



Home Office

Detention Services Order 06/2013

Reception, induction and discharge
checklist and supplementary guidance

January 2026



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Document Details

Process: To provide - contracted service provider staff with instructions and operational guidance on the process for admitting, inducting, and discharging a detained individual from immigration removal centres (IRCs), residential short-term holding facilities (RSTHFs) or pre-departure accommodation (PDA).

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Contains Mandatory Instructions

For Action: All Home Office staff and contracted service providers operating in immigration removal centres, residential short-term holding facilities and pre-departure accommodation.

For Information: Whilst this DSO incorporates mandatory actions for Home Office immigration responsible caseworkers, this guidance is for information purposes only.

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Processes Affected: All processes affecting reception, induction, and discharge procedures.

Assumptions: All staff will possess sufficient knowledge to follow these procedures.

Notes: Operating Standards for IRCs and the PDA cover admission/reception requirements. This DSO provides additional guidance for the requirements of contracted service provider staff undertaking reception, induction, and discharge processes to ensure standardisation across the immigration removal estate.

Instruction

Introduction

1. This Detention Services Order (DSO) provides a mandatory checklist and supplementary guidance, on which specific areas must be addressed by contracted service provider reception and induction officers when admitting a new detained individual to an immigration removal centre (IRC), residential short-term holding facility (RSTHF) or pre-departure accommodation (PDA).
2. For this guidance, references to “centre” in this document cover IRCs, RSTHFs and PDA.
3. This instruction **does not** apply to those detained in a non-residential STHF or Residential Holding Rooms (RHRs).
4. Two different **Home Office teams** operate in IRCs:
 - Detention Services (DS) Compliance team (Compliance team)
 - Detention Engagement team (DET)

The **Compliance team** are responsible for all on-site commercial and contract monitoring work. The **DETs** interact with detained individuals face-to-face on behalf of responsible officers within the IRCs. They focus on communicating and engaging with people detained at IRCs, serving paperwork on behalf of caseworkers and helping them to understand their cases and reasons for detention.

There are no DETs at RSTHFs, or the Gatwick PDA. Some of the functions which are the responsibility of the DET in IRCs, are instead conducted by the contracted service provider and overseen by the International and Returns Services (IRS) Escorting Contract Monitoring Team (ECMT) in RSTHFs. In the Gatwick PDA, the role of detained individual engagement is covered by the local Compliance Team.

Purpose

5. The purpose of this order is to standardise the information sought from and provided to detained individuals by contracted service provider staff, and ensure they are fully aware of the reception, induction, and discharge procedures that should be followed in a centre.
6. This order provides operational guidance, in addition to the Detention Services IRC Operating Standards, the PDA Operating Standards, the Detention Centre Rules

2001, the Short-term Holding Facility Rules 2018 and any contractual or service level agreement (SLA) requirements.

Procedures

7. Contracted service providers must put in place locally agreed procedures in centres, to ensure that each item on the checklists has been covered by staff involved in reception, induction, and discharge procedures. They must be able to demonstrate that this has been done as and when required to the DS Compliance Manager (grade HEO or above) and for the purposes of any audit, investigation, or inspection.
8. Entering detention (or changing detention locations) may be a stressful time for people and this may impact an individual's ability to fully absorb important messages the first time they are delivered. Contracted service provider staff are therefore encouraged to repeat essential information at regular intervals and use different formats, such as posters and leaflets. In addition, contracted service provider staff should ensure that all procedures are fully understood by detained individuals whose first language is not English. Professional interpreting facilities must be used whenever language barriers are identified on reception, induction, or discharge (see paragraph 40).

Reception

9. The checklist at Annex A details the mandatory actions to be undertaken by the contracted service provider at the point of admission, accompanied by explanatory notes at Annex B.
10. Contracted service providers must inform detained individuals on induction into the centre that there is surveillance camera equipment in operation within the establishment and explain the circumstances for which each type of equipment is used ([DSO 04/2017 Surveillance Camera Systems refers](#)).
11. The contracted service provider should cash any postal orders, transferring the funds to the detained individuals account, and ensure that detained individuals arriving with existing postal orders, are informed of this requirement (i.e., for the correct named payee for funds to be transferred) upon arrival ([DSO 06/2012 Management of Property](#) refers).

Emergency contact details

12. It is important that emergency contact details for next of kin are recorded for all individuals entering detention. When a detained individual refuses or is unable to

provide contact details, DETs, contracted service provider and healthcare staff must periodically revisit this to obtain and record this information where it has not been previously obtained. Home Office DET staff must record instances in their induction notes, where emergency contact details for next of kin have not been provided and the reason given.

13. Detained individuals must be made aware that the contact details recorded will only be used in emergency situations when the individual is unable to contact their next of kin themselves. When a detained individual refuses or is unwilling to provide these details, they must be encouraged to at least provide a telephone number without including the name or address details of the person acting as next of kin (for example their social worker, advocate, alternative professionals, or charities).
14. The process detailed at paragraphs 12 – 26 must be completed by staff to gather and record next of kin details, and to record situations where no information is volunteered by the detained individual. At RSTHFs, where there is a limited presence of Compliance staff, contracted service provider and healthcare staff must still follow this guidance where possible and attempt to gather emergency next of kin details for all detained individuals, recording any actions taken or findings in the Detainee Transferable Document (DTD).
15. Specific guidance relating to the obtaining of emergency contact details by the various categories of staff is set out below:

Contracted service providers

16. Staff involved in the reception and induction of detained individuals must ask all individuals to provide an emergency next of kin contact for use in emergency situations, including unexpected illness or an accident. Details should include a name, contact number and the relationship to the detained individual (e.g., mother, brother, friend). Where possible, staff should also try to establish the level of English of the person recorded as next of kin. This should be recorded on the contracted service provider's local IT systems; on the Emergency Contact Form attached at Annex C; and placed in the DTD. A copy of the bio data page of the DTD and details provided as next of kin, must be made available to the local DET as soon as possible. These details must also be passed on to the healthcare supplier team.
17. All detained individuals entering the removal estate, must be advised that next of kin information will not be used for any purpose other than to notify the next of kin in case of an emergency. If the detained individual refuses to provide any details or states that they do not have any contacts in the UK and do not wish to provide any overseas contacts, staff should encourage the individuals to provide at the minimum, a contact telephone number for a person that they wish to be notified in emergency circumstances when they cannot make that contact themselves.

18. If the contracted service provider is unable to record a detained individual's next of kin details, staff must use the form at Annex C to notify the local Compliance Manager, DET and Healthcare team, that no next of kin details are known for that individual and record this information on local IT centre systems. This should include details of all initial steps that were taken to try to gather this information and be fully documented in the detained individual's DTD.
19. When contracted service provider staff are unable to gather next of kin details at reception or induction but are notified of these details by the local DET or healthcare teams, this information must be recorded in the contracted service provider's local IT systems and the detained individual's DTD must be updated immediately.
20. If contracted service provider staff are made aware of an existing relationship between the detained individual and a friend or family member, such as when booking a visit or facilitating a phone call, enquiries should be made as to whether that person is recorded as the detained individual's next of kin and whether any details were provided by the detained individual. Reception, visits and welfare staff should be vigilant and use all appropriate interactions with detained individuals to remind them of the importance of recording current next of kin details. If new or updated contact details are obtained by the contracted service provider, the local Compliance Manager, DET and healthcare teams must be notified using the process set out at paragraph 16.
21. If the detained individual provides new or updated contact details during induction, this information must be disseminated to the Compliance Manager, DET and healthcare within 24 hours using Annex C.

