



Supported Living Plan

Surname: D1	275 Fore	name:	D1275	Cid	Number:	99122	259
☐ Reduced Mobility ☐ Reduced Physical Capacity (including difficulty with coordination							
□ Adults at Risk □ Mental Illness							
□/Learning D	isabilities	□ Spe	ech Impairn	nent			
□ Visual Impa	airment	□ Hea	ring Impairn	nent			
□ Dyslexia □ Severe Disfigurement							
☐ Chronic Condition ☐ Asthma							
☐ Heart Cond	dition	□ Chro	onic Kidney			***	
□ Diabetes		□ Epile	epsy				
☐ Hypertensi	on	□ Palli	ative Care			•	
□ Skin Cond	itions	⊘ Othe	er: S	fegue	5		
SLP Activation							· · · · · · · · · · · · · · · · · · ·
Date	Time	DAT Upo				17 day rev	/iew
04-09-2017 14:30 Slave Mai 11-09-2017							
Initial 7 day review (complete at 7 day review)							
Date	Time	Grade a	nd Name	You	ur Signatı	ıre •	
Required frequency of observation and conversations including any additional support identified by Healthcare, Case Owner, HOIE Team, the Detainee and DCMs. (Day & Night) 1. observation seeds AMPM/EVE with a conversation plus 2. two outly observative.							
Top Bunk		1896				1 - 11 1	
With known condi		oilities is this Print N		suitable foi	r a top bu	nk allocati	on
Yes	No	Printin	anie				
Planned Reviews)	t					
· · · · · · · · · · · · · · · · · · ·							`
Room Location (I	Room changes m						<u> </u>
Room No. Date	Room No. Da	te Room N	o. Date	Room No.	Date	Room No.	Date
A /2 4/9/17							
SLP Closure Date			2			Time:	
Date: 17/9/17	Date: K/a/17 Reason: No longer Feels Uninerable and Time: 10.00						

(Ver 2.0/GW)



Image

Detainee Consent

I give permission for healthcare staff at Gatwick IRC to share relevant information relating to my health and wellbeing with operational staff.

I understand that only information that will assist and support me during my stay will be shared ensuring that my needs are met.

Detainee Name:

Detainee Signature:

Your Grade and Name:

Signature:

D1275

Low 5 Not Segment

Flow of Segment

Signature

Signature

When permission is withheld, share only information that relates to known risk/s

Adults at Risk

In accordance with the new adult at risk Detention Service Order 08/2016, an adult will be regarded as being at risk: if they declare that they are suffering from a condition, or have experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention; or if a case owner considering or reviewing detention becomes aware of medical or other professional evidence, or observational evidence, which indicates that an individual is suffering from a condition, or has experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention.

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Gatwick IRCs – Equality, Diversity & Inclusion

Date:



Guidance

General

- The SLP is a social model of support and not medical, and a symbiotic approach to appropriate care and support from a multi-disciplinary perspective will be adopted.
- It is the responsibility of the member of staff that has recognised changes to the individual's condition to ensure that the SLP and DAT are updated.
- The Supported Living Plan (SLP), will be reviewed by Gatwick IRC staff in conjunction with the case owner, HOIE team and Healthcare at the initial 7th day after the SLP is activated, following this regular reviews will be schedule and or any significant change in health, vulnerability and mental state, there will be a minimum of 1 review required per month and plan reviews should not exceed six months.
- A multi-agency planning exercise should be considered by the relevant agencies, prior to any detainee deemed as adult at risk coming into the centre.
- At arrival at the centre G4S staff must prioritise, where possible, any individual identified as an Adult at risk, to make the admissions process as short as possible.
- ➤ The centre staff and Healthcare staff will conduct a joint centre specific risk assessment of the detainee within 24 hours detailing any medical concerns and risk and on completion sent to Home Office and DEPMU via an IS91RA Part C. To further safeguard the individual, the parties mentioned above will put care plan in place within 24 hours.
- Room sharing risk assessment will be carefully considered based on risk identified.
- Any changes to the physical, mental health and or severity of their identified vulnerability will be notified to Home Office case owner within 24 hours.
- Any member of staff who has concerns themselves or whom vulnerability has been raised to about a detained person by any visitors and or stakeholders including but not limited to independent visitor groups will notify Home Office and Healthcare.
- Gatwick IRC staff will ensure a copy of the document follows the detainee, should they be transferred to another IRC.
- Once release paperwork has been receive from Home Office, Gatwick IRC staff will ensure the individual identified as Adult at risk, is release from custody in the agreed timings and where there are outstanding safeguarding concerns, either by Gatwick IRC staff and or Healthcare staff, before release on onward care plan should be drawn up following a multi-disciplinary meeting or teleconference that agree the plan to safely release the individual. (as a minimum the following should attend; Home Office, Healthcare, Gatwick IRC staff, Case work team and escort supplier)

