rest of the family so that they can

access it without the entire family's property having to be brought out of storage.

10. Stored property will be returned to the family on their departure from the facility.

11. Any property which a resident leaves behind when they depart the facility and which remains unclaimed for a period of 28 days may be sold or disposed of. Records must be kept to indicate what action was taken in regard to such property and, if it is sold, details of any proceeds must be similarly recorded.

12. Proceeds from any sale of resident's unclaimed property must be used for the welfare of residents. Records relating to purchases (including costs) must be kept.

Annex C

Equality and diversity

Standard: To ensure that policies and practices are in place to tackle and eliminate discrimination on the part of staff, residents or any visitor to the facility and to promote equality and diversity in line with the Equality Act 2010.

Minimum auditable requirements

1. The facility will be operated in accordance with the equality duty set out in the Equality Act 2010. [The equality duty covers the following 'protected characteristics': age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origins, colour or nationality), religion or belief, sex and sexual orientation]. In accordance with the public sector equality duty the facility will have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act to advance equality of opportunity and foster good relations.
2. An equality and diversity officer must be appointed to assist in the process of monitoring complaints on equality and diversity other than those being dealt with by the UK Border Agency's professional standards unit and providing recommendations for action by the facility's manager.
3. Records must be kept of the training the equality and diversity officer has received and when it took place.
4. The equality and diversity officer will be responsible for developing a programme of training for all staff in equality and diversity matters and will maintain a record of those staff who have received such training. All staff must have refresher training annually.
5. An equality and diversity committee (EDC) will be set up in the facility which will monitor and evaluate procedures and practices on equality and diversity issues.
6. Members of the EDC must include at a minimum the facility's manager, the religious affairs manager, the catering manager and the equality and diversity officer.
7. A member of the Independent Monitoring Board must be invited to attend meetings of the EDC.
8. Information on policy and practice relating to equality and diversity must be made readily available to staff, residents and visitors to the facility.
9. The copy of the Home Office equal opportunities statement must be displayed in prominent places around the facility so that it is readily accessible to staff, residents and all others who visit the accommodation. A copy of the Home Office equality and diversity strategy will be made available for residents in the facility's library.
10. A report on equality and diversity at the facility must be submitted to the UK Border Agency manager on an annual basis, and additionally as required.

Annex D

Pre-return welfare support

Standard: To ensure that families are provided with advice and counselling, as necessary, to help them prepare for their return, and to deal with any distress caused by their impending departure from the UK.

Minimum auditable standard

1. Families will be treated with respect and dignity throughout their stay in the facility. Arrangements will take account of the requirement for functions to be discharged with regard to the need to safeguard and promote the welfare of children, as required by section 55 of the Borders, Citizenship and Immigration Act 2009.
2. Families will be allocated a key worker before, or at the time of admission to the facility. In allocating a key worker account will be taken of any specific needs of the family including issues of culture, race, gender, skills, interests and experience as well as staff availability.
3. The key worker will oversee the admissions process and ensure it is welcoming to the family and provides them with appropriate information and support, including how to access facilities and services. The key worker will also ensure that a placement plan has been drawn up for the family's stay at the facility which takes account of their specific needs.
4. Following admission, the key worker will organise an initial welcome meeting with the family as soon as possible (see standard on admissions process). At this meeting the family will be provided with information about the services, activities and facilities available to the family during their stay. Information will also be gathered about the family's background, health and contacts such as other family members and friends.
5. During a family's stay in the facility, the key worker will provide the family with appropriate support to prepare them for leaving the country. The nature of the support provided will vary from case to case according to the particular needs of individual families and individual family members.
6. Throughout the family's stay in the facility the key worker will support families to cope with any emotional difficulties and problems they may be experiencing.

Annex E

Religion

Standard: To ensure that resident's religious / spiritual needs are met as far as practicable and ensure that facilities are available for prayer, religious services and for their pastoral care.

Minimum auditable requirements

1. Provision will be made for at least one multi-faith room for use by residents which has the flexibility to facilitate resident's diverse religious and spiritual needs. It must be equipped with a range of religious books from the major world faiths.
2. An individual will be appointed to have responsibility for the management of religious affairs at the facility, in conjunction with other duties. There will also be a multi-faith team established (see 9 below) who will be responsible for providing religious support to families.
3. The religion to which a resident belongs must be recorded, provided that the resident so wishes, and the relevant religious minister informed.
4. If residents so wish, they must be visited by a minister of their religion as soon as practicable after reception and thereafter as often as reasonably possible, as far as practicable.
5. Where a resident makes a request to see his or her minister of religion, the relevant minister must be notified within four hours of that request and notification details recorded. If such a request is made at night, arrangements will be made to notify the relevant minister the following morning, as soon as practicable.
6. The facility must publish a calendar of religious festivals and observances from the major world religions so that recognition is given to those events and families are able to observe such events.
7. Where a family is relocated to the family care suite (for those who are disruptive) or 'enhanced supervision suite' (for those who need additional support), the manager of religious affairs must be advised without delay with a view to making arrangements for the relevant minister of religion to visit the family, where practicable.
8. Where practicable a minister of religion must visit all residents of his or her religion when a resident is admitted to hospital.
9. The manager of religious affairs, members of the multi-faith team and the facility manager must agree arrangements for ministers of religion to conduct services for residents of their religion at specified times and to enable residents to celebrate religious festivals, where practicable.

