

BH/195/17

Home Office

## CARE OF AT RISK DETAINEES

## ACDT PLAN

(Assessment, Care in Detention and Teamwork)

Forename(s):

D1914

Surname:

D1914

DOB:

DPA

Centre:

Brook House

CID/PORT REF

11382233

**Turn to inside front cover to see triggers/warning signs that should prompt immediate review**

Required frequency (day and night) of conversations and observations, plus the required frequency of recording these in pages 21-22. (see pages 19-20 for guidance)

1. ~~Constant Supervision~~2. ~~Hourly / Observations~~

3. 1 OBSERVATION EVERY 3 HOURS

4.

5.

6.

Date of next Case Review:

1 28/05/17	2 24/08/17	3 3/6/17	4
5	6	7	8
9	10	11	12
13	14	15	16

Date opened: 27/05/17

Date closed: 03/06/17

Date of Post Closure Interview:  
(see inside back cover for guidance)

Signed (chair of closing Case Review):



**D1914**

Triggers/warning signs to prompt immediate review and person/department to be called:  
(To be considered as part of each Case Review)

1
2
3
4
5

#### AGREEMENT TO SHARING OF INFORMATION

(Note: This form is to be completed by the Assessor and detainee at the beginning of the Assessment Interview.)

I understand that the Immigration Service has a duty of care to me while I am in detention. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my ACDT Plan will be shared, and that detailed information contained within my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me *may* be shared between staff within the centre and others concerned with my care and welfare in order to think about how best I may be supported.

Person at risk's signature: .....

PRINT NAME: ..... Date: .....

Member of staff's signature: .....

**Signature**

PRINT NAME: *G. Crowther* ..... Date: *28/5/17* .....

Where permission is withheld, share only information that relates to the risk and how to reduce the risk.





## ACDT - Post Closure Review Form

Name of Detainee	<b>D1914</b>		
CID Ref:	11382233	Log Number	BH/195/17

### To be completed by the Case Manager

Those attending	Comments
<b>Detainee :</b> <ul style="list-style-type: none"><li>Has the detainee had any further thoughts of self harm or suicide?</li><li>How is the detainee coping with their current situation?</li><li>Are they in contact with friends/family?</li><li>Any other changes in their circumstances?</li></ul>	<b>D1914</b> has no further thoughts of self harm or suicide, and states he is feeling good about his situation and is in contact with family and solicitor
<b>Case Manager:</b> <ul style="list-style-type: none"><li>Are they in contact with their solicitor?</li><li>Establish current Immigration status?</li><li>How is the detainee interacting with staff and other detainees?</li><li>How is the detainee's sleep pattern?</li><li>Are they attending the servery for regular meals?</li></ul>	<b>D1914</b> believes his flight has been cancelled and he is hoping he will be released or bailed within the next week, he gets on well with other detainees and eats from the servery daily
<b>Staff Attending:</b> <ul style="list-style-type: none"><li>Is the detainee coping well on the wing?</li><li>Any issues with room mates or other detainees?</li><li>Current behaviour/ mood</li><li>Any evidence of being bullied?</li></ul>	<b>D1914</b> gets on well on and off the wing and there are no concerns at present

### Completed By

Print Name	S Dix
Time and Date	09:30 10/06/2017

**If there is any doubt as to the Detainees wellbeing then consideration must be given to re opening the ACDT plan**

Please record the details of the post closure review on DAT under the safer custody tab



# RECORD OF CASE REVIEW

Case review number: 4

## Details of case review

Date: 03/06/2017	Time 11:00	Location: Clyde wing office
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## Details of those invited

Name	Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review)	How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made.
A Lyden	Chair	Attended
<b>D1914</b>	Detainee	Attended
D Dowd	Healthcare	Information prior
H Patel	Home office	Information prior
N Jones	Wing officer	Attended

## review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Frequency of observations, conversations recording requirements reviewed (if yes, explain reasoning below, and state frequency on front cover)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
WHERE A DETAINEE IS DUE TO BE REALEASED(including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP(see guidance on inside of back cover)			

## Summary of review (if ACDT plan is closed, state why)

**D1914** was happy to attend review he said he is well today and has applied for bail which he has a video link hearing for on 06/06/2017, he said he is eating and sleeping well but wakes up occasionally during the night but he said this was because of the heat and nothing else, Healthcare do not have any concerns with **D1914** and H Patel has said Home office will be looking to set Rds in the future but as of yet nothing is in place.