Residential

- A review of the Detainees needs must be planned and completed within 7 days, chaired by the DCM, any amendments or additions to the Care plan must be documented and DAT updated. Follow on reviews must not exceed six months.
- When moving a Detainee to a different wing/room, staff must ensure that a complete handover is given to the receiving unit staff that will allocate an appropriate room for their needs, and document in the events page.
- Reviews conducted, chaired by the DCM, will draw on information contributed from various departments, but not limited to, Case owner, Healthcare, Safer Community etc.
- Residential DCMs are to ensure that support mechanisms detailed in the Care plan are in place within a reasonable timeframe. This includes appropriate room location.
- Put a Personal Emergency Evacuation Plan (PEEP) in place if required.



Healthcare

- On activation, nursing staff must ensure that the individual's conditions are recorded on the front cover, consent is completed and immediate actions noted in the SLP Care plan. Nursing staff must document on the Care plan; recommended room occupancy based on condition and/ or disability. I.e. Single, Double, Ground Floor etc.
- Changes in the health and well-being of the individual must be communicated to the relevant DCM, Home Office, Case Owner and DEPMU within 24 hours to ensure an appropriate review of the individuals needs can be conducted.
- Healthcare will ensure all detainees highlighted or suspected as Adults at risk will have a medical screening within 2 hours of their arrivals except for persons who arrive late evening in which case, this should be done at the earliest opportunity and Healthcare will ensure that all Adult at risk are given an appointment with a GP within 24 hours, while taking all necessary steps to ensure the detainee understand their appointment.
- If request for further information regarding any Adult at risk Part Cs sent to case owners, Healthcare will respond to this request with the information within 24 hours.
- Where a risk has been identified Healthcare staff, with support from Gatwick IRC staff, must complete an initial assessment to ascertain if a supported living plan document is required to help provide support for the detainee while at Gatwick IRC.
- Occasions where detainees identified as Adult at risk, are being release back into the local community, Gatwick IRC Healthcare provider will the local Healthcare provider and later forward medical notes on release.
- A detainee should be provided with a copy of their medical notes.

Removal

- All removals involving an adult at risk should be treated as a complex removal. In order to plan a safe and successful removal, Gatwick IRC will hold a multi-disciplinary meeting to agree the removal plan and risk assessment. As a minimum attendees will include, the onsite HOIE Manager/Deputy Manager, Gatwick IRC and escort supplier representatives, Healthcare representative and case owner. Gatwick IRC will follow the normal discharge process once this has been completed.
- Where ever possible Gatwick IRC with the express help of Home Office, will facilitate releases during daytime, unless this avoidable due to circumstances.
- On completion Residential DCM will update the Home Office and DEPMU via an IS91RA Part C, prefix with Adult at risk.

The guidance list is not exhaustive and if required, seek advice from key departments i.e. Healthcare, Race Relations & Diversity Manager and the Senior Management Team.

Detainee Name:



Initial assessment to ascertain if SLP is required

How the condition/issue affects the Individual

It is vital that we know as much as possible in order for us to provide the right care for any individual who has declared a condition. This section is to be completed by the staff the declaration is made to.