Annex F

Interpreters and translation facilities

Standard: To take account of the needs of residents in the use of interpreters to ensure they are provided with information in a language they understand.

Minimum auditable requirements

1. The compact must be made available, along with the pre departure accommodation operating standards in a range of different languages. (The compact, which sets out the rights and responsibilities of residents during their stay at the facility, will be provided as part of the welcome pack provided to residents on arrival).
2. Where it is not possible to provide a translated copy of these documents steps must be taken to identify someone who can translate the document in a language that the resident understands. Another resident or a member of staff can be asked to provide this service. If there is nobody available able to do so, the services of a telephone interpreter should be sought.
3. Details must be kept of official interpreters who can be called upon if needed to ensure that clear communication can take place.
4. It is acceptable to use other adult residents, visitors or staff to interpret for residents, provided that both parties agree and possible sensitivities are considered. Telephone interpreting may be used where necessary.
5. Children shall not be used to interpret except in exceptional circumstances. This would include, for example, occasions when it is not possible to locate a suitable interpreter. A child must only be used to interpret if requested by their parents, they are of an age to understand the information being communicated and doing so would not place undue responsibility on the child.
6. Residents must be offered access to an interpreter, if necessary by telephone, during the healthcare screening process.
7. It is principally for the doctor or another healthcare team member to decide whether an interpreter is necessary on any medical matter. Other residents or members of staff may also assist but only if the resident consents to such an arrangement and it is not considered inappropriate in the particular circumstances.

Annex G

Suicide and self harm prevention

Standard: All staff with residents will identify and provide care and support to residents who may be at risk of suicide or self harm.

Minimum auditable requirements

Identification

1. All staff must make checks prior to a family's arrival at the facility for any issues surrounding suicidal/self harming behaviour of individual family members.
2. All family members will be appropriately assessed for risk of self-harm/suicidal behaviour, by a qualified healthcare professional within two hours of their admission, as part of the initial reception medical screening. Residents are required to give their consent to this screening.
3. All staff must be alert to the risk of self-harm/suicidal behaviour by residents throughout their stay.
4. All staff must be trained in the agreed identification and management of suicide and self harm procedures, which will include information on recognising those who may be at risk of suicide or self harm. Staff must in particular ensure they are familiar with recognising children at risk.

Prevention

5. All staff must receive suicide awareness training as stipulated by the UK Border Agency in DSO 6/2008, refreshed at least every three years. Details of staff training and when it was delivered must be recorded.
6. Notices must be displayed to visitors and residents in relevant languages setting out that where they have concern about a resident they should bring this to the attention of a member of staff.
7. A safe stay committee (SSC) must be in place chaired by the facility's manager or another senior manager. Where the chair is not the facility's manager he or she is required to report directly to the facility's manager.
8. The SSC's terms of reference must include a requirement to meet monthly. The SSC must invite a member of the Independent Monitoring Board to attend.
9. Nominated staff must be issued with an anti-ligature knife, and carry it with them at all times, in order to prevent the suicide of a resident.

Response

10. All incidents of actual self-harm or use of self harm procedures must be recorded by staff and reviewed by the SSC to assist with the management of individual residents at risk.
11. Care plans must be developed for those individuals identified to be at risk of suicide or self-harm.
12. Measures must be established to ensure active engagement with residents rather than passive monitoring.
13. Where a resident is refusing food or fluid the procedures outlined in current UK Border Agency guidance must be followed.
14. All staff must be trained in the provision of emergency first aid in the event of self-harm or attempted suicide. Refresher training must be undertaken in line with required timescales.
15. Emergency first aid kits containing equipment specified by the UK Border Agency in DSO 6/2008 must be accessible and appropriately maintained.
16. Where a child is engaged in self harm or believed to be at risk of attempting to self harm, as well as following the relevant procedures, the safeguarding referral processes must be followed as set out in the facility's safeguarding policy, including making a referral to local authority children's services.
17. Where there is a case of attempted suicide or self harm by any family member, there must be arrangements in place to care for the needs of other family members in the facility. If a single parent self harms and needs to be taken to hospital, arrangements will be made for their child or children to be cared for until they are able to return to the facility, including making a referral to local authority children's services.

Annex H

Apartments

Standard: Apartments must be adequate for the needs of both adults and children and be certified accordingly.

Minimum auditable requirements

1. Apartments must be adequate for all residents and meet the needs of both adults and children.
2. No room must be used as family accommodation unless the UK Border Agency has certified in writing that its size, lighting, heating, ventilation and fittings are adequate for the maintenance of health and safety.
3. Living accommodation should never exceed the occupation level certified by the UK Border Agency except under wholly exceptional circumstances and, even then, for the shortest possible time.
4. Families must be able to lock their apartments, though spare keys will be available to permit staff to enter apartments in an emergency.
5. Each apartment must be self contained and consist of as a minimum:
 - a. lounge containing a dining area
 - b. bedroom
 - c. bathroom
6. Each apartment must have a call button system to enable residents to contact a member of staff at any time. Room call systems must be checked on a daily basis and records kept to this effect.
7. All apartments will contain a basic food pack and tea and coffee making facilities, which will be restocked daily.
8. Each apartment will contain a safe to allow families within reasonable limits to retain their own smaller valuables safely during their stay at the facility.
9. For apartments with a kitchen area, the kitchen area should contain a kettle, microwave, oven, hob and appropriate cooking utensils.
10. The dining area of each apartment will be furnished with a dining table and chairs. The lounge area should contain a selection of settees, seating and a television. Windows should have curtains.
11. Furniture to facilitate breast feeding by nursing mothers (for example, suitable chair and cushions) should be provided as necessary, as should cleaning and sterilising equipment for bottle feeding mothers.