He is currently on a supported living plan due to his heart condition that the officers and Healthcare make observations on this document. **D1914** has no thoughts of self harm or hurting himself so ACDT document can now be closed with post closure review set for 09/06/2017

CAREMAP update YES ☒ No, as no new actions ☐

<b>If ACDT remains open</b> Next review:(also note on front cover) Date: Time: Additionally to invite	<b>If ACDT closed</b> (see guidance on inside back cover) Post closure interview: 09/06/2017 Date: Time:
Case managers Signature: <b>Signature</b>	Date: 03/06/2017





IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	<b>D1914</b>				
D.O.B	<b>DPA</b>	Nationality	ROM	Sex	M

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

<b>D1914</b>	ACDT Document has now be closed , post closure set for 09/06/2017
<p>Will this individual comply with removals directions?</p> <p>If no please provide additional information.</p>	

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: A Lyden Print name: A Lyden Date: 03/06/2017

**For Completion by DEPMU/MODCU**

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: **Yes/No**

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature to be at EO level.**

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case



**ACDT Closed Notification Form**

Name of Detainee	D1914		
CID Ref:	11382233	Log Number	BH/195/17

The ACDT plan has now been closed at Brook House IRC:	Yes
The above has now left Brook House IRC for the following reason:	

**To be completed by the DCM:**

Tasks	Completed	Comments
<b>Post Closure review arranged</b> Post Closure Interview to take place within 7 days of the ACDT plan being closed	Yes	09/06/2017
<b>Has the Central ACDT log been Updated?</b>	Yes	
<b>Has the relevant information been entered on to DAT?</b> All information should be entered under the safer custody tab on DAT	Yes	
<b>Has the IS91 Part C been completed and sent to DEPMU?</b> A copy should be sent to Safer Community and UKBA	Yes	

**Completed By**

This form should be completed when the ACDT closed and distributed without delay to the following

- Duty Director
- Safer Community Coordinator
- Healthcare
- Chaplain
- Security Intelligence
- UKBA
- IMB

The original should be placed in to the detainee ACDT plan



IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	<b>D1914</b>				
D.O.B	<b>DPA</b>	Nationality	ROM	Sex	M

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

<p><b>D1914</b> returned to Brook House from failed RDs to Romania. Airline refused to take him. Left on ACDT Constant Supervision and returned on same. Reviewed on return. Now hourly obs</p>
<p>Will this individual comply with removals directions? If no please provide additional information.</p>

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: CD **Signature** Print name: C Donnelly Date: 28.05.17

For Completion by DEPMU/MOPCU

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: Yes/No

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case





## ACDT Open Notification Form

Name of Detainee	D1914		
CID Ref:	11382233	Log Number	BH 194/17 195/17

The ACDT plan was opened at Brook House:	
The above has arrived on an open ACDT plan from :	Returned to BH from failed RDs

### To be completed by the DCM:

Tasks	Completed	Comments
<b>Has the detainee self harmed</b> If yes, please state the method of self harm	No	
<b>Has an Incident Report been completed</b> and passed to the DD	No	N/A
<b>Is the detainee on a food refusal?</b> An ACDT must be opened after 2 days of refusing food	No	
<b>Has the detainee been assessed by healthcare?</b> The RMN should also be contact for a mental health assessment.	Yes	
<b>Has the Central ACDT log been Updated?</b> Incidents of Self Harm should be high lighted in Red Ink	Yes	
<b>Has the relevant information been entered on to DAT?</b> All information should be entered under the Safer Custody tab on DAT	Yes	
<b>Has the IS91 Part C been completed and sent to DEPMU?</b> A copy should be sent to Safer Community and Home Office	Yes	1119.17

### Completed By

Print Name	C Donnelly
Time and Date	28.05.17

This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Manager
- Healthcare
- Chaplain
- Security Intelligence
- Home Office
- IMB

The original should be placed in to the detainee ACDT plan





## ACDT 'OFF' CONSTANT SUPERVISION NOTIFICATION

Name of Detainee	<b>D1914</b>		
CID Ref:	11382233	DOB	<b>DPA</b>
Date/Time when taken OFF Constant Supervision	28.05.17 16.30	Nationality	Romania
What level of Supervision is detainee now on?	Hourly Observations		

Completed By	
Print Name	C Donnelly
Time and Date	28.05.17

Distribute copy to,

- Michelle Brown
- Anthony Bond
- Scott Payne
- Conway Edwards
- Duty Director



**IS.91RA Part C: Supplementary Information to IS.91 RA Part A**

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	<b>D1914</b>				
D.O.B	<b>DPA</b>	Nationality	ROM	Sex	M