Healthcare staff

22. Next of kin details for all detained individuals must be recorded on individual local healthcare files, where available. Once healthcare staff are notified by the contracted service provider, DET or during the healthcare screening of these details, an entry should be made on the detained individual's record on the healthcare management system (SystemOne in England). If no next of kin details are available (e.g., because the detained individual has refused to share such information with the Home Office and contracted provider staff), healthcare staff should attempt where possible, to obtain such details from the detained individual, using the form at Annex C.

DET staff

23. Local DET staff are responsible for ensuring the next of kin details are obtained and recorded on the Atlas database, and efforts must be made to ensure these are up to date.

24. Next of kin details previously provided by the detained individual to contracted service providers, must be confirmed during the Home Office induction conducted by DET staff. If no details are available, this must be discussed during the induction process. Detained individuals must be informed of the importance of providing these details and advised that this information will not be used for any purpose other than to notify their next of kin in case of an emergency. Detained individuals should be encouraged to provide at least the telephone contact details of the person that they wish to be notified in the case of an emergency.
25. If the detained individual provides new or updated contact details during induction, this information must be disseminated to the centre supplier and healthcare within 24 hours using Annex C.
26. If a detained individual refuses or is unable to provide next of kin details, the officer conducting the induction interview must check the available Atlas records for a reference to any individual with a close relationship with the detained individual (such as linked immigration cases, interviews previously conducted, or sureties presented for bail hearings). If a possible next of kin is identified during these checks, the detained individual should be contacted to confirm they are happy for that person to be contacted in emergency situations. If no suitable next of kin can be found by the DET staff, this must be documented by updating Atlas to show that the detained individual has refused to provide these details and what steps were taken to try to obtain this information.

First night in detention

27. Detained individuals who have never stayed in a custodial setting and those who were detained in the past in their country of origin/on their way to the UK and experienced mistreatment, may be amongst those more vulnerable in their first night in detention and, as such, may require such additional support as is necessary. Contracted service provider staff must review the information contained within the Person Escort Record (PER), DTD and movement order (MO) to establish if it is a detained individual's first night in any detention environment.
28. An auditable system must be in place to promptly alert residential and welfare staff to an individual spending their first night in detention so that they can provide additional support to the detained individual. Additionally, staff working night shifts must be made aware of such individuals. This must happen every time a detained individual first arrives at an IRC, RSTHF or at the PDA, but not when a detained individual returns to the same centre after being temporarily discharged, for example, for a removal that then failed.
29. An assessment must be made on reception of the welfare needs of the detained individual, in addition to those highlighted through the room sharing risk assessment. If this assessment highlights a need for an individual care plan specific to the detained individual's welfare needs, then this should be implemented and

authorised by the contracted service provider duty manager. A post first night assessment must also be conducted to ensure the welfare of a detained individual. This must include, as a minimum, a discussion with residential and welfare staff and healthcare staff around the detained individual's first night in detention whilst exploring if any further support is required, and a record of this assessment must also be kept.

Identifying vulnerability / Assessment Care in Detention and Teamwork (ACDT)

30. Contracted service provider staff working in reception must be appropriately trained to make an initial assessment of the arriving individual based on the documentary evidence that accompanies them, information conveyed by escorting officers and information provided from third parties such as His Majesty's Prison and Probation Service (HMPPS), the police, the courts or the detained individual's family. Contracted service provider staff should also make their own assessment of the detained individual's mood, behaviour and how the detained individual presents and interacts.
31. To identify vulnerable individuals entering detention/individuals at risk of suicide or self-harm, contracted service provider staff must be trained in ACDT and mental health awareness. Staff must also be capable of escalating any vulnerability issues (whether known or suspected) with healthcare staff at the earliest opportunity, where necessary.
32. There are a number of factors/experiences which will indicate that an individual may be at risk/vulnerable to harm in detention, including (but not limited to): susceptibility to bullying, mental health conditions, serious physical health conditions or serious physical disabilities, pregnancy, unusual behaviour, evidence of self-harm, remarks indicating desires to self-harm/take own life or other evidence of abuse, or potential or confirmed victims of trafficking or modern slavery. The following pieces of operational guidance provide further information on the detention of vulnerable people and the indicators of risk: ([DSO 08/2016 Management of Adults at Risk](#), [DSO 03/2022 Adults at risk in immigration detention: modern slavery](#) and [DSO 04/2020 Mental vulnerability and immigration detention](#))
33. In accordance with [DSO 08/2016 Management of Adults at Risk](#), any detained individual arriving at a centre currently identified as an 'adult at risk' under the policy, must be given priority in the reception and induction procedures. This process must consider the identified level of risk of the detained individual – prioritising first Level 3 adults at risk, then Level 2 and finally Level 1.
34. In cases where contracted service provider staff have concerns about a newly arrived individual being at risk of self-harm or suicide, they should immediately commence safeguarding procedures as detailed in [DSO 06/2008 - Assessment Care in Detention Teamwork \(ACDT\)](#).

35. Any immediate immigration case concerns, or potential vulnerabilities identified in the detained individual's escort records or by reception staff, must be reported to the centre's Duty Manager and onsite DET, to determine how the individual's needs can be met within the centre e.g., by opening and implementing an ACDT or a Vulnerable Adult Care Plan (VACP). Where there are concerns that an individual may lack capacity, have a mental health condition, or disability arising from mental impairment, the individual's case must be brought to the attention of the IRC contracted service provider Duty Manager and vulnerability lead (on-site contracted service provider manager in RSTHFs). In cases in which there are indicators of disability arising from mental impairment or of a mental health condition Healthcare should be informed and requested to conduct an initial assessment. Further guidance is contained within the following: [DSO 08/2016 - Management of Adults at Risk](#), [DSO 04/2020 - Mental vulnerability and immigration detention](#) and [DSO 03/2016 - Consideration of Detainee Placement](#).
36. Any new potential vulnerabilities discovered during the reception or induction processes must be communicated to the local Compliance team and DET staff, Detainee and Escorting Population Management Unit (DEPMU), and the 'Detained AAR Part C' Inbox by way of an IS91RA Part C, clearly highlighting that the update relates to vulnerability, through the inclusion of the reference 'adults at risk' on the first line of the form. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. If additional support is required, the contracted service provider must contact the onsite DET who will offer a priority appointment for a Home Office Induction to be conducted.