Location & Room

A/201

D1275

	DIZIO	Number:	4/201						
Nationality:	IRANIAN.	CID Number:	9912759						
Please be mindful some individuals may find it difficult to talk about their issues so please be mindful of									
	ge and expression.								
	e stated that they are, been identified as		peing an Adults at Risk?						
	nat the issue is that constitutes the resident being								
No - co	encores over Sap	equarly of 1	nu de						
to allea	gators made by BBC	Panarama							
	3								
n. On a daily basis	how does the condition affect the detain	ee?							
N(- 5-	John - Sofegran	^ _							
140 62	3400	2 comon							
	A.								
	pport does the detainee need to carry ou	t normal day to day act	ivities?						
(e.g. access to the lift,									
Datamoo	recures Support	Lean Bett	might						
OF BBC PA	knorana program,								
D. Will the condition	on exclude the detainee from any activities	es? (Including education	1)						
100 001	reques support fi	roun within							
7									
Please consider if t	he detainee can enjoy the same benefit	s as their fellow detain	ees without support						
	quire additional support to fully engage with		which						
	g a reasonable adjustment?		Yes No						
If Yes, please open a	Supported Living Plan and place a copy of th	is page in the document.							
	sidered an Adult at Risk and requires additio								
If the detainee does	not require a Support Living Plan please give	details below; noting any	disability.						
	,								
	Signature								
Your signature: <	0.9.1.4.4.1	-C	, 1						
Print Grade & Name	: Stayey Neight - Socoal =	Time & Date:	14:30 4/9/17						
	J. Jeda	Time & Date:							

G4S



Restricted when Completed

Epilepsy Disclaimer

(This form must be filled in by a nurse)

Please complete this form if you do not wish to share a room, be located in a ground floor room, or receive treatment for Epilepsy.

PLEASE NOTE: Signing a disclaimer does not prevent allocation to a ground floor room or shared accommodation.

Date	
Name	
Nationality	
	ACCOMODATION
	do not wish to be accommodated in a shared room due to Epilepsy
and I have be	en made aware of the possible consequences.
Signed:	Print
Witnessed:	Print
	LANDING
	do not wish to be accommodated in a ground floor room due to
Epilepsy and	I have been made aware of the possible consequences.
Signed:	Print
Witnessed:	Print
	TREATMENT
1	do not wish to be treated for Epilepsy and I have been made aware
of the possib	e consequences.
Signed:	Print
Witnessed:	Print



Home Office have decided the three levels individuals will be placed on when considered to be Adults at Risk, these are as follows;

Evidence	9-
based ris	sk
level 1	

Self-declaration of vulnerability or trauma without supporting professional evidence.

The individual will be suitable for consideration for detention if:

- Yellow
- the date of removal can be forecast with some certainty and if this date is within a reasonable timescale given the logistics involved; OR
- any public protection issues are identified for example, someone whose presence in the UK is not conducive to the public good; OR

There are any indicators of <u>non-compliance</u> with immigration law which suggest that the individual will not be removable unless detained

Evidencebased risk level 2

Relevant professional evidence (eg medical report, social worker report) confirms that the individual falls into one of the protected categories of 'at risk'.

Should be considered for detention only if:

Orange

- the date of removal is fixed, or can be fixed quickly, and is within a reasonable timescale and the individual has failed to comply with reasonable voluntary return opportunities, or if the individual is being detained at the border pending removal having been refused entry to the UK; OR
- they present a higher level of public protection concerns than would justify an
 individual considered to be at level 1 of risk (on the basis of the evidence available) –
 for example, if they meet the criteria of foreign criminal as defined in IA 2014 (see
 below) or there is a relevant national security or other public protection concern; OR
- there are negative indicators of <u>non-compliance</u> which suggest that the individual is highly likely not to be removable unless detained.

Less compelling evidence of non-compliance should be taken into account if there are also public protection issues. The combination of such non-compliance and public protection issues may justify detention in these cases.

videncebased risk level 3

Detention is likely to lead to a risk of significant harm or detriment to the individual as corroborated by relevant professional evidence (eg medical report, social worker report).

Red

Should be considered for detention only if:

- removal has been set for a date in the immediate future, there are no barriers to removal, and escorts and any other appropriate arrangements are (or will be) in place to ensure the safe management of the individual's return and the individual has not complied with voluntary or ensured return; OR
- the individual presents a significant public protection concern, or if they have been subject to a 4 year plus custodial sentence, or there is a serious relevant national security issue or the individual presents a current public protection concern

Compliance issues, on their own, would not warrant detention of individuals falling into this risk category – though non-compliance should be taken into account if there are also public protection issues or if the individual can be removed quickly.