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

<b>D1914</b> left Brook House on open ACDT Constant Supervision for escorted RDs to Romania
Will this individual comply with removals directions? If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: CD **Signature** Print name: C Donnelly Date: 28.05.17

**For Completion by DEPMU/MODCU**

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: **Yes/No**

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature to be at EO level.**

**Distribution:** By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case



**ACDT 'OFF' CONSTANT SUPERVISION NOTIFICATION**

<b>Name of Detainee</b>	<b>D1914</b>		
<b>CID Ref:</b>	<b>11382233</b>	<b>DOB</b>	<b>DPA</b>
<b>Date/Time when taken OFF Constant Supervision</b>	<b>28.05.17 @10.00</b>	<b>Nationality</b>	Romania
<b>What level of Supervision is detainee now on?</b>	Left BH on ACDT Constant Supervision for escorted RDs to Romania		

<b>Completed By</b>	
<b>Print Name</b>	<b>C Donnelly</b>
<b>Time and Date</b>	<b>28.05.17 10.00</b>

Distribute copy to,

- Michelle Brown
- Anthony Bond
- Scott Payne
- Conway Edwards
- Duty Director





## ACDT Closed Notification Form

Name of Detainee	<b>D1914</b>		
CID Ref:	11362233	Log Number	BH 195/17

The ACDT plan has now been closed at Brook House:	No
The above has now left Brook House for the following reason:	Escorted RDs to Romania

To be completed by the DCM:		
Tasks	Completed	Comments
<b>Post Closure review arranged</b> Post Closure Interview to take place within 7 days of the ACDT plan being closed	No	RDs to Romania
<b>Has the Central ACDT log been Updated?</b>	Yes	
<b>Has the relevant information been entered on to DAT?</b> All information should be entered under the safer custody tab on DAT	Yes	
<b>Has the IS91 Part C been completed and sent to DEPMU?</b> A copy should be sent to Safer Community and UKBA	Yes	

Completed By	
Print Name	C Donnelly
Time and Date	28.05.17 10.30

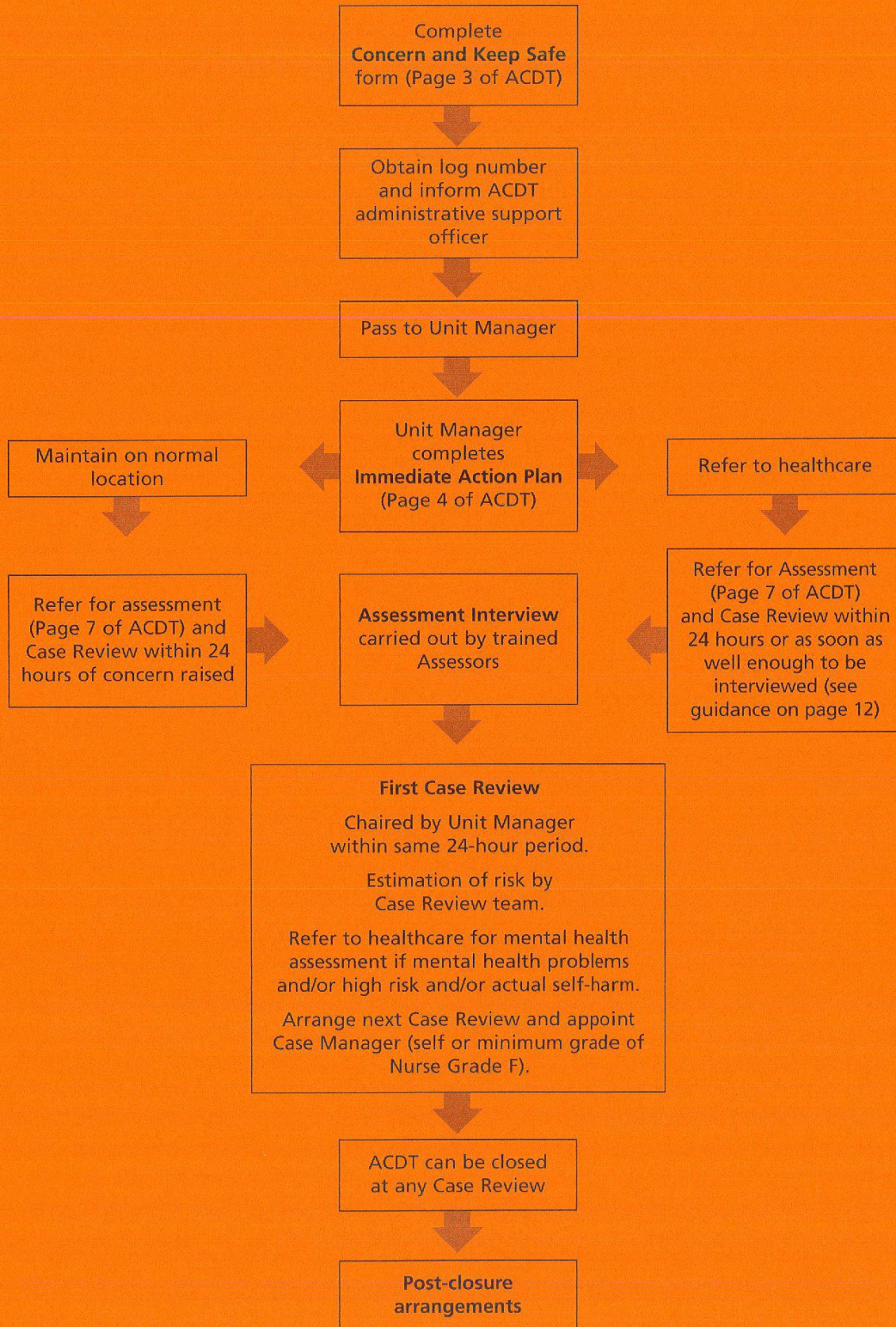
This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Coordinator
- Healthcare
- Chaplain
- Security Intelligence
- UKBA
- IMB