12. The bathroom should consist of a bath or shower, sink, toilet, mirror and towel rail and towels.
13. Each bedroom should contain sufficient beds for the number of occupants, along with a bedside light, bedside table and curtains. Cots and bed guards should be provided as necessary.
14. Pre-occupation and change of occupation checks must be carried out to ensure cleanliness of the apartment and availability of facilities and equipment.
15. Lighting, heating and ventilation must be adequate in all apartments. Windows will open on restrictors.
16. Each apartment will have a smoke detector which will be tested at least once every quarter.
17. Where the accommodation fails to meet the terms of its certificate referred to in 2 (above) it may not be used. This must be rectified within 24 hours.
18. Residents will have access to vacuum cleaners, ironing boards and irons on request, subject to a risk assessment.

Annex I

Disabled residents

Standard: To ensure that appropriate provision will be made for residents with physical or mental disabilities, or other special needs, and that they are able, as far as possible, to participate in activities at the facility or in its grounds. There will also be provision made, as far as possible, for them to take part in recreational activities outside the facility and its grounds.

Minimum auditable requirements

1. Families with a disabled family member must be provided with a suitably adapted apartment, which meets their particular needs as far as is possible.
2. Procedures must be in place to prevent discrimination against residents on the grounds of disability.
3. Preparations must be made as far as possible for the arrival of any disabled resident, where information about their disability is known prior to arrival.
4. Arrangements must be made for an assessment of resident's needs on arrival. A record detailing specific communication and mobility needs of disabled residents must be kept.
5. Auxiliary aids or services as available in the community should be provided as far as possible so that disabled residents are able to make use of the accommodation's facilities.
6. Appropriate services must be provided for residents who have a hearing or vision impairment, or who are blind.
7. Residents with disabilities must have access to activities and all other facilities in the accommodation as far as possible. Residents with disabilities will have access to activities outside the facility and its grounds as far as possible.
8. There must be a system for monitoring the number of disabled residents who are unable to participate in activities by reason of their disability. A record must be kept of occasions where disabled residents have been unable to access activities, with a view to making improvements.

Annex J

Catering

Standard: Residents will be provided with a varied and healthy menu and, where appropriate, be given the option of cooking for themselves, for which ingredients will be provided. Provision of food will take account of religious, cultural and medical needs, whilst complying with food safety legislation.

Minimum auditable requirements

1. There will be a system in place for families to pre-order three prepared meals per day provided in the facility's communal dining area.
2. Alternatively, families will be able to pre-order ingredients, including culturally appropriate ones, every day to enable them to cook in their own apartments if they would prefer. A variety of standard ingredients will be made available, though the operator will source other ingredients as far as reasonably practicable.
3. The UK Border Agency will set a cap on the cost of ingredients for families wishing to cook for themselves. This amount will be reviewed each year.
4. Food stock will be varied to enable families to cook special meals during religious festivals.
5. Families will not have to pay either for pre-ordered meals, or for cooking ingredients within given limits referred to above.
6. Meals provided in the communal dining area must be nutritious, varied, culturally appropriate and good quality. Meals will take account of dietary and religious needs and will therefore include vegetarian and halal options. There must be the option of at least one hot meal each day.
7. A multi-choice menu must be provided with a choice of at least two main courses as part of resident's main meal each day.
8. A children's menu must be provided with choices which reflect current government guidance on healthy eating for children.
9. Arrangements must be made to ensure that the food supply (including monitoring of deliveries), storage arrangements and other processes and practices comply with relevant food safety legislation.
10. There must be a fully documented Hazards Analysis and Critical Control Points (HACCP) system in place showing daily monitoring of time and temperature controls in operation.
11. There must be a mechanism for residents to provide their views on food provided in the accommodation. Concerns about the standard of food provided must be addressed promptly by the facility's manager where they are found to be well

founded.

12. The manager of religious affairs must be consulted to ensure the dietary needs of residents during special occasions of religious observance are met.
13. The healthcare team must be consulted to ensure that any resident's special dietary needs on grounds of health are met.
14. There should be a maximum of 5.5 hours and minimum of 4.5 hours between meals every day. There must not be more than 14 hours between the evening meal and breakfast the following day.
15. A range of free healthy snacks and drinks must be available at all times to children and adults in the facility. A full range of approved ready made and powdered baby milk and ready made baby food must be available at all times.
16. There must be arrangements to provide meals outside normal meal times for new arrivals at the accommodation.
17. Families being discharged from the facility will be encouraged to take a proper meal before their departure. They will be provided with snacks for their journey, if requested.

Annex K

Recreational activities

Standard: There must be provision for residents to have access to a range of age-appropriate recreational activities in the facility and its grounds. Residents will also be permitted to undertake recreational activities away from the facility subject to a risk assessment.