Gatwick IRC Personal Emergency Evacuation Plans (PEEP) For Detainees.

Part 1 General Information - to be completed by Welfare at Tinsley/Wing staff at Brook

Wing & Room Number: Daily Timetable Give details of times Monday Tuesday Wednesday Thursday Friday Saturday	Name of Detainee:					
Daily Timetable Give details of times Monday Tuesday Wednesday Thursday Friday Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Nationality:					
Daily Timetable Give details of times Monday Tuesday Wednesday Thursday Friday Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Wing & Room Numb	oer:		•		
Tuesday Wednesday Thursday Friday Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Daily Timetable	Giv	e details of times			
Wednesday Thursday Friday Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Monday					
Thursday Friday Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Tuesday ,					
Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Wednesday					
Saturday Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Thursday					
Sunday Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Friday			musik Nepten Sings		
Location and floor level of activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Saturday					
Activity area's Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Sunday			Excessions self-self-self-self-self-self-self-self-		
Location of Catering facility Location of toilet facilities Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?		evel of				
Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?						
Part 2 Personal Information – DCO to ask the person requiring PEEP the following: Yes Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Location of Catering f	acility				
Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Location of toilet facili	ities	ß.			
Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?						
Can you see visual alarm signals? Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Part 2 Personal Info	rmation – DC	CO to ask the person rec	quiring PEEP the follow	ving:	
Can you hear audible alarm signals? Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?					Yes	No
Can you use stairs safely in an emergency? Would you use the stairs without assistance? Can you follow exit signage without assistance?	Can you see visual a	larm signals?)			
Would you use the stairs without assistance? Can you follow exit signage without assistance?	Can you hear audible	alarm signa	ls?			
Can you follow exit signage without assistance?	Can you use stairs sa	afely in an en	nergency?			
	Would you use the st	airs without a	assistance?			
Do you use a walking aid or any other device to aid your mobility?	Can you follow exit si	gnage withou	ut assistance?			
	Do you use a walking	aid or any o	ther device to aid you	r mobility?		(D) (T)
Is there any further information we are required to know?	Is there any further in	formation we	are required to know	!?		
i.e. other medical conditions. If yes, please give reason below	i.e. other medical con	iditions. If yes	s, please give reason	below		
	Part 3 Fire Safety M	anagement -	– (To be completed by F	Fire or Health & Safety	/ Manager)	
Part 3 Fire Safety Management – (To be completed by Fire or Health & Safety Manager)	Name:	/lick Glenna	rd	Signature:		
	Position:	lealth and S	Safety Manager	Date:		
Name: Mick Glennard Signature:						
Name: Mick Glennard Signature: Position: Health and Safety Manager Date:	Agreed completion and	approval of F		icuation Plan	Doto	
Name: Mick Glennard Signature: Position: Health and Safety Manager Date: Agreed completion and approval of Personal Emergency Evacuation Plan			Signature		Date:	
Name: Mick Glennard Signature: Position: Health and Safety Manager Date: Agreed completion and approval of Personal Emergency Evacuation Plan Signature Date:						
Name: Mick Glennard Signature: Position: Health and Safety Manager Date: Agreed completion and approval of Personal Emergency Evacuation Plan Signature Date: Individual:	DCO:					



SLP Careplan

No.	Issues (Mobility, functionality, self-care etc.)	Action Required (what support mechanisms are required)	By whom	Status of action e.g. awaiting appointment	Action completed	Signature and date
1	Possible loany of frolles with reddy.	sebasta to visit	Sebapun Cangarella		Appendict 18/5/1	Signature S
2	As above	RMN to remade of appointments to case realy use	K. Churcher		Appointment 18/9/17	Signature
3	Reques	Welfere to buck apportant for Shot	Terisha (welve)		Sew Welfore 13/9/17	Signature T/9/17
4	Deto does BBC Programe helfare creck - Sdegray	Oscar 1 to 20 check on him offer Program and.	05cr 1.		no issues chy more	Signature

Copy: Detainee

	·		
DCM Stanshar	Print name	ignature	
	the state of the s		Sign

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SLP Careplan

No.	Issues (Mobility, functionality, self-care etc.)	Action Required (what support mechanisms are required)	By whom	Status of action e.g. awaiting appointment	Action completed	Signature and date
5						
6						
			59			
7						
8						

Copy: Detainee

Signature	Print name S. Jany Mer	Sign
DCIVI —	Till lane	0.8

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SUPPORTED LIVING PLAN

Review of support no.