The original should be placed in to the detainee ACDT plan



# ACDT Flowchart





# SECTION ONE

## Concern and Keep Safe form

### Immediate Action Plan

#### **GUIDANCE**

1. The ACDT process is a means whereby staff can work together to provide individual care to detainees who are in distress in order to:
  - help defuse a potentially suicidal crisis *or*
  - help individuals with long-term needs (such as those with a pattern of repetitive self injury)
  - to better manage and reduce their distress.
2. Anyone working in a centre who has concerns about a detainee they are in contact with must talk to the person about their concern, listen to what they have to say and, if still concerned, open an ACDT Plan.
3. Start the ACDT process **before** the risk of self-harm becomes acute. Use it as a means of tackling problems before a crisis develops.
4. Tell the person at risk that you are starting the ACDT process and what will happen next.
5. Care for detainees at risk must be multi-disciplinary, using the skills of all staff from different disciplines, depending on the needs and wishes of the person at risk.
6. Information about a person's problems must be treated sensitively and professionally by all staff. If detainees are to share information with staff, and different groups of staff are to share information with each other, they need to trust that no one will treat the information inappropriately – for example, discussing things in front of other detainees or using the information in a derogatory way.



# CONCERN AND KEEP SAFE FORM

If you consider the risk of a suicide attempt to be imminent, or if the individual is acutely distressed, take action immediately and do not leave the person alone. Continue filling out this form as soon as possible after the emergency has been dealt with.

## What are the concerns?

Ask the individual open questions to determine what the main problems are. Then tick all relevant boxes and give details in the open box below.		
1. Suicide attempt or statement of intent to kill self	<input type="checkbox"/>	<b>Please describe why you are concerned.</b> <b>Summarise: any recent events, behaviour or information received that gives cause for concern and what the person themselves said about their situation:</b> <i>Has escorted Removal Directions tomorrow and doesn't want to go he stated he would kill himself if he is to return to Romania.</i>
2. Self injury or statement of intent to self harm	<input checked="" type="checkbox"/>	
3. Unusual behaviour or talk	<input type="checkbox"/>	
4. Very low mood (e.g. withdrawn, slowed down)	<input type="checkbox"/>	
5. Problems related to drug/alcohol withdrawal	<input type="checkbox"/>	
6. Other concerns, including vulnerability due to age or immaturity	<input type="checkbox"/>	

### Action required by initiating member of staff:

Now give this report to the person responsible for deciding on the immediate action to be taken to keep the person safe. This will usually be the manager of the unit on which the individual is, or is to be located. Where the ACDT Plan is opened in reception, initial decisions about care might be made by health reception staff, in conjunction with the manager of the receiving unit.

### Details of initiating member of staff:

Print Name: <i>S Parren</i>	Signature: <div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>
Date: <i>27/05/17</i>	Time: <i>1030</i>



# IMMEDIATE ACTION PLAN

The purpose of this Immediate Action Plan is to consider and record the most appropriate environment and regime required to support the person at risk prior to the first Case Review. The Unit Manager will usually be responsible for making these decisions, after consulting with the individual concerned and other staff where appropriate. This action plan should not exceed 24 hours from immediate risk being identified.