Minimum auditable requirements

1. There should be a range of activities provided both within the facility and its grounds which families will be able to use.
2. Facilities such as communal lounges and cafe area inside the facility will be freely available for use. However, some areas such as the gym will only be open at designated opening hours. Access to the outside will be restricted between dusk and dawn.
3. There will also be a daily programme of age-appropriate structured activities for families provided in the facility. This would include, for example, tennis, basketball, football, arts and crafts activities, wet play facilities, play and art therapy.
4. Information must be displayed about the recreational activities available in languages reflecting the diverse nature of the resident population.
5. Residents must be invited to offer suggestions about what other recreational activities might be made available.
6. The provision of recreational facilities must be reviewed on a regular basis to determine the appropriateness of the provision.
7. The facility should contain a communal lounge area where families can mix with one another if they wish to do so.
8. There should be a children's play area inside the facility equipped with a range of age-appropriate toys and provision to undertake arts and crafts activities. Separate age-appropriate recreational facilities will also be provided for older children and teenagers.
9. The facility should contain a library stocked with books suitable for both adults and children. Books must be kept in good condition and replaced when necessary. Books must be appropriate in terms of equality and diversity, including race, gender and disability. They must also be provided in a range of languages reflecting the diverse resident population.
10. The library will also be stocked with daily newspapers and magazines in the principal languages spoken by residents of the facility, including children's magazines. A range of DVDs should also be provided, along with audio books.

11. The library must hold copies of extant Immigration Acts and the pre departure accommodation operating standards. Books on immigration law must also be provided.
12. Current UK Border Agency country information reports must be made available to residents, if requested.
13. The library must display details about religious services, facilities and events available to residents and about befriending groups.
14. The facility should provide facilities to promote physical fitness and well being. This will include a gym, which will be open at certain times of the day, containing a range of fitness equipment which residents will be able to use under supervision and at their own risk.
15. Appropriate footwear and clothing must be provided for physical activities if residents do not possess suitable clothing or footwear.
16. Residents must be provided with the option of physical activities appropriate to their needs and interests, where possible.
17. Residents should have full access to the facility's grounds from dawn to dusk. Thereafter access will be restricted.
18. External play areas will be provided for children in the grounds of the facility with a range of age appropriate play equipment.
19. There will be provision for families to undertake activities away from the facility where the UK Border Agency gives permission to do so.
20. The UK Border Agency may provide, at its own discretion, a small amount of pocket money for children undertaking recreational activities outside the facility. The amount of pocket money provided will depend on the activity being undertaken.
21. Families and children leaving the facility will be accompanied by a member of staff at all times for the duration of the period of temporary absence.

Annex L

Hygiene

Standard: Residents must be provided with living and recreational facilities that are clean and hygienic.

Minimum auditable requirements

1. Families must be provided with a newly-cleaned apartment on arrival, equipped with clean towels and bed linen which are sufficient for the number of members of the family. The apartment must be cleaned again when the family departs.
2. The family must be provided with the necessary equipment, on request, to allow them to keep their apartment clean during their stay.
3. Arrangements must be made for regular cleaning of the communal areas of the facility.
4. Toilet and washing facilities must be provided for staff and visitors sufficient to comply with the requirements of the Workplace (Health, Safety and Welfare) Regulations 1992. This includes baby-changing facilities in apartments and the visiting areas.
5. There must be a system in place for monitoring the cleaning service in the facility to ensure that a good standard is maintained.
6. There must be infection control processes in place, including the provision of gel dispensers.

Annex M

Keeping residents informed

Standard: To keep residents informed about preparations for their return.

Minimum auditable requirements

1. All family members will meet with a member of the UK Border Agency team within four hours of their arrival, including during weekends. Where their arrival is during the night, they should be seen as soon as possible during office hours. A check should be made that the family understands where they are, why they have been brought to the facility and the arrangements in place for their return.
2. Adult family members should be met again before their planned removal to confirm the arrangements for their return.
3. Throughout their stay in the facility, residents should be kept informed about arrangements for their return. This would include, but is not limited to, the provision of information about when they will be leaving the facility, arrangements for re-uniting the family with any retained items, arrangements for their journey to the airport, what will happen at boarding and what will happen to the family on arrival at their destination.
4. There must be systems in place for residents to make a request to see a member of the local UK Border Agency team. Where such requests are made, residents must be seen within four hours of their request during normal office hours.
5. UK Border Agency staff at the facility must make every effort to answer questions raised by the family relating to their immigration case or the arrangements for their departure from the UK. Resident's files will record details of such requests, the action taken by the UK Border Agency and when the required information was relayed to the resident.
6. Where a resident asks for information to be forwarded to the UK Border Agency's case owner, this must be relayed within two hours of receiving it during normal office hours.

Annex N

Access to legal services

Standard: To ensure that residents are aware of their right to legal representation and have access to it.

Minimum auditable requirements

1. Residents must be advised during the welcome meeting of their right to legal representation, and how they can obtain such representation. .
2. Where residents have legal representation, details of the representative must be placed on the resident's record.
3. Where families do not have legal representation, they should be advised during the welcome meeting of the services of the Detention Duty Advice Scheme operated under the Legal Services Commission contract and invited to seek their advice through a telephone consultation.
4. A list of legal representatives, including those referred to on the Community Legal Services website, must be held in the library and be made available to residents. It must be made clear that it is a matter for residents themselves as to whom they wish to appoint. This list should be updated on a monthly basis.
5. The leaflets on legal advice for residents produced by the Office of the Immigration Services Commissioner (OISC), the Law Society and the Legal Services Commission must be available to residents.
6. The OISC complaint leaflet must be made available to residents.
7. Information about those advisers authorised by OISC must be available in the library and made available to residents on request. Staff can glean this information from the OISC's website at: www.oisc.gov.uk.
8. Residents who cannot read or write or who do not have a translated booklet in their own language must receive assistance in obtaining legal representation from staff.