Specific needs

37. When a detained individual arrives at a centre and during the reception process it becomes apparent that either the full extent of a vulnerability has not been disclosed, or that the detained individual has a previously undisclosed vulnerability the following steps should be followed:
- Firstly, healthcare staff must make an assessment from a medical perspective as to whether the detained individual's condition can be appropriately managed within the centre.
 - Then, in consultation with the centre's Duty Manager (or appropriate senior manager), it must be determined whether reasonable adjustments are in place or could be put in place (without unreasonable delay or disproportionate cost), to enable the detained individual to access the full range of facilities within the centre as if their condition did not exist.
38. Where it is determined that reasonable adjustments are already in place or can be put in place, Care Plans relevant to the needs of the detained individual must be opened and recorded without delay e.g., VACP, Personal Emergency Evacuation Plans (PEEP) etc. The detail of any adjustments must be submitted on an IS.91RA

Part C to DEPMU, who will update Atlas accordingly, and provide an electronic copy to both the on-site Compliance team and DET. Examples of adjustments may include, obtaining mobility or other assistance aids (e.g. hearing loop, incontinence pads, large print books, audio newspapers), increased one-to-one monitoring or assistance, providing access to lifts (not normally accessible to detained individuals) or modifying regime activities to take account of the detained individual's disability. The DET must advise the responsible caseworker to ensure any latest information is taken into consideration when reviewing detention and suitability for future removal. Further guidance and support is contained within [DSO 04/2020 - Mental vulnerability and immigration detention](#).

39. In line with [DSO 03/2016 Consideration of Detainee Placement](#), where it is determined that it is not possible to make sufficient adjustments to accommodate the detained individual, the on-site Compliance Manager must be notified as soon as practicable, who must immediately contact DEPMU to arrange a transfer to a more suitable centre. Until such time as a transfer is affected, the initial centre must manage the detained individual through an open Care Plan with as many adjustments as can be achieved, considering the available facilities and resources.

Language skills

40. During the reception process the contracted service provider must conduct a basic assessment of a detained individual's proficiency in spoken English, which should take place via a short conversation with the individual using open-ended questions. Escorting staff should not be relied upon to confirm a detained individual's proficiency in English. Alternatively, where telephone interpreting services are required to conduct the reception process, this should be recorded on the local contracted service providers' databases. Where in-person and telephone interpreters are deemed unsuitable, electronic translation devices (i.e., translation applications on internet access mobile phones) may be utilised to supplement the above, with permission of the centre manager ([DSO 02/2022 Interpretation Services and use of Translation Devices refers](#)). If a detained individual displays signs of a learning disability/literacy issues, these should be noted by contracted service provider staff who should inform healthcare and Home Office staff on the steps to be taken to ensure the detained individual is provided with relevant information regarding the reception process in an accessible format. This should be done in accordance with [DSO 04/2020 Mental vulnerability and immigration detention](#).

Detained Duty Advice Scheme

41. All residents on arrival into the IRC will have the DDAS explained to them and will be asked if they would like a DDAS appointment and, if they do, will be added to a **DDAS appointment records** form.

Contracted service provider staff will explain to the detained individual:

- Why the appointment has been made and what it is for.
- When the appointment is due to take place and the time that the individual should be ready for collection to be escorted to the interview room.
- That an interpreter will be available if needed.
- That the appointment may be conducted over the telephone, not in-person. The decision about how the appointment is conducted is taken by the legal provider.
- An explanation to the detained individual that if their immigration documents are not sent in advance of a telephone appointment to legal providers, the provider will not be able to decide on representing the detained individual during the 30-minute appointment.

Fast track reception

42. For the purposes of this DSO, intra-centre moves are those that take place between two neighbouring IRC sites only, therefore this is currently only applicable to the Gatwick and Heathrow clusters.

43. In certain cases, when a detained individual is discharged and returns to the same centre on the same day or in cases of intra-centre moves, contracted service providers may decide that a fast-track reception option can be followed. This includes but is not limited to, escorted moves to Embassies and High Commissions, hospital and dental appointments, attendance at a birth, funeral or marriage or any other escorted moves as approved by the Home Office such as an immigration case related hearing or interview. For such moves, the full reception process is not required but records of the decision-making process should be kept and made available to the on-site Compliance Manager on request.

44. It is imperative that contracted service providers, whose custody the detained individual remains in throughout the entire escort process, must:

- ensure the correct identity of the detained individual.
- ask for next of kin details if these have not already been provided.
- conduct and implement any procedures necessary where the authority to detain is unclear for any reason.
- ensure any welfare/healthcare needs are addressed upon return i.e., offer a nurse/GP appointment (For intra-centre moves, every detained individual must be given a medical examination (mental and physical) by the medical practitioner within 24 hours, in accordance with Rule 34 of the Detention Centre Rules 2001):
- offer a hot/cold meal and drink if the detained individual has or will miss a meal provided by the centre as per normal regime.
- ensure the detained individual is housed immediately or at the latest, within the contractual time limit.

45. Where responsibility for the detained individual has temporarily been transferred to another contracted service provider prior to returning to the IRC, the fast-track route

will not be applicable and the requirement to follow the full reception process will remain in place.

Induction

46. The checklist at Annex D details the mandatory actions to be undertaken by the contracted service provider during induction, accompanied by explanatory notes at Annex E.
47. The induction session should be used as an additional opportunity to conduct a secondary assessment of the detained individual's proficiency and understanding of English. Any noted proficiency recorded at the time of reception should be used as a benchmark for the secondary assessment. If it is considered that the initial assessment was not representative of the detained individual's true English language ability, then the detained individual's record should be amended accordingly.
48. Where it is determined that the detained individual has insufficient knowledge of English to receive the centre induction, contracted service providers must use professional interpreting services to complete the centre induction. Where available, written information should be provided either in pictorial form or in a language understood by the detained individual as far as reasonably practicable. An alternative medium such as a pre-recorded audio version of the induction in the required language can be provided.
49. Contracted service providers must be able to demonstrate that they have considered language needs and have responded appropriately. Where an interpreter is used to facilitate an in-person induction, this must be documented on the detained individual's record.
 - In most circumstances other detained individuals must not be used for specific translation purposes due to confidentiality and quality issues. However, peer support can be provided by detained individuals undertaking paid activities for general purposes, which may include support during group inductions.
 - In all cases it is the responsibility of the contracted service provider to ensure they have taken appropriate steps to make sure everyone fully understands all processes.
 - For arrivals to RSTHFs, contracted service provider staff must ensure during the induction process, they ask detained individuals whether they have legal representation, and where appropriate, advise those requiring legal services how to obtain such services. This will be done using an interpreter where required. This information, including responses should be recorded on the

contracted service provider induction checklist, and kept in the individuals DTD and on core file on unit. All individuals will be made aware of their right to seek legal advice and signposted to a list of local OISC (Office of the Immigration Services Commissioner) (Office of the Immigration Services Commissioner) & Law Society advisers, which includes some that offer legal aid services (except in Northern Ireland).

50. In the event the detained individual states they have had difficulties accessing legal advice, and have been served with removal directions, the contracted service provider will pass details of the person and their claim to either their responsible caseworker, the Operational Support and Certification Unit (OSCU) or National Command and Control Unit (NCCU) out of hours, who will consider whether it is appropriate to defer the removal as set out in '[Arranging removal](#)' and '[Enforced removals: notice periods](#)' guidance. Each case for deferring removal to allow access to legal advice must be considered on its individual merits.