Concern about cell sharing risk:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	None known <input type="checkbox"/>
<b>Immediate action required</b>	<b>Action</b>	<b>By whom</b>	<b>Completed</b>
<b>Location:</b> (Discuss with individual where they feel safe. Consider single, double, safer cell, referral to healthcare)	Constant Supervision on E wing 007	Staff.	27/05/17.
<b>Frequency of staff support:</b> (conversations and/or observations)	Constant Supervision.	Staff.	27/05/17.
<b>Phone access:</b> (state whether Samaritans or phone call to family or other)	Has lone phone.	Detainee. Staff.	27/05/17.
<b>Other immediate interventions:</b> (including actions in respect of any in-possession medication the detainees, or their cell mate may have):			
<b>The four tasks below should be completed before going off duty (within 12 hours if concern is raised during the night)</b>			
Referral made for assessment & case review organised: <input checked="" type="checkbox"/>	Staff briefed and entry made in Unit Observation Book: <input checked="" type="checkbox"/>	Log Number obtained & entered on ACDT cover: <input checked="" type="checkbox"/>	Where act of self-harm has led to opening of form, F213SH completed: <input checked="" type="checkbox"/>
Where individual is under 18, inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible		Child Protection Co-ordinator informed: <input type="checkbox"/>	

Names of people involved in agreeing immediate action (print all names):

<b>Name</b>	<b>Job Title / Role</b>
S. Farmer	DCM
S. D. H.	DCM
	<b>Signature</b>
<b>Unit Manager</b> Name: S. Farmer	Signature: _____
Date: 27/05/17	Time: 2235.



# **SECTION TWO**

## **Suicide/Self-Harm Risk Guidance**

### **Assessment Interview and First Case Review**



# SUICIDE/SELF-HARM RISK GUIDANCE

<b>RISK IS LOW</b>	<p><b>When</b></p> <ul style="list-style-type: none"> <li>• Suicidal thoughts are fleeting and soon dismissed</li> <li>• No plan</li> <li>• No/few symptoms of depression</li> <li>• No psychotic mental illness</li> <li>• No self-harming behaviour</li> <li>• Situation experienced as painful but not unbearable</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Ease emotional distress as far as possible (allow expression of emotion)</li> <li>• CAREMAP addressing identified social/ custodial problems</li> <li>• Link to resources (friends, family, listeners)</li> <li>• Review care at agreed intervals</li> </ul>
<b>RISK IS RAISED</b>	<p><b>When</b></p> <ul style="list-style-type: none"> <li>• Suicidal ideas are frequent but generally fleeting</li> <li>• No specific plan / immediate intent</li> <li>• Evidence of mental disorder (e.g. depression, psychosis, panic attacks) acute or ongoing</li> <li>• Significant alcohol or drug abuse</li> <li>• Situation experienced as painful but no impending crisis</li> <li>• Previous, especially recent, suicide attempts</li> <li>• Current, self-harming behaviour</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Ease emotional distress as far as possible (allow expression of emotion)</li> <li>• CAREMAP addressing identified social/custodial problems</li> <li>• Ensure safety – consider location, frequency of conversation and observation and occupation</li> <li>• Link to resources – e.g. friends, family</li> <li>• Refer for mental health assessment if evidence of mental disorder or current self harming behaviour</li> <li>• Review care at agreed intervals (including immediately after any mental health assessment)</li> </ul>
<b>RISK IS HIGH</b>	<p><b>When</b></p> <ul style="list-style-type: none"> <li>• Frequent suicidal ideas not easily dismissed</li> <li>• Specific plan with likely access to lethal methods</li> <li>• Evidence of mental illness, acute or ongoing</li> <li>• Significant alcohol or drug abuse</li> <li>• Situation experienced as causing unbearable pain</li> <li>• Escalating pattern of self-harm – increased frequency and/or lethality of methods</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Ease emotional distress as far as possible (allow expression of emotion)</li> <li>• Ensure safety – consider admission to healthcare centre</li> <li>• Increase levels of support and therapeutic interventions</li> <li>• CAREMAP addressing identified social/custodial problems</li> <li>• Refer urgently for mental health assessment</li> <li>• Review immediately after assessment and at agreed intervals thereafter</li> </ul>

**Note:** This is a guide only. Decisions will be made on an individual basis by the multi-disciplinary team depending on the combination of risk factors that the individual-at-risk is displaying.