Details of Support Review		
Date: 15/09	Time: 10-00	Location: Aren Wing office
Details of those invited		
Name	Role	How contributed
		(e.g. attended, written report, gave information etc.
Stere harelles	DCM Reviewing Support Plan	Attended
D1275	Detainee	Alterded
Yeren Churcher	Healthcare	Alteraled
Anguis Albert	Wing Officer	Alteroled.
	Home Office	The state of the s
Please take the following points into c	onsideration when conducting a S	Support Review.
he individual, including Adults at risk,	is able to cope, participate fully in	the centre activities and enjoy the
me benefits as fellow detainees with	out support and are there any issu	ies from fellow detainees or staff that
ne individuals feel need to be noted ar	nd addressed in regards to their tr	eatment. (Good & Bad, we can use
hese as learning points) And are the re		(B. 1987) [1986] (1987) [1987] [198]
dentified that we can help with.		

In regards to closing the document;

Consider if the Individual feel that they have achieved all that the Support Plan can give and ask them how they feel we can help them to live an independent life while they are here in our care.

Are there any outstanding actions on the individuals Care Plan and are you satisfied that given the current information you have, that the individual can maintain the same standard of living without the Supported Living Plan?

Summary of Review
D1275 come to the office and I asked him how
he feels as he felt affeored and vulnerable after the
Events Shown in the Panarama downenvery. He
now feels more softled and safe in the come.
He has no isses with any devaniers or staff
in the centre and will let us know IF he has
ony issues therefore the comment is now closed.
Outcome of Review
tick as appropriate
SLP document to remain Open SLP document to be Closed
Reason Closed; D1275 Feels Ochas effel Penelona and fealis
lor more safer and soffled.
Update DAT Update front cover Update SLP Log Diversity Manager
Sign: Signature Your Grade & Name: Dev Steve Leglon Date: 15/6/17

G4S

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SUPPORTED LIVING PLAN Review of support no. **Details of Support Review** Date: Time: Location: Details of those invited Name Role How contributed (e.g. attended, written report, gave information etc. DCM Reviewing Support Plan Detainee Healthcare Wing Officer (if available) Home Office Please take the following points into consideration when conducting a Support Review. The individual, including Adults at risk, is able to cope, participate fully in the centre activities and enjoy the same benefits as fellow detainees without support and are there any issues from fellow detainees or staff that the individuals feel need to be noted and addressed in regards to their treatment. (Good & Bad, we can use these as learning points) And are the reasonable adjustments made sufficient and are there new issues identified that we can help with. In regards to closing the document; Consider if the Individual feel that they have achieved all that the Support Plan can give and ask them how they feel we can help them to live an independent life while they are here in our care. Are there any outstanding actions on the individuals Care Plan and are you satisfied that given the current information you have, that the individual can maintain the same standard of living without the Supported Living Plan? Summary of Review Outcome of Review tick as appropriate SLP document to remain Open SLP document to be Closed Reason Closed;

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Update front cover □

Update DAT □

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Sign:______ Date: _____ Date: _____