DET Induction

51. On-site DET staff will conduct an induction interview with a detained individual within 48 hours of their arrival at a centre (including where a detained individual has been transferred from one IRC to another), which will cover as a minimum, the areas detailed in Annex F. DET inductions will be undertaken using professional telephone interpretation services unless the individual is able to sufficiently understand and converse in English, and therefore the need for language support is not identified. The DET staff will record the information supplied by the person on Atlas.

52. Next of kin information supplied by the individual must be recorded on Atlas.

53. As per Annex F, DET staff conducting an induction interview must confirm whether the detained individual is receiving legal representation, and for those who are not receiving this service but require it, DET staff must signpost the individual in how to obtain this. This information will be recorded on the DET induction checklist including whether the individual does not wish to access legal advice. The ECMT do not conduct a separate induction to that undertaken by contracted service provider in the RSTHF.

Discharge

54. The checklist at Annex G details the mandatory actions to be undertaken by the contracted service provider at the point of discharge.

55. The PER (Person Escort Record) and DTD must be completed by contracted service provider staff at the point of discharge and provided to escort staff upon handover, along with the medical notes and prison file (if applicable). Contracted

service provider staff must ensure that all property belonging to the detained individual accompanies them in line with [DSO 06/2012 Management of Property](#).

56. If a detained individual has no spare clothing upon release, contracted service provider staff should ensure that weather appropriate clothing is provided.
57. Complaints boxes should be easily accessible to detained individuals in the discharge area. If no complaints boxes are available in this area, detained individuals should be given the opportunity to raise their concerns with staff prior to being discharged and express any dissatisfaction verbally or in writing.
58. Prior to a detained individual's release/discharge on bail to no fixed abode, staff should assist and support the detained individual with providing information on local charities/support services (i.e., local authority housing provision), and any existing housing applications, providing travel warrants as required.

Destitute payments

59. A detained individual may bring to the attention of centre/escorting staff, that they do not have the financial means to reach their destination when being removed from the UK.
60. If this is raised prior to removal or the detained individual is going under flight escorts, then centre staff should contact DEPMU/Mitie C&C (Care & Custody) team directly to make a request for a destitute payment. DEPMU will approve or reject straightforward requests for destitute payments and update the detained individual's Atlas records. Some cases may be referred to the responsible caseworker for a decision. For families located at the PDA, contracted service provider staff will undertake a family funding analysis and agree with the onsite Compliance team the appropriate amount of funding to be issued. Mitie C&C can authorise up to £30, however, there are no strict set amounts, and each case should be considered on its own merits. If the detained individual raises this during an escorted removal, then the Senior Detainee Custody Officer (SDCO) will review the detained individual's property sheet to assess their personal funds available and decide on whether a payment is justifiable. Payment will only be made by the Home Office following a successful removal. Where the request for a destitute payment is relative to the detained individual departing on a charter flight, this must be referred to Returns Logistics via the RL Charters CIO inbox for authorisation.
61. For unescorted removals, the SDCO should refer the request for a destitute payment to the DEPMU Duty Manager prior to the removal, giving details of the amount required and reason. The DEPMU Duty Manager will consider the request and either decline or approve payment. Payment for unescorted removals is made at the point of departure.

Self-Audit

62. An annual self-audit of this DSO is required by contracted service providers to ensure that the processes are being followed. This audit should be made available to the Home Office on request.

Revision History

Review date	Reviewed by	Review outcome	Next review
June 2016	Emily Jarvis	General update to include discharge, fast track reception and first night detention processes.	June 2018
July 2021	Kevin Teefey	Reformat and general update including the property waiver form, induction of adults at risk, next of kin details and voluntary departures.	August 2023
December 2022	Tosin Amisu	Update to Annex F – Detention Engagement Team (DET) Record.	December 2024
July 2024	J. Hayson	Updated to reflect: <ul style="list-style-type: none"> • What assistance is provided to detained individuals being released/discharged on bail to no fixed abode. • The process when detained individuals arrive on an open ACDT/VACP. • The removal of Annex G (mini induction). • Information pertaining to destitute payments for those departing on a charter flight. • Addition of postal order lines. • Additions & amendments of Smoking cessation and vaping rules. • Additions regarding the Detained Duty Advice Scheme (DDAS) • Self-Audit Section Added 	July 2026
January 2026	J. Hayson	Minor update to Annex F – DET induction record	July 2026
June 2026	Akash Shourie	Updated to correct Home Office audit requirements	July 2026

Annex A – Reception Checklist

Contracted service provider Reception Officer

- Person Escort Record (PER) form up to date on arrival? If not, has appropriate action been undertaken by raising with the escorting staff and the on-site Compliance manager for escalation?
- DTD (detainee transferable document) up to date? If not, has appropriate action been undertaken?
- Did the prison file accompany the detained individual (where appropriate)? If not, has the appropriate action been undertaken to obtain it?
- Has the prison file been passed to the IRC security department and prison licence been copied to DET staff?
- Is the detained individual accompanied by medical notes (where appropriate) and any prescribed medication?
- Has a room sharing risk assessment (RSRA) been undertaken?
- Based on the RSRA, is a single occupancy room needed? Has a single occupancy room been provided?
- Has an initial evaluation of English language skills been made, and the outcome noted?
- Is interpreting required for the reception process? It is important that all service providers use professional interpreting facilities where a language barrier is identified, and the information being interpreted is specific to the detained individual. This is to be logged on the contracted service providers' detainee management system.
- Have Emergency Contact details / Next of Kin details been sought and recorded? If not, have the reasons why been recorded? Has the detained individual been assured of the confidentiality of this information? Has the detained individual been advised to, as a minimum, provide a contact telephone number?
- Are there any initial indications of the need for an Assessment Care in Detention Teamwork (ACDT) or has the detained individual transferred from another centre on an open ACDT, or have other vulnerability issues been identified? Further guidance and support are contained within [DSO 04/2020 - Mental Vulnerability and](#)

[Immigration Detention: non-clinical guidance, DSO 01/2022 – Assessment Care in Detention and Teamwork](#) and [DSO 08/2016 – Management of Adults at Risk](#).

- Has a toiletries pack been given and recorded?
- Has a free 5-minute phone call (or similar) been facilitated?
- Have clothing needs been considered?
- Has a clothing pack been issued?
- Has the detained individual been given the opportunity to note stored phone numbers from prohibited mobile phones or swap SIM card?
- Has the detained individual been asked if all property has arrived with them?
- Has the detained individual been explained the property allowance in accordance with [DSO 06/2012 – Management of Property](#) and given the opportunity to sign the property disclaimer form?
- Does the detained individual require the assistance of the welfare officer (or similarly nominated member of staff) to acquire missing property or property from outside the IRC?
- Has the welfare officer (or similar staff member) been notified of the location of the detained individual's property to try and obtain it?
- Have fingerprints been taken or checked if they have already been taken?
- Has the detained individual been provided with a copy of the IRC centre rules and Compact in a language they understand?
- Has the detained individual been informed that there is surveillance camera equipment in operation within the establishment, and explained the circumstances in which each type of equipment is used?
- Has the detained individual been told they may not have access to their own mobile phone on removal, and that as such they should copy down important numbers?