**ACDT 'ON' CONSTANT SUPERVISION NOTIFICATION**

<b>Name of Detainee</b>	D1914		
<b>CID Ref:</b>	11382233	<b>DOB</b>	DPA
<b>Date/Time when placed on to Constant Supervision</b>	27.05.2017 21:45	<b>Nationality</b>	ROMANIA
<b>Brief description of events</b>	Made threats that he would rather die that return to Romania. He has escorted removal on the 27/05/2017		
<b>(Self Harm?)</b>			
<b>Location at time when placed on Constant</b>	E Wing 007		

Completed By	
<b>Print Name</b>	S Farrell
<b>Time and Date</b>	27.05.2017 23:00

Distribute copy to,

- Michelle Brown
- Conway Edwards
- Duty Director

SC-2014



**ACDT Open Notification Form**

<b>Name of Detainee</b>	D1914		
<b>CID Ref:</b>	11382233	<b>Log Number</b>	BH 195/17

<b>The ACDT plan was opened at Brook House:</b>	After making threats of self harm
<b>The above has arrived on an open ACDT plan from :</b>	

<b>To be completed by the DCM:</b>		
<b>Tasks</b>	<b>Completed</b>	<b>Comments</b>
<b>Has the detainee self harmed</b> If yes, please state the method of self harm	No	
<b>Has an Incident Report been completed</b> and passed to the DD	No	
<b>Is the detainee on a food refusal?</b> An ACDT must be opened after 2 days of refusing food	No	
<b>Has the detainee been assessed by healthcare?</b> The RMN should also be contact for a mental health assessment.	Yes	Once relocated to E Wing Room 007
<b>Has the Central ACDT log been Updated?</b> Incidents of Self Harm should be high lighted in Red Ink	Yes	
<b>Has the relevant information been entered on to DAT?</b> All information should be entered under the Safer Custody tab on DAT	Yes	
<b>Has the IS91 Part C been completed and sent to DEPMU?</b> A copy should be sent to Safer Community and Home Office	Yes	

<b>Completed By</b>	
<b>Print Name</b>	Shane Farrell
<b>Time and Date</b>	27/05/2017 23:00

This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Manager
- Healthcare
- Chaplain
- Security Intelligence
- Home Office
- IMB

The original should be placed in to the detainee ACDT plan



IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	D1914				
D.O.B	DPA	Nationality	ROMANIA	Sex	M

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

Use of force used to relocate D1914 to E Wing for his escorted removal during the use of force he stated that he would kill himself rather than return to Romania, Because of this threat he has now been placed onto ACDT Constant supervision and is now on Rule 40

Will this individual comply with removals directions? No See above  
If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: SF Print name: S Farrell Date: 27.05.17

**For Completion by DEPMU/MODCU**

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: Yes/No

Signed: Print name: Date:

**Signature to be at EO level.**

**Distribution:** By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case



# ASSESSMENT INTERVIEW

(Complete within 24 hours of concern being raised, unless circumstances are exceptional, e.g. detainee admitted to outside hospital and too ill to be interviewed)

Forename(s):	<b>D1914</b>	Surname:	<b>D1914</b>
		Location:	<b>EDEN WING</b>

Before (or if need be after) the interview, gather risk-pertinent information:

- From the core record/unit file/unit staff (received or expecting a long sentence, violent offence especially murder, victim is a family member, recent knock-back, breach, recall, subject to RFA, limited regime can mean increased risk)
- Ask health staff if they are aware of risk factors (e.g. current or recent psychiatric treatment, drug/alcohol dependence, painful or terminal physical illness)

In the interview, gather risk pertinent information in your own style using general interviewing skills. The questions below are a reminder of areas to be covered only. Explain that the information will be made available to the Case Review team to help plan their care.

## 1. Individual's perception of the problems related to current distress

Ask person to describe in their own words what they believe their problems to be. Once all problems mentioned have been explored, check the following that have not been mentioned: relationship problems and practical problems outside and inside centre, including isolation, bullying, bereavement, other loss, guilt re offence.

REMOVAL FROM THE UK AS HIS FAMILY ARE HERE  
HAS MEDICAL PROBLEMS AND HAS HAD THREE HEART ATTACKS  
HAD A HOSPITAL APPOINTMENT NEXT MONTH.  
HAS NO FAMILY IN ROMANIA.

## 2. If recent act of self-harm

Ask person to describe events, thoughts and feelings over 48 hours leading to act. What precipitated incident? Was it an attempt at suicide and how nearly lethal was the attempt? Was it planned and what attempts were made to avoid detection? Did person expect to die? How do they feel about being alive now? If no suicidal intent, what was the act related to? How was the act helpful to them?