Annex O

Communications: Correspondence, telephone calls and internet access

Standard: Residents must be permitted to maintain contact with family, friends and others via post, fax, telephone and the internet.

Minimum auditable requirements

Correspondence

1. Where residents are not able to meet the cost of writing materials or postage, arrangements must be in place for them to be able to write to family and friends within reasonable limits.
2. Reasonable steps must be taken to provide residents with access to writing materials, fax and photocopying facilities for corresponding with their legal representative.
3. There must be arrangements in place for ensuring that incoming faxes are delivered to recipients within two hours. When the message is marked urgent it should be delivered immediately.
4. There must be a system in place for collecting outgoing mail at least once daily from Monday to Saturday.
5. Outgoing or incoming mail must **not** be opened, read or stopped unless there is reasonable cause to believe that its contents may endanger the security of the facility or the safety of others, or are of a criminal nature. Incoming mail may also be opened where the intended recipient is unclear.
6. Where it is considered to be necessary to open outgoing or incoming mail for the reasons referred to above, the resident must be advised by a member of staff of the reason for doing so and be given the opportunity to be present when it is being opened, provided the sender or recipient is identifiable.
7. A central record must be kept within the facility of every occasion where mail is opened, the reasons for doing so and whether the resident was present.
8. Residents will not be permitted to keep any items sent to them which are prohibited. Where the items are not ones which the resident can keep in his or her personal possession, he or she should be advised of the reason for this and informed that they will be placed with his or her property held by staff. The resident must be given a receipt for the property. A record must be kept.
9. Prohibited items sent to the family during their stay at the facility will be returned on the family's departure, with the exception of illegal items.

Access to the internet and email

- 9 An IT room should be provided with a number of computer terminals to ensure families have restricted access to the internet. Access will be provided subject

to families signing up to the facility's code of conduct for internet use.

- 10 Access to the internet will be available between 9am and 9pm, though individual time slots may be limited if there is excessive demand.
- 11 Staff will endeavour to provide access to the internet outside the hours specified above where families are expected to be staying at the facility for very short periods of time.
- 12 Internet usage will be monitored discreetly to ensure that inappropriate sites are not accessed. The facility manager will manage a screening system to bar inappropriate sites.
- 13 Children may use the internet but parents are responsible for monitoring their child's usage. Where the internet is being used as part of an organised activity staff will monitor children's use of the internet.

Telephones

- 14 Families will be permitted free calls to their legal adviser.
- 15 Each family member, including children, will be offered a free five minute telephone call to anywhere in the world on arrival at the facility. If the family has any subsequent need to make any further free calls, this will be at the discretion of members of staff, subject to an assessment of the family's financial circumstances.
- 16 Families must have access to a telephone throughout their stay. At least one payphone must be available within the facility.
- 17 Families will have a telephone in their apartment to take incoming calls. If the resident for whom an incoming call is intended is not available, a message will be taken and passed on to the individual promptly.
- 18 The facility must agree phone charges with the UK Border Agency and must ensure that charges for incoming calls do not fall for payment to the UK Border Agency.
- 19 Residents, including children, will be allowed to retain their personal mobile telephones, with the exception of those mobile telephones with cameras, recording or internet facilities.
- 20 Families without a mobile telephone will be provided with a mobile telephone during their stay at the facility to allow them to make and receive private telephone calls. Children may also be issued with a mobile telephone provided their parents consent and accept responsibility for their child's use of the mobile telephone.
- 21 The costs of making and receiving calls on mobile telephones fall to residents.

Annex P

Visits (social, legal and official)

Standard: Residents must be allowed to maintain contact with family, friends and others during their stay in the facility.

Minimum auditable requirements:

1. Family members must be given the opportunity to receive daily visits, which should be booked in advance, wherever possible. Every attempt will be made to be flexible with regard to arranging visits for those families expected to be at the facility for very short periods of time.
2. Visiting hours will be between 9am and 9pm, every day. Lengths of visits will be unlimited but may be restricted during busy periods.
3. Visitors will only be allowed into the visitor's lounge. They will not be permitted to enter a family's apartment, resident's communal areas or other areas of the facility.
4. Staff supervising the visitor's lounge will do so in a discreet manner.
5. Where a family is being removed on a particular day, and this is to take place during the course of the visiting period, reasonable steps must be taken to facilitate visits where possible.
6. Where requests for visits out of hours are made by legal representatives or officials, attempts must be made to accommodate these.
7. There will be separate arrangements for booking legal visits from those which exist for social visits. Legal visits will take place in the facility's interview rooms, not the visitor's lounge.
8. Refreshment facilities, which may be charged, must be provided for the family and friends of residents during their visit.
9. There must be play facilities provided for children visiting the facility.
10. An accurate and up-to-date record of all visitors to the facility must be maintained, including children, including their home address and proof of identity required for admission to the facility as set out in DSO 5/2008. Such records will be disposed of 12 months after the last visit.
11. All visitors will be searched on arrival with sensitivity and in line with current guidance. Where a visitor is refused access to the visit room (for example, because he or she refuses to comply with search procedures) this must be recorded and the reasons for such a decision explained. Details of this kind should be retained for a minimum of 12 months.

12. Social visitors will not be permitted to bring mobile telephones into the facility.
13. Up-to-date lists of local befriending groups and contact details of the Association of Visitors to Immigration Detainees (AVID) must be maintained and residents must be made aware of their services.
14. The welfare of any visiting children must be promoted by ensuring that adults accompanying visiting children are aware of their responsibility for the child and that staff are alert to identifying and escalating any safeguarding issues.