Centre Healthcare Staff

- Has the detained individual been seen within 2 hours of arrival for an initial health screening?
- Has the detained individual been advised that they may request to be seen by member of same sex (nurse/doctor)?
- Is interpreting required for the screening process? It is important that all healthcare providers use professional interpreting facilities where a language barrier is identified, and the information being interpreted is specific to the detained individual. This is to be logged on the detained individual's medical file and SystemOne, where applicable.
- Have specific medical needs been identified?
- Have Emergency Contact details / Next of Kin details been sought and recorded? If not, have the reasons why been recorded? Has the detained individual been assured of the confidentiality of this information? Has the detained individual been advised to, as a minimum, provide a contact telephone number?
- Is a Personal Emergency Evacuation Plan (PEEP) needed?
- Has the Health and Safety Officer been notified re the PEEP requirement?
- Are mobility aids required?
- Are reasonable adjustments needed?
- Is a single occupancy room medically indicated?
 - Has the detained individual been offered an appointment with the doctor under Rule 34 (to take place within 24 hours)? As part of offering the appointment with the doctor, healthcare staff must explain that this will be a physical and mental examination to which each detained individual is entitled, regardless of whether they have any immediate physical or mental health concerns. Healthcare staff should record confirmation that this has been explained and understood by the individual.
 - Has the acceptance or declining of a Rule 34 appointment been **clearly** documented in the medical records?
- Has the detained individual arrived with the necessary supply of medication (if transferring from another IRC)? If not, the centre healthcare team should contact the previous centre to determine what medication is required. If the receiving centre does not have the medication in stock, and the ordering time for obtaining a replacement would result in a break in continuity of medication, the receiving centre

should decide for the detained individual's medication from the previous centre to be transferred to the new centre without delay. Additionally, ensure detained individuals requiring medication are aware of dispensing times and dispensing location.

- Has a full initial assessment of vulnerability been undertaken via the healthcare screening questionnaire? If vulnerabilities have been identified have these been notified appropriately and action taken (e.g., ACDT opened)
- Are there any pre-existing external medical appointments scheduled for the detained individual? Every effort should be made to keep and fulfil existing external medical appointments already in place for those in detention, both those arranged prior to and during detention. In these circumstances the guidance in [Detention Services Order 07 - 2012 Medical Appointments outside of the Detention Estate](#) should be followed.

Annex B – Reception Checklist Guidance

Prison File

Where a Foreign National Offender (FNO) detained individual arrives at a centre, reception staff should ensure that the individual's prison file is accompanying them. This file should be passed (without delay) to the centre's security department to enable them to begin the process of evaluating the presenting risk of the individual. Where a licence is present on the file the reception staff should notify the DET accordingly. Security department staff should additionally pay careful attention to the full range of risks/vulnerabilities that are recorded within the file and cascade this information appropriately and without delay to the appropriate colleague (e.g., Healthcare). Where it is known that an individual has served a custodial sentence in prison and is brought to a centre without their accompanying Prison file it is the responsibility of the centre's security department to make every effort to try and locate the file or to contact the last known prison to ascertain any pertinent security information about the individual. Further guidance on actions required for missing prison files are contained within [DSO 12/2012- Room Sharing Risk Assessment](#).

For detained individuals who have transferred out of a Scottish prison, the receiving centre must call the last prison the detained individual was held at for a read out of any adjudications and any other relevant security information and add it to the individual's records.

ACDT/ACCT Plan

Where an individual arrives at a centre on an open/post closure ACDT/ACCT, the receiving centre must allocate an ACDT case co-ordinator and arrange a case review. ([DSO 01/2022 Assessment Care in Detention and Teamwork refers.](#))

Medical Notes

Detained individuals who arrive having been transferred from other centres or from prison establishments should be accompanied by either their full medical file, a summary of their medical history/treatment from the previous establishment or a letter from the previous clinician indicating any medical conditions or special needs.

Detained individuals transferred from another centre should have been discharged with any medication that has been prescribed to them to ensure continuity of treatment. Where reception staff at the receiving centre become aware that medication is absent on arrival, this should be flagged to the centre healthcare team who should contact the previous centre to determine what medication is required. If the receiving centre does not have the medication in stock, and the ordering time for obtaining a replacement would result in a break in continuity of medication, the receiving centre should decide for the detained

individual's medication from the previous centre to be transferred to the new centre without delay. If there are any difficulties with accessing medication healthcare staff should inform Home Office as a matter of urgency.

Healthcare

All detained individuals must receive an initial healthcare screening within 2 hours of their arrival at an IRC. An assessment of whether the detained individual requires an immediate appointment with a doctor must be conducted. Where an immediate appointment is not required, an appointment that would take place within 24 hours of the detained individual's arrival at the centre must nonetheless be explained and offered, and the acceptance/declining of a Rule 34 appointment must be clearly documented in the medical records.

Healthcare staff must advise detained individuals that they may request an appointment with a medical professional of the same sex and that, if they require an examination by a doctor, that they may request to be seen by their own doctor (if their own doctor is amenable to such a request). Detained individuals should be made aware that there may be a delay in their own doctor attending and that their doctor may charge them a fee to enable their attendance at the centre for this purpose.

If a detained individual has a pre-existing external medical appointment(s), healthcare staff must notify centre contracted service provider staff and the procedures set out in [DSO 07/2012 - Medical Appointments outside of the Detention Estate](#) followed.

Personal Emergency Evacuations Plan (PEEP)

The healthcare professional must notify the Duty Operations manager and the health and safety officer (H&S) in the centre of any detained individuals identified with a disability or with a temporary medical condition that necessitates increased assistance (e.g. fractures, sprains, back injuries, pregnancy, learning difficulties, and dyslexia) in order that a PEEP can be prepared without delay by the H&S officer or appropriately assigned manager, in either case, a detained individual must not be placed into residential accommodation without an active PEEP. The H&S officer must ensure that all staff are aware of their responsibilities to individuals with a PEEP and what to do in the event of an evacuation. A copy of the PEEP should also be sent electronically to the DET.

Rule 35/Rule 32 considerations

[DSO 09/2016 Detention centre rule 35 and Short-term Holding facility rule 32](#)

Rule 40 and Rule 42

The regime requirements for Rule 40 and Rule 42 accommodation should be displayed publicly in the reception area. During the induction process detained individuals must be explained the rules governing the use of Rule 40 and Rule 42 accommodation.

Room Sharing Risk Assessment (RSRA)

[DSO 12/2012 Room sharing risk assessment](#) refers.

Refreshments / Toiletries / Free Phone Call / Clothing / Mobile Phone

Reception officers must ensure that all new arrivals are offered:

- hot and cold refreshments (including a meal)
- free hygiene packs available at all centres or are notified at which point in the process that one will be provided
- a free 5-minute phone call (or similar)
- clothing if required
- and are issued with a loan telephone (where theirs is not compatible with [DSO 05/2018 – Mobile Phones and Cameras in Centres](#)) and able to transfer their SIM card or note important contact details

Where any of these services are declined the reception officer must record this and (where given) the reasons why.