NO RECENT ACTS OF SELF HARM OR SUICIDE ATTEMPTS.



### 3. Previous acts of self harm/suicide attempts

Ask them 'Have you ever tried to harm yourself before?' Explore what they did, when and in what circumstances - what was the intention. Look for similarities between past and present. Ask if they know others (friends, family) who have tried to kill themselves. If self-injury without suicidal intent, explore how the self-injury was helpful to them. Have they sometimes been able to manage those situations/feelings without harming themselves? What helped them to do that?

ABOUT TEN YEARS AGO WHEN IN PRISON AS HE  
DID NOT LIKE BEING LOCKED UP FOR LONG PERIODS OF TIME,  
MADE CUTS TO ARMS AND TORSO.

### 4. Current mental state

Ask an open question e.g. 'And how are you feeling now?' Inquire about depression (persistent low mood, loss of interest in work, association etc, increased fatigue, disturbed sleep, loss of appetite, difficulty in concentrating, loss of confidence, feelings of hopelessness and thoughts of death). Explore symptoms of anxiety (worry and physical symptoms of anxiety, panic, unpleasant thoughts going through mind, recurrent nightmares.) How long? How persistent? Ask about unusual experiences and ideas. Look out for unusual behaviours, manner of speech, evidence of hearing voices or evidence of suffering from addictions.

IS VERY HAPPY THAT HIS FLIGHT WAS STOPPED AND WANTS  
TO GET BACK TO A 'NORMAL' WING. FEELS THAT THE  
USE OF FORCE WAS EXCESSIVE AND SAYS HE WANTS TO  
MAKE A COMPLAINT.

### 5. Current suicidal thoughts and intentions

Ask about current thoughts of taking own life and any plans/ preparation, e.g. 'Do you want to be dead?' 'Have you planned how you will do it?'

NO CURRENT SUICIDAL THOUGHTS OR INTENTIONS  
AS HE KNOWS HOW IT WOULD EFFECT HIS FAMILY  
HERE AND IS LOOKING FORWARD TO BEING WITH  
THEM AGAIN.



#### 6. Reasons for living and coping resources

Is there anything that the person feels might prevent them from carrying out plans? How has he or she managed to cope until now? What is it that keeps them going right now? Does he/she have support from friends or family?

# Sensitive/Irrelevant

#### 7. Any other areas of discussion

Note down any other relevant issues that have come up in the discussion, or any points not covered above that you wish to ensure are available to the Case Review team.

IS SORE FROM THE USE OF FORCE AND NEEDS TO SEE A  
DOCTOR.

#### 8. Agree what is to happen now with the interviewee

Discuss with the individual what they think might help them now. Note down possible ideas for the CAREMAP and anything else relevant. Explain what is to happen now. **Note:** Where the Case Review is taking place immediately after the interview, discuss this as part of the Case Review and record in the summary of Case Review (next page). Where this is not the case, discuss and record here. (Be aware that expressions of hopelessness are signs of higher risk.)

HAS BEEN OR KNOWS ALL ABOUT THE ACCT PROCESS  
AND IS HAPPY TO OPENLY FOLLOW THE PROCESS

#### Interviewer's details:

Print Name: GARY PROCHER	Signature: signature
Date: 28/5/17	Time: 1900



# ACTION FOLLOWING ASSESSMENT

(Case Review No.1 To be completed within 24 hours of concern being raised)

## Details of Case Review:

Date:	Time:	Location:
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## Names of people attending Case Review or otherwise consulted following Assessment:

Name	Designation
	Unit Manager
	Detainee
	Assessor (if not attending, state in record below how they contributed to the review)
	Case Manager (if different to Unit Manager)

## Record summary of Case Review

Consider if sufficient progress has been made to reduce risk. <b>Current likelihood of further risk behaviours</b>	<b>LOW</b> <input type="checkbox"/>	<b>RAISED</b> <input type="checkbox"/>	<b>HIGH</b> <input type="checkbox"/>

***If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assesment and care***

Urgent referral: ☐ Routine referral: ☐ Referral made to:  
*(Note: person referred to should contribute to next Case Review, in writing if attendance not possible)*

**Now produce CAREMAP and liaise with appropriate staff and support agencies. Note any known triggers/warning signs on the inside front cover.**