Annex Q

Removing individuals or families from the company of others

Standard: Removing individuals from the company of other residents must achieve the correct balance between the need to maintain safety and security and the need to show regard for the dignity of the individual.

Minimum auditable requirements

1. The facility should contain a family care suite set aside for the accommodation of families or individuals manifesting disruptive or refractory behaviour. Where appropriate, the whole family may be re-located to this apartment in order to allow them to remain together even though the disruptive or refractory behaviour may only be demonstrated by one family member.
2. When it is necessary to relocate a family to the family care suite, the refractory or disruptive family member(s) will be required to remain in the family care suite as long as they continue to manifest refractory or disruptive behaviour. Those members of the family who are not demonstrating such behaviour should be encouraged to mix freely with other residents in the communal areas of the facility and actively encouraged to engage in communal activities but will be required to return to the family care suite to sleep.
3. A family (or individual) moved to the family care suite will be provided with written reasons for their relocation within two hours of being placed in there. Use of the family care suite by the same family for more than 24 hours will require authorisation from the UK Border Agency.
4. Should the behaviour of an adult resident be unmanageable through the use of the family care suite referred to above consideration will be given to the use of a cool down room for adult residents demonstrating individual incidents of disruptive or refractory behaviour. In no circumstances will be the use of the family care suite or cool down room be used as punishment.
5. Use of the cool down room is intended to be exceptional and for the minimum time possible. Use of the cool down room will require the authorization of the UK Border Agency manager, except in an emergency where its use may be authorised by the facility manager. In such circumstances, the UK Border Manager must be notified at the earliest opportunity thereafter.
6. Placing a resident in the cool down room must only take place when all other attempts to de-escalate the situation have failed. When in use, the cool down room will be constantly monitored by a member of staff
7. The UK Border Agency must certify that heating, lighting and ventilation in the family care suite and cool down room are adequate for resident's health.
8. The cool down room will have the means for residents accommodated there to contact staff at any time.

9. Fixtures and fittings in the cool down room will be limited to a bench only, which is secured to the floor.
10. The cool down room will not be used for overnight sleeping accommodation. However, a resident may still be moved to the cool down room during night time hours if their behaviour warrants, and will remain there until their behaviour becomes manageable.
11. Children must not be accommodated in the cool down room at any time.
12. Removing residents from the company of others within the accommodation must only take place when all other attempts to de-escalate the situation have failed and must be used for the minimum time possible. All such incidents must be recorded.
13. Where consideration is being given to removing residents or families from the company of others within the facility, and the resident may be at risk of self harm or suicide, this must only take place as a last resort and must be with the authority of the UK Border Agency manager.
14. Removing individuals from the company of other residents may take place at the individual's own request where he or she feels vulnerable for any reason, at the discretion of the manager of the facility. The UK Border Agency manager must be notified without undue delay.
15. Where a resident or family has been removed from the company of others within the facility and placed in the family care suite, they must receive an initial visit from the UK Border Agency manager and a member of the healthcare team within 24 hours, followed by further visits every 24 hours for the purposes of reviewing whether this remains necessary.
16. Where an individual has been relocated to the cool down room they must receive an initial visit from the UK Border Agency manager and a member of the healthcare team within one hour, followed by further visits at hourly intervals for the purpose of reviewing whether this remains necessary.
17. A record must be maintained of all cases where a resident has been removed from the company of other residents and thereafter all subsequent reviews and actions in each particular case.
18. A representative of the Independent Monitoring Board, the facility's manager and, where appropriate, the religious minister for the family's faith must be advised when a resident or family is removed from the company of others within the facility and a record kept to this effect. When this happens, the facility manager must visit the resident or family. The Independent Monitoring Board representative and/or religious minister may also visit, if requested by the resident or family.

Annex R

Complaints procedure

Standard: The investigation of complaints made by residents, including children, must be timely, thorough, fair and just.

Minimum auditable requirements

1. All residents, including children, should be able to raise a complaint or grievance and have it considered seriously. Complaints will be dealt with in a timely, thorough, fair and just way.
2. Residents, including children, must be made aware of the procedures for making complaints and requests during their initial welcome meeting on arrival.
3. Information about the complaint and requests process must be displayed around the facility and in languages and styles reflecting the make up of the residents.
4. A locally established 'child friendly' complaints system must operate in the facility and children understand how to access it. There should be an additional mechanism for obtaining feedback from children on facilities in the accommodation and that this feedback is documented and acted upon.
5. There must be procedures in place for recording:
 - a. comprehensive details of complaints and requests, including when they were made;
 - b. comprehensive details of investigations or enquiries;
 - c. comprehensive details concerning outcomes; and
 - d. details of when residents and those involved in any enquiries were informed of outcomes.
6. There will be an informal resolution procedure in place at the facility as set out in Section 1(g) of DSO 3/2011 for dealing with local minor service delivery complaints. Although informal resolution is to be encouraged, where residents consider that their concerns can only be met by submitting a written complaint then they should be able to do this.
7. Complaints that are not appropriate for informal resolution will be dealt with in accordance with DSO 3/2011. Complaints by adults should be completed where possible on form DCF 9 following the laid down procedures.
8. Discrete boxes where residents can submit formal complaints must be provided in communal areas of the facility. These boxes must be emptied daily and all complaints forwarded to the UK Border Agency's detention services customer service unit (CSU) within six hours of the box being emptied. Complaints will then be allocated to an investigating officer by detention

services CSU within two working days of receipt.