Update SLP Log □

Supported Living Plan June 2017

Diversity Manager



Supported Living Plan Toolkit

Condition & Disability	Indicators and or Risk:	Intervention:	Contact:
Reduced Mobility/ Reduced Physical Capacity	 Risk of Falls Risk of COPD Risk of incontinence Deficits in addressing personal hygiene Risk of burns/scolds Risk of poor diet/fluid intake 	Falls Prevention Equipment for easy access to toilets Equipment to support showering Assessment of need Weight/fluid monitoring	In all instances; Activities Staff Diversity Manager, Healthcare, Residential Manager
Learning Disabilities	 Deficits in Social functioning & Poor coping skills Deficits understanding rules/requirements Immature emotional responses Challenging Behaviour/non-compliance Susceptible to Mental Health issues Processing difficulties Vulnerability Takes information literally Sensory sensitivity Hyper-activity 	Access to easy read information Access to education/paid work (specific to individual need) Access to Orderlies; Befrienders, Safer community and Diversity.	In all instances; Residential DCM, Learning &Skills Team, Healthcare
Speech Impairment	 Difficulty producing specific speech sounds Apraxia, Stutter or Dysarthria 	Allow time to get message across Access to paper and pen/pencil. Access to Learning & Skills.	All staff Healthcare
Hearing Impairment	 Isolation Not hearing requests	Access to written information Access to paper and pen/ pencil.	All staff
şlexia	 Trying to avoid reading and writing whenever possible Conceal difficulties that you have with reading and writing from other people Poor spelling Poor time management and organisational skills Relying on memory and verbal skills, rather than reading or writing 	Allowing extra time for tasks that they find particularly difficult. Access to easy read information	In all instances; All staff Learning & Skills Team
Severe Disfigurement	 Isolation, low mood/ depression or low self- esteem. Unwanted attention teasing/bullying. Requires specific equipment or requires specific foods/fluids 	Support engagement in association. Referral to mental health services Referral to disability nurse Referral to GP	In all instances; Residential Staff and Manager, Diversity Manager Chaplaincy All Staff & Kitchen



Supported Living Plan Toolkit

Condition & Disability	Indicators and or Risk:	Intervention:	Contact:
Asthma	 Risk of viral and bacterial chest infections. Affected by changes in the weather, fumes from floor cleaners, room fresheners and tobacco smoke. Affected by worry and stress. May be affected by foods such as nuts and shellfish, or food additives such as tartrazine 	Referral to GP Information awareness and adherence to COSHH Referral to RMN/GP Information on all dietary options	In all instances; Residential staff/Healthcare. Health and Safety, Residential DCM, Kitchen.
Heart Condition	 Smoker & Sleep Apnoea Overweight & Poor diet Lack of exercise High blood pressure High Cholesterol 	Smoking cessation Food monitoring Referral to GP	In all instances; All staff, Healthcare, Activities staff
Diabetes	 Risk of stroke High blood pressure Hypoglycaemia Hyperglycaemia Poor diet 	Attendance at clinic BM recording / Diary to self- record BM's / Talking equipment for visually impaired Food/Fluid monitoring	In all instances; Residential staff, Healthcare
Chronic Kidney Disease	 Urine/bladder infections Urinary retention Dialysis Catheter care Pain/discomfort Poor fluid intake 	Referral to GP	In all instances; Healthcare
Epilepsy	 Risk of seizures Risk of injury to self and others Non-compliant with medication 	Room share (where appropriate) Ground floor room allocation Appropriate work allocation Epilepsy monitoring (reviews/medication)	All Residential staff Paid work coordinator Healthcare
Hypertension	Dizzy spells		Healthcare and All Staff
Mental Health	 Social withdrawal Poor dietary intake Lack of personal care Risk of suicide/self-harm Bizarre behaviour Aggression to others 	Encourage social interaction Food/fluid monitoring Open ACDT? Case conference / referral to secondary service	In all instances; All Residential staff, Residential DCM, Healthcare
Adults at Risk	 Victim of Torture, sexual or gender based violence, modern slavery or Human trafficking, being pregnant Suffering from a disability; Mental or Physical; PTSD Age 70 or over Being a Trans* person 	Appointment with GP within 24hrs of being in center	In all instances; All Residential staff, Healthcare, Activities staff Diversity & Safer Community Chaplaincy Learning & Skills



Please ensure that entries are meaningful and conversations are relevant to the individual's condition. Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name
49/17	14:30		Places anto a supported	Style
			living plan concerns	Signature
			with cappage and	
			possible content in	
		*	a BBC pragrama due to	
			be shan langled.	
4/9/17	14:55	0	Had a leftly consessation	SP-M
			with him. He has asked	Signature
			if be gon more in not	
			fred Steft or my noted	100000000000000000000000000000000000000
			the had no other cour.	
04.9.17	1847	C	Came to the wing office to move	A. ALBERT
			rooms. seemed hoppy that he	
			was able to and left smiling.	Signature
04/9/17	2100	0	sitting on bed watching TV.	A. ALBERT
	7			Signature
cell /	280	0,	botined settingen his ked	ļ
			Leading ty (ast time of Octo).	Signature
4217	2367	0	Returned and in bed on his	<u> </u>
	1		loft side of the of thet treather	
			administration	Signature
SIQ17	CESS	0	labourgo is observed believe in beel	i
			on he lost side forther .	
	3.4		Deathrey and movement essent.	Signature
5/9/17	06.50	O	log sheets by Di), Juillians	Cianatura
5/9/17	0837	0	collected his breakfast	Signature
			from the Severy No	
, GE			issues -	Signature