Detained Individual's Property

[DSO 06/2012 - Management of Property](#) refers.

Fingerprints

[DSO 15/2012 - Fingerprinting of Detainees](#) refers.

Annex C – Emergency Contact Form

Please complete this form as accurately as possible. These details will help us should we need to get hold of your Emergency Contact urgently in an emergency only,

The information recorded in this form will not be used for any purpose other than notifying your next of kin in case of an emergency, in any situation where you are unable to do this yourself. These details will not be shared with third parties or other government agencies and will be stored and disposed of in accordance with the UK General Data Protection Regulations (UK GDPR) and the Data Protection Act 2018

[Borders, immigration and citizenship: privacy information notice](#)

Name:	
CEPR (Compliance and Enforcement Person Reference) Number:	
Detained at:	
Mobile Number:	

Emergency Contact Details (a close relative or friend in the UK or Overseas)

Name (CAPITALS):	
Relationship:	
Address:	
Phone Number 1:	
Phone Number2:	
Email:	

Signature _____

Date _____

Removal centre use only

I confirm that the resident provided / refused to provide / be unable to provide emergency contact details, I also confirm that the resident was informed how this information will be used and stored in accordance with the above.

Signed _____

PRINT NAME _____

Date _____

Interpreter used? Interpreter code: _____

Annex D – Induction Checklist

Contracted service provider Induction Officer

- Is interpreting required for the Induction process? It is important that all centre contracted service providers use professional interpreting facilities where a language barrier is identified, and the information being interpreted is specific for the detained individual.
- Has a full tour of the centre been undertaken, pointing out key facilities and amenities including (but not limited to) library and internet access, education, sport and leisure activities?
- Have Emergency Contact details / Next of Kin details been sought and recorded? If not, have the reasons why been recorded? Has the detained individual been assured of the confidentiality of this information? Has the detained individual been advised to, as a minimum, provide a contact telephone number?
- Has the role of the contracted service provider at the centre been explained?
- Have the roles of the onsite Compliance and DET been explained?
- Has the role of the Independent Monitoring Board been explained, including an explanation of a detained individual's ability to make complaints to Board Members in person or via the IMB (Independent Monitoring Board) complaints boxes?
- Have the procedures and times for meals been explained?
- Has access to healthcare been explained?
- Welfare Officer / Welfare Services role explained?
- Has the anti-bullying strategy been explained, and the helpline number provided?
- Has the use of Rule 40 or Rule 42 accommodation been explained and the regime availability in such accommodation detailed?
- Has the role of the Religious Affairs team been explained, and places of worship signposted?
- Has signposting and the provision of relevant leaflets to support groups e.g., visiting groups – including AVID (Association of Visitors to Immigration Detainees), Samaritans, Red Cross, been undertaken?

- Have all new arrivals been asked if they currently have legal representation, ensuring the process on how access to legal advice has been explained, including the Detained Duty Advice Scheme (DDAS), its independence from the centre, the times of surgeries, how to access them and that it is free of charge?
- Has the weekly allowance disbursement been explained?
- Have the rules surrounding paid activity been explained?
- Has voluntary departure been discussed? The opportunity to reimburse the Home Office for the cost of their airfare home in return for a potentially lower re-entry ban.
- Has a secondary evaluation of special needs / vulnerabilities been undertaken?
- Action taken as a result?
- Has the complaints system been explained, and the confidentiality of the complaints system emphasised – including both Home Office and NHS complaints processes?
- Have the procedures and times for social / legal visits been explained?
- Have the smoking restrictions and vaping arrangements in the centre been explained?
- Management of property volumes/weights explained and detained individual given the opportunity to sign the property disclaimer form?
- Shop opening hours / functions explained e.g., phone credit top ups.
- Confirm that detained individual has received all entitled provisions if needed i.e., refreshments, clothing, loan mobile phone, toiletries, 5-minute telephone call.
- Detained individuals buddy system explained, and buddy assigned (where applicable)?
- If not already undertaken arrange for a post first night assessment to be undertaken

Healthcare Staff

- Has Rule 35/ Rule 32 been actively considered during the doctor's appointment?
- Is interpreting required for the Induction process? It is important that all service providers use professional interpreting facilities where a language barrier is identified.
- Have Emergency Contact details / Next of Kin details been sought and recorded? If not, have the reasons why been recorded? Has the detained individual been

assured of the confidentiality of this information? Has the detained individual been advised to, as a minimum, provide a contact telephone number?

- Smokers who also take certain medicines, may require the dose of that medication to be reduced on cessation of tobacco use.
- Healthcare staff will review all new receptions to the IRC/STHF considering any changes to their smoking practices and tobacco dependency, an urgent GP appointment will be booked by healthcare staff to assess and modify medications if required.

Annex E – Induction Checklist Guidance

Tour of the centre conducted

Detained individuals who are entering a removal centre for the first time must receive a full tour of the centre during which the location of key areas and facilities should be pointed out such as:

- Bedroom Accommodation
- Dining Hall
- Library/resource centre
- Welfare Office
- Recreation / sporting / education facilities
- IT facilities
- Shop
- Healthcare
- Social visits lounge (and visiting times)
- Outdoor recreation/leisure areas
- Immigration offices
- Complaints boxes
- IMB office / complaint boxes
- Faith / prayer rooms

Where an individual has been accommodated at the centre in the recent past and is re-entering the centre for a second time a reduced version of this tour can be conducted subject to there having been no significant alterations to the location of key facilities.

Role of contracted service provider explained

Detained individuals should receive an explanation of the role of the contracted service provider at the centre, and the type of matters that they can assist the detained individual with, for example:

- Provide safety and security functions, for example, dealing with bullying, facilitating fire drills, ensuring building and its contents are safe for use.
- Provide for the care and welfare of detained individuals, for example, being available for detained individuals to flag concerns of self-harm or suicide risk for themselves or on behalf of others.
- Provide cleaning and catering services.
- Ensured strategies are in place for the reduction of violence and that detained individuals are made aware of these at the earliest opportunity.
- Ensured there is faith provision.
- Ensured there are educational, recreational and cultural activities.

Role of on-site immigration team explained

Detained individuals should be advised how to contact the immigration teams at the centre and have the roles of the onsite immigration teams explained in general terms that:

DET:

- Function as a link between the detained individual and their caseworker
- Will encourage the detained individual to make a voluntary departure.
- Will answer questions posed by detained individuals about the current position of their immigration case and plans for removal.
- Will serve paperwork to the detained individual on behalf of their caseworker.
- Are not responsible for making any decisions on their case.
- Will deliver a separate induction from the service provider.