<b>If ACDT remains open</b> <b>Next review:</b> (also note on front cover) Date: Time: Additionally to invite:	<b>If ACDT closed</b> (see guidance on inside back cover) <b>Post closure interview:</b> Date: Time: (also note on front cover) Member of staff who will conduct this follow-up interview:
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<b>Unit or Case Manager Signature:</b>	<b>Date:</b>
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## Case review number: 1

Date 28.05.17	Time	Location : Detainee discharge
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Name	Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review)	How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made.
C Donnelly	Case Manager	Attended
D1914	Detainee	Attended

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input type="checkbox"/>	High <input checked="" type="checkbox"/>
Problems identified reviewed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below, and state frequency on front cover)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Summary of review (if ACDT plan is closed, state why)			
<p><b>D1914</b> left Brook House for escorted RDs to Romania. He is not happy to go, and force had been used previously to expedite the move. <b>D1914</b> wants to remain in UK to undergo further surgery to his heart, which he believes will not be facilitated in Romania.</p> <p>Assessment not conducted due to time constraints. Remain Constant Supervision, review on return if RDs fail</p>			
CAREMAP update	YES <input type="checkbox"/>	No, as no new actions	<input checked="" type="checkbox"/>

## Signature



## RECORD OF CASE REVIEW

Case review number: 3 (three)

## Details of case review

Date 29/05/2017	Time: 09:30	Location. C wing room 011
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## Details of those invited

Name	Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review)	How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made.
S. Webb	Case Manager	Attended
D1914	Detainee	Attended
M Yates	Officer from wing	Attended
K Churcher	Healthcare	Gave Information

## At this review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below, and state frequency on front cover)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
WHERE A DETAINEE IS DUE TO BE REALEASED(including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP(see guidance on inside of back cover)			

## Summary of review

Details. Completed: D1914 case review, he was in his room and was happy to talk with me. He said he was happy to be back on C wing, and is still pleased to have no flown. He stated that he is eating well but is having problems sleeping at the moment, I have advise him that if it continues to see Healthcare for some advice, he said he would do this. Healthcare has stated that they have no issues at present. D1914 had good eye contact and had a group of friends around him, for this reason I have reduced his observations, to 1 observation every 3 hours, to be reviewed on the 03/06/2017.

1 observation every 3 hours

CAREMAP update

YES ☐No, as no new actions ☒

If ACDT remains open  
Next review:(also note on front cover)  
Date: 03/06/2017 Time: P.M  
Additionally to invited:

If ACDT closed (see guidance on inside back cover)  
Post closure interview:  
Date: Time:  
(also note on front cover)  
Member of staff who will conduct this  
follow up interview:

Case managers Signature:

**Signature**

Date: 29/05/2017



# ORD OF CASE REVIEW

Case review number: 2

## Details of case review

Date 28.05.17	Time 16.45	Location : Detainee reception
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## Details of those invited

Name	Role (when case manager cannot attend, they must explain to the detainee who is to take their place at the review)	How contributed (e.g. attended, submitted written report, sent deputy, gave information by telephone) state if no contribution made.
C Donnelly	Case Manager	Attended
<b>D1914</b>	detainee	"
S. Loughlan	DCM g/l	"
S. JETTA	RMN	"
C- Dance-Jones	D.D	consulted via phone.

## At this review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below, and state frequency on front cover)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

## Summary of review (if ACDT plan is closed, state why)

**D1914** returned to Brook House from failed escorted RDs to Romania – captain refused to accept him due to his heart condition. **D1914** left Brook House on ACDT Constant supervision and was reviewed in reception on his arrival back at Brook House.

**D1914** is very happy that he did not fly to Romania today, as it gives him more time to organise his legal defence, and brings the prospect of his heart surgery later this year nearer to reality.

He has absolutely no thoughts of self harm, and wants to return as soon as possible to his old room on C wing. He was advised that we would like him to stay on E wing tonight, on hourly observations, and then, pending a further review tomorrow, possibly move back to C wing then.

All present agreed that risk has now significantly reduced, and that Constant supervision is no longer necessary or appropriate. All agreed that the risk of any self harm had reduced to the extent that hourly observations, with a further review tomorrow 29.05.17 was deemed appropriate. Duty director C Dance-jones consulted via telephone, authorised obs level

## HOURLY OBSERVATIONS

CAREMAP update

YES ☐

No, as no new actions ☒

<b>If ACDT remains open</b> <b>Next review:</b> (also note on front cover) Date: 29.05.17 Time: Additionally to invited	<b>If ACDT closed</b> (see guidance on inside back cover) Post closure interview: Date: Time: (also note on front cover) Member of staff who will conduct this Follow up interview:
Case managers Signature:	Date 28.07.17

**Signature**