9. Acknowledgement of a complaint must be sent by the UK Border Agency investigating officer within two working days of receipt from CSU. If the family has already left the facility that acknowledgement must be sent to a forwarding address provided by the family.
10. Where an investigation and response takes longer than the family's stay in the facility, the full response must be sent to a forwarding address provided by the family.
11. Any complaints about healthcare issues will be investigated confidentially by the healthcare manager in line with section 6b (ii) of DSO 3/2011.
12. All complaints alleging racial discrimination must also be submitted to the UK Border Agency detention services customer service unit who, in turn, will submit the complaint to the UK Border Agency professional standards unit for consideration into whether an investigation should be conducted by them or conducted at local level.
13. Complaints alleging racial discrimination should also be brought to the attention of the equality and diversity officer.

Annex S

Safety and security

Standard: Security will be kept to a minimum consistent with the need to provide a safe and secure family environment.

Minimum auditable standard

Security management - general

1. There must be a local security document in place which includes all extant instructions relating to security at the facility. This must include arrangements for complying with the Regulation of Investigatory Powers Act, Data Protection Act and Human Rights Act.
2. There must be auditable procedures in place for the secure storage, allocation, return and safe keeping of keys and swipe cards.
3. There must be investigations into all reports of loss of swipe cards, keys and locks and compromises of keys, swipe cards and locks.
4. Any actual or apparent loss of a lock, key or swipe card must be reported immediately to the manager of the facility.
5. Any security incidents at the facility must be reported to the UK Border Agency via established procedures.
6. The police must be advised of alleged criminal offences committed at the facility.
7. Staff must have access to all areas of the facility. Staff seeking to enter an apartment must, in general, only do so with the consent of the family following gentle knocking on the door to the apartment. The duty manager may, however, authorise access to a family's apartment without the family's consent for reasons of safety or security, including in connection with securing the family's compliance with legitimate instructions. In exceptional circumstances, where there is an urgent need to do so, staff may enter an apartment without having to seek the manager's consent. Such circumstances may include, for example, where there is an immediate and serious concern about the safety of a family member.
8. The facility manager, or duty manager, must be contactable 24 hours a day and able to respond immediately to any security incident.
9. Contingency plans agreed with the head of UK Border Agency detention services operations must be in place to manage any security incident in the facility.

10. A security briefing and training on security matters must be provided to all new staff. This must include the use of swipe cards and their safe keeping. Training must be recorded on the individual training records of all staff.
11. A welfare check will be conducted twice a day, with the consent of the family, including discreet checks on the fabric of their apartment. Checks will also be made on communal areas of the facility twice per day, including checks of the perimeter, to ensure the safety and welfare of residents.
12. Procedures must be in place, agreed with the head of UK Border Agency detention services operations, for searching residents, visitors, staff, contractors, all areas of the facility and its grounds, vehicles, property and incoming goods and mail. [Searching of resident's mail will be consistent with the requirements set out in the standard on communications - correspondence.]

Escorts

13. There must be a strategy in place setting out the procedures involved in planning escorts outside the facility.
14. There must be a risk assessment undertaken for each escort.
15. Any risk factors relating to the family must be shared with UK Border Agency detainee escorting and population management unit (DEPMU) so they can be taken into account.
16. Vehicles used for escorting must be safe and suitable for the needs of individuals being moved. Caged vehicles may not be used to transport families.
17. Use of restraints on individuals being escorted must be in line with published instructions.
18. Family members under escort should, wherever possible, normally travel in the same vehicle.
19. Family members must be searched prior to an escort in line with instructions on searching.
20. Babies and children being escorted must be provided with an age appropriate seat.
21. Age appropriate refreshments must be provided for the journey.
22. In the event of a resident requiring hospital treatment, they will be accompanied to the hospital by a member of staff. Individuals needing to remain in hospital will be accompanied by a member of staff for the duration of their stay.

Supervision of residents and visitors

23. There must be a system of checks in place to account for the whereabouts of all residents twice each day, with a six hour minimum interval between each check.
24. There must be procedures in place for managing and supervising visits in a discreet and unobtrusive manner. (See standard on visits).
25. There must be a system in place for checking and recording the identity of all visitors to the facility, including children. (See standard on visits).
26. There must be system in place to prevent residents leaving with, or posing as visitors.

Searching

27. All residents, including children, will be searched on arrival at the facility, or on return to the facility. Residents may also be searched again during their stay in the facility if deemed necessary to maintain safety and security, subject to a record being kept justifying the reason for doing so.
28. All visitors, including children, will be searched on arrival.
29. All searches must be carried out in a consistent and sensitive manner, taking account gender, religious and cultural beliefs, age, disability and other relevant factors.
30. Only female staff may search other females.
31. Searching of children will take place by asking them to walk through a portal. If the alarm is activated but it is not possible to identify the concealed item, a pat down search of the child may be undertaken by an officer of the same sex as the child. No full searching of a child will take place, although they may be asked to remove outer clothing (for example, a coat and jacket) to facilitate a search.
32. If there is reason to believe that a child is carrying a prohibitive item or being used by one of their parents to conceal a prohibitive item, staff will use communication skills until the item has been retrieved or, alternatively, until they have confirmed that no such item is being carried.
33. All staff involved in searching must be provided with training in the authorised search procedures and techniques.
34. The prior authority of the UK Border Agency manager must be sought to use force to conduct a search of a resident.
35. Force may not be used to search a child.
36. A clear written policy on searching procedures, including consent to search and searching of children, must be displayed in appropriate locations and in a range of languages around the facility where they can be viewed by visitors and residents.