Compliance Team:

- Will monitor the overall running of the centre to ensure that detained individuals receive care and facilities in line with the contracted service provider's contract / SLA with the Home Office

Role of IMB explained

Detained individuals should be advised of the role of the IMB at the centre and how to contact them including that:

- The IMB are independent to the contracted service provider and the Home Office

- They are appointed to monitor and report on the state of the removal centre premises, the administration of the removal centre and the treatment of the detained individuals.
- The IMB will inform the Secretary of State immediately of any abuse which comes to their knowledge or of any matter causing them concern.
- The IMB can raise concerns about the processes and procedures which surround a detained individual's immigration status (e.g., time delays in reaching a decision) but cannot concern themselves directly with the detained individual's immigration status (for example, the substance or merits of any application they have made)

Procedures for Mealtimes explained

Detained individuals must be:

- Made aware of the arrangements for meals within the centre (for example, if they are served on residential units via a servery or in a central dining hall)
- Shown where meal service takes place.
- Notified of the times that meals are served / provided.
- Advised of any pre-ordering requirements that must be undertaken.
- Encouraged to raise at an early stage any special dietary requirements they have (Halal/vegetarian / vegan etc). Dietary requirements due to medical reasons will be determined and notified by the healthcare team.

How to access healthcare explained

Detained individuals must be advised of:

- The hours of attendance of the nurses and doctors to the centre.
- Hours of drop-in clinics, nurses and doctor consultation times and how to make appointments to access these services.
- The general principles governing "in possession" medication and the arrangements for collecting / receiving dispensed medication.
- How to report that they are unwell while in the centre.
- Their ability to request that they be attended by their own doctor (if their doctor is amenable to such a request) or by a doctor of the same sex. Detained individuals should be advised that their own doctor may request a fee to deal with them in the removal centre.

Role of the welfare officer explained

Detained individuals must be:

- Shown the location of the welfare office.
- Advised of the hours of welfare provision.
- Provided with the name(s) of the welfare officers at the centre.
- Given an overview of the general issues that the welfare officer can assist with and give support on ([DSO 07/2013 Welfare Provision In Immigration Removal Centres](#) refers).

Anti-bullying strategy explained

Detained individuals must be explained the anti-bullying strategy at the centre and provided with the helpline number and relevant leaflets, if available, to those detained individuals who are vulnerable.

Faith provision explained

Detained individuals must be:

- Shown the location of the various worship facilities within the centre.
- Made aware of the ability to request a visit by a minister of their own faith.
- Notified of the hours during which they can access the worship facilities and where possible provided with the times of formal religious services and celebrations.
- Advised of the availability of clothing / worship aids that the contracted service provider can provide e.g., religious texts, prayer beads, prayer mats, Koran stands etc.

Access to legal advice explained

Detained individuals must be:

- Advised of their right to receive legal advice during their stay in the centre.
- Shown where legal texts are in the centre's library.
- Advised of the arrangements for the Detained Duty Advice Scheme which operates at the centre – i.e., the days and times of consultations and the procedures for obtaining an appointment.

- Advised of the ability of legal representatives to book appointments with them at the centre.
- Notified of their entitlements to enable them to contact their legal representative (faxing and photocopying availability).

Signposting to support groups undertaken

Detained individuals must be:

- Advised of any visiting group / charitable organisation / support group that routinely visit the centre and be notified of the days / hours of attendance and how they might contact them.
- Shown any literature / leaflets associated with groups that can offer support to detained individuals, where this information is available in centres.

Paid activities opportunity explained

The rules surrounding eligibility for paid activities must be explained, along with the types of opportunities available and the application process ([DSO 01/2013 Paid Activities](#) refers).

Voluntary departure discussed

Officers should signpost detained individuals to information on voluntary departure and encourage them to discuss voluntary departure with the onsite DET staff. The opportunity to reimburse the Home Office for the cost of their airfare home in return for a potentially lower re-entry ban.

Secondary evaluation of special needs / vulnerabilities

The induction process should be used by officers as an opportunity to re-assess any special needs / vulnerabilities identified at the point of reception or to identify any concerns not immediately apparent when admitted to the centre and pass this information to the Home Office. Any concerns should be escalated appropriately or added to the individual's records – you should consider whether healthcare teams need to be contacted.

Officers should consider whether an ACDT is required (or not) following the period since initial reception. This consideration and resultant decision must be recorded.

Complaints system explained

Detained individuals must be:

- Advised of the formal complaints system, including healthcare complaints ([DSO 03/2015 Handling Complaints](#) refers).

- Shown where to find complaints forms and complaints post-boxes.
- Advised that assistance from staff is available to help complete a complaint form.
- Advised that complaints may be submitted in languages other than English, although responses will be in English (except for healthcare complaints).
- Reassured that making a complaint will not impact negatively on their treatment in the centre or on their immigration case.
- Advised of the role of the Independent Examiner of Complaints (IEC) and Prison and Probation Ombudsman (PPO).

Social and Legal visit procedures explained

Detained individuals must be shown where social and legal visits can take place and must be advised of how appointment can be made.

Visiting hours and items that can be brought to visits for the detained individual must be explained.

Smoking restrictions and vaping arrangements in the centre explained

Detained individuals must be advised of the designated areas in the centre in which they are permitted to smoke/vape.

Management of property explained

Detained individuals must be:

- Advised of baggage limitations for their removal.
- Notified that they may swap items in possession for other items brought in by visitors.
- Told about other arrangements to deal with excess baggage such as paying for excess baggage to be taken on board the aircraft or paying to ship excess baggage back to their country of return as per [DSO 06/2012 Management of Property](#).
- Advised on how they can access their stored property in the removal centre.
- Given and explained the property disclaimer form as detailed in [DSO 06/2012 - Management of Property](#).

Shop hours

Detained individuals must be:

- Shown the location of the shop and advised of its days / hours of opening.
- Advised how to purchase items.
- Advised of any additional functions conducted by the shop (for example, catalogue ordering, money exchange).
- Advised of the arrangements for the detained individual weekly allowance, the criteria for initial eligibility, the amount paid, the way in which it is paid and the arrangements to receive any balance if they are transferred to another centre.

Detained individuals Buddy system

Where centres operate a system of fellow detained individuals that occupy the role of “buddies,” the inducting officer must advise detained individuals of this provision and outline the role that the buddy fulfils advising them if a buddy has been allocated to them. Detained individuals should also be advised about the procedures to become a “buddy” if this is appropriate.

Rule 35/ Rule 32 reconsideration

The responsibility for submitting Rule 35/Rule 32 reports in accordance with the requirements of the Detention Centre Rules 2001/Short-term Holding Facility Rules 2018 rests with the centre doctors in IRCs. Rule 32 reports may be submitted by nurses as they have day-to-day responsibility for healthcare provision in residential STHFs. However, officers who participate in the induction process with detained individuals should be alert to any statements made, behaviours observed or reports by others which indicate that a detained individual has:

- Displayed evidence that their health is likely to be injuriously affected by continued detention or any conditions of detention.
- Shown evidence of having suicidal intentions.
- Claimed that they have been the victim of torture.

Any concerns that an officer has about a detained individual relative to any of the above conditions should be reported without delay to the centre healthcare team and a record made that this has been undertaken.

Annex F - DET Induction Record



Home Office

Name of resident
DOB of resident
Nationality
Interpreter language/dialect and code (if applicable)
Induction completed at (location)
Induction completed by (engagement officer name)
Date and Time

Interpreter (if applicable)

1. Is an interpreter required? (Y/N)

If the answer is “no”, please provide a reason (*e.g., good command of English / resident states they do not require an interpreter / any other reason*):

2. Can you understand the interpreter? (Y/N)

Introduction

Please read the following statement before proceeding

My name is and I work **in/on behalf of (as applicable)** the Home Office Detention Engagement Team. We are here to help you with any questions or issues you may have with your immigration case. We do not make any decisions on your case, but we will provide you with documents and updates from the casework team.

I am seeing you today to complete an IRC induction and I will be asking you a number of questions. This information will help the Home Office understand your personal history and what support you may require during your stay.

Personal Administration

3. Can you confirm your name, nationality and date of birth? (**record details and any aliases/changes**)
4. Confirm identity against records – biographical details and photographs held (**note any concerns**)
5. **Can you please provide details of your next of kin (DET Officer must state ‘The next of kin information will not be used for any other purpose other than to notify the next of kin in case of an emergency’).**

6. Is there anyone we could contact on your behalf in case of an emergency? (please encourage and answer for this question. Include contact details and relationship)
7. Do you have a support network in the UK (family, friends, distant relatives etc) who you are in contact with? (capture detail)
8. Can you confirm that you have an IRC provided mobile phone and sim card?
9. Explain to the person that they are entitled to access to the internet, Skype, and alternative SIM cards if they have difficulty with phone signal. Remind them that should they experience an issue with any of these items they should go to Welfare immediately, including where it may affect contact with their legal advisors.
10. Explain the reasons for detention and ask for confirmation that they understand the reasons why they are detained. Ensure the person's detention paperwork (including the entry to detention letter and BAIL 403 form) has been received and explained. (provide your business card with contact details)

Voluntary Departure

11. (If eligible) You have been detained on the basis just explained. We would like your detention to be as short as possible and you can help to achieve that if you would like to take the opportunity to depart voluntarily. We can help by arranging and paying for your flight. Do you wish to leave on a voluntary basis?
12. (if YES to Q.9) Do you have a preferred arrival destination within the country you wish to return to? (If YES, record destination)
13. (If NO to Q.9) Is there anything we could do to encourage you to leave the UK on a voluntary basis?
14. (If NO to Q9) Is there a reason for why you do not want to voluntarily return home? (record details)
15. Location of travel document (record travel document type and location)

Access to Legal Advice

16. Do you have a legal representative? (If YES record name and contact details of solicitor, ask that they provide to DET as soon as possible if they do not have to hand)
17. Explain weekly Duty Solicitor Schemes – (advise only to use registered solicitors / legal advisors, if in doubt over registered legal advisors the OISC should be contacted via welfare / internet. If they experience any issues securing an appointment through the Detained Duty Advice (DDA) scheme they should notify a member of the IRC Service Provider staff (ideally) based in the Welfare office who will contact the Legal Aid Agency).
18. Explain to the person that they have a right to contact their Embassy or Consulate and ask if they are aware of how to do so.
19. **For those who have been transferred from a prison and will spend less than 5 days in the IRC before their scheduled removal date (mark as N/A if this does not apply) -** check whether they have experienced any issue with access to legal advice since the service of their removal directions.

Healthcare

- 20. Were you seen by Healthcare for an initial screening within 2 hours of arrival at the centre and have you have had an opportunity to raise any health concerns with them? (If NO, confirm that this been referred to Healthcare / Compliance team)
- 21. Were you offered an appointment with a GP/Doctor within 24 hours of arrival at the centre? (If NO, capture detail including if the person rejected an appointment. If YES, confirm whether the person attended the appointment and if this resulted in a R35 report.)
- 22. Do you have anything else that you want to tell me about your physical or mental health since being seen by healthcare on arrival that you haven't said before? (capture detail)

Welfare

Please read the following statement before proceeding

I'm now going to ask two questions about your welfare. We understand that these issues might be difficult for you to talk about, but this information is important as it will help the immigration casework team and Healthcare to understand what support you may require in the centre. Any information you provide may be used as evidence during the progression of your case.

- 23. In your country of origin, on the way to the UK, or in the UK have you ever been subject to exploitation, for example being forced into prostitution, forced labour, or did you have reason to believe you were going to be exploited? (if indicators identified capture detail and refer to NRM process)
- 24. Have you ever been a victim of torture and / or sexual or gender-based violence? (capture response and if YES signpost the person to Healthcare and notify case owner)

“I confirm I have signposted the resident to Healthcare”

Any other comments

- 25. Are there any other issues that you haven't mentioned and would like to raise?

<u>Post-Induction Safeguarding Check</u> <i>Please delete either option 1 or option 2 as applicable</i>
Based upon my observations during the induction interview, <u>I do not have any current concerns</u> regarding the person's mental state (other than medical conditions already specified during the induction).
Based upon my observations during the induction interview, <u>I do have concerns</u> regarding the person's mental state (other than medical conditions already specified during the induction). These concerns are detailed in the box below.
Free text

Annex G – Discharge Checklist

Centre Contracted service provider Discharge Officer

- Person Escort Record (PER) form up to date on discharge? If not, has appropriate action been undertaken?
- Detainee transferrable document up to date? If not has appropriate action been undertaken?
- Detained individual identified with photograph on IS91, name/date of birth confirmed, and fingerprint biometrics confirmed via the fingerprint system.
- Detained individual informed on where they are being moved to and whether they had any questions with regards to this move.
- If being transferred to another centre has the prison file been made available to accompany the detained individual? If not has the appropriate action been undertaken to obtain it?
- Has the prison file been passed to the escorts?
- Is the detained individual accompanied by medical notes (where appropriate) and any prescribed medication?
- If being removed, has a handover taken place with medical escort and healthcare information provided in accordance [with DSO 01/2016 - Medical Information Sharing](#)?
- Was telephone interpreting used for the discharge process?
- Is there any indication of the need for an Assessment Care in Detention Teamwork or have other vulnerability issues been notified to the escorts?
- Have clothing needs been considered (where a detained individual is being removed to different climactic conditions)?
- Has a clothing pack been issued?
- Has the detained individual been asked to check and confirm if all property is available prior to discharge?
- Does the detained individual require the assistance of the welfare officer (or similarly nominated member of staff) to acquire travel plan on release?

- Has the Welfare officer (or similar staff member) been notified of the location of the detained individual's property to ensure it is ready at point of discharge?
- If being released into the community has the detained individual received the necessary travel warrant or has confirmed that they have made alternative arrangements to be collected from the centre.
- Have any vulnerabilities been identified that would affect release into the community?
- If being released has the appropriateness of the time of release and onward journey been considered?
- If being removed, does the detained individual have the financial means to reach their destination?
- Personal mobile phones may not be available to the detained individual during the return process. Have they been given the opportunity to note stored phone numbers?
- Has detained individual been advised that they may be filmed during the returns process (particularly pertinent for charter flight returns)?
- If an FNO is being released into the community has the detained individual been provided a copy of their licence prior to their release?