37. A list of prohibited items which visitors may not bring into the facility must be displayed in appropriate locations where visitors and residents can view them clearly.
38. Resident's mail may be searched in exceptional circumstances (see standard on communications). When this happens, residents must be given the opportunity to be present and reasons given in advance if any of their correspondence is to be opened, read or withheld. Authority to open a resident's mail must be sought in advance from the UK Border Agency manager.

Annex T

Check out process

Standard: To have in place a safe and well managed departure process, treating residents throughout with respect and regard for their well being.

Minimum auditable requirements

1. There must be procedures in place to ensure that departing families are made ready for departure at the correct time.
2. Staff must talk to the family prior to departure to identify any potential issues which might prevent return and to ensure that the family understands the return arrangements.
3. Arrangements must be in place to ensure that staff correctly identify residents departing from the facility. These arrangements must include checks against resident's personal files, including photographs, dates of birth, physical measurements and features.
4. Prior to departure the correct property, cash, valuables and any prescribed medicines belonging to residents must be placed in the care of the resident.
5. Residents must be asked to sign a receipt for any property which the family placed in storage at the facility and where that is withheld staff must note the record to this effect, including reasons why the resident refused to do so. The issuing officer must ensure that a second member of staff confirms the action and signs the record to this effect.
6. Where residents have no suitable clothing or shoes of their own at the time of discharge or removal, they must be provided with such clothing and footwear, taking into account the resident's destination.
7. A family must be offered refreshments prior to their departure, or discharge, from the facility. The family will be offered a meal if they due one imminently and the expected gap between their last meal and next expected meal is unreasonably long.
8. Arrangements will be made for families being discharged from the facility into the community to be transported back to their home address within four hours of their release being authorised, or as soon as practicable if it is late at night.
9. Daily visits must be made to the departure area by the duty manager to supervise the activity and ensure that everything is in good order. Times of these should be staggered but conducted where possible during a family's departure. These visits must be logged together with details of any observations the officer may have.

10. The facility manager must confirm with the escorting contractor that a family has been successfully removed from the UK. The facility manager must in turn inform the UK Border Agency that the family has been successfully removed from the UK.

Annex U

Healthcare

This standard will be published separately in due course

Annex V

Managing non-compliance

This standard will be published separately in due course.

Annex W

Staff training

Standard: Staff must undertake training and development in order to meet the aims, objectives and needs of the facility.

Minimum auditable requirements

1. The facility must employ staff with responsibility for planning and the management of training plans for their respective organisation.
2. Staff training must take account of the diverse nature of the facility's population, which will require the provision of background information about the many different cultures staff are likely to come into contact with, as well as the specific role of the organisation working within the facility. All training must incorporate the need to understand and better communicate with residents.
3. Records must be maintained of all individual training undertaken and when it took place.
4. There must be systems in place for recognising when staff are required to take refresher training, where required.
5. Training and refresher training programmes must be implemented which include, but are not limited to, the following elements, where relevant to the staff member's role:
 - communication and interpersonal skills, including with children
 - values and principles underpinning the treatment of residents at the facility
 - first aid training to approved standards
 - suicide awareness
 - equality and diversity training
 - child care, protection and supervision
 - security training and practice
 - control and restraint
 - escort procedures
 - report writing
6. Training will be evaluated and revised in line with operational experience.

Annex X

Standards audit

Standard: Audit arrangements must be in place to measure reliably compliance with the requirements of the UK Border Agency detention services' operating standards and support continuous improvement.

Minimum auditable requirements

Self - audit

1. The facility must have a system of self- audit for approval by the UK Border Agency.
2. The facility must appoint a manager for the audit programme.
3. The frequency of self-audit must be agreed with the UK Border Agency.
4. Details of audit findings must be recorded on an audit worksheet approved by the UK Border Agency.
5. Worksheets must contain evidence that each minimum auditable requirement has been thoroughly evaluated.

Records of audit findings, including action plans, must be maintained for a period of at least two years.

6. On completion of the audit, a list of findings must be submitted to the UK Border Agency manager.
7. Within 28 days of submission of audit findings the UK Border Agency manager and the facility's Manager must agree the dates by which any outstanding action must be completed.
8. Further self-audits of any minimum auditable requirements identified as requiring action must be completed within one month of the agreed date for completed action.

Temporary non-compliance

9. Any variances from minimum auditable requirements must be authorised by the UK Border Agency' deputy director of operations for detention services.
10. Compensatory measures for temporary non-compliances and action plans to achieve future compliance must be implemented and must replace original baseline for audit purposes.

Audits by compliance and monitoring team

11. The UK Border Agency's detention services compliance and monitoring team must work to a programme that includes an audit of the audit standard and an audit of other selected standards.
12. The facility manager must make available to the above copies of self-audit reports and any other documents on request.
13. The facility manager must agree an action plan with the deputy director of operations, detention services within 28 days of receiving the report on an audit.
14. Feedback on the audit of individual standards must be provided during the course of an audit in enough detail to enable improvements to be planned.
15. A final report must be sent to the facility manager within 28 days of the audit finishing.