Event	1	=	Incident
	C	=	Conversation
	0	=	Observation

1



Please ensure that entries are meaningful and conversations are relevant to the individual's condition. Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Crimono e ur	Print Name
5/9/1	0840	0	came in to the wing office	
			in Good Spirt Said Good	
			morning Laxly can you	
			check his bulance	Oco Lum
05/9/1:	7 11218	C	Approached me on first floor,	
			Whilst I was doing LBB's asked	A. ALBER
- de l			if he could have a Job cleaning	Signature
, ,	1208	0	Went into room at lock up no issues	A. ALBERT
100	1716	/	SHER COMMUNITY DOCUMENT COLOCK	Signature
5/9/17	1720	10	SPOKE TO D1275 IN HIS ROOM	i
			WHETCH HE WESCOMED ME INTO.	
			HE STATED THAT HE MISSED THE PANILAM	4
			DECUMENTARY LAST NIGHT AS HE WAS	
			STRUGGIENT TO PREPRIATE THE REMOTE	
			WHICH I HAGE NOW GIGEN HIM	
			SOME GUIDANCE OF HOW TO USE IT.	
			D1275 DID NOT APPEAR TO FATERESTED	0
			IN THE PROGRAME AND ROSP BUSY	- V-1 + 1 10
			BY PLAYENG FOOTBALL AND TALKING	-
	1000	m	TO HIS MUM.	Boce
05.9.17		0	Collected dinner seemed happy.	A. ALBERT
5.9.17	And the state of the state of		acieu up okay 110 issues	-A. ALBERT
12/7	2139	1 7	D1275 & byling in bool on his book	
			avake faring the day. Beathing	i
older	100			Signature
/ KK	0143	O	D1275 1s buying in bed on his	
			\$ 200 Gas Cosed Beathing and	
			myomat observals.	Signature

Event	1	=	Incident
	C	=	Conversation
	0	=	Observation



Please ensure that entries are meaningful and conversations are relevant to the individual's condition. Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name	
5/9/0	08-45	0	CAME TO THE OFFICE ASKIN	G	
			FOR A CUP OF MILL POR		
			HIS BEGALGAST WHICH WAS	Anune	H.
			GIVEN -	Signatu	ıre
19/17	10-20		DD DOC CHEN - EONAMOS -	Signature	
5/9/17	13:05	/	Diverolty Downent Week -	c. Shu4	gnature
	17:09	/	Are dinner and seemed on when	L	j
			collecting his good CB Signatur	е	
69	20-10	D	Action Playing Jable		·
			temis with his totent	1200	0:
			no innes	BUTOKI	Signature
5/0/17.	2130	0	Oblance of fourney in book on his pool		, L
			arako, bookhejondimubliont about.	Alos Sign	nature
7017	9200	0	Ostuno & huguela bedon he pant	·	
			200. Gyo dosd. Brother and	,	₁
) (1		Cool marginent dosented	Signatu	re
9/2	0806	/	Do obs check continue	Signatur	
1			to support	Haven	<u>Y</u>
79	09.W	O	Collected #3 Breakfast	000-1	Signatura
1			No 18ms	BUPDKI	Signature
7/9	13.00	0.	Collected the Lunch. Very		Ţ
\			Helpful on the wings. N 18hus	BOPOKI	
19/A	18:00	0	D1275 MAS EQUECTED	< 15 That	f
/			us Food Fram Server	T. Suns	Signatur
917	437	0	D1275 18 layred in bed formed		<u></u>
		-	the dow. Availe Bothing and		<u>i</u>
		12	movement absolved	KONO Sign	ature '
				- 170 May.	

Event I = Incident
C = Conversation
O = Observation



Please ensure that entries are meaningful and conversations are relevant to the individual's condition. Guide: at least one purposeful entry must be made by unit staff per session daily and night.

Date	Time	Event Type	Summary	Print Name
8917	0158	0	D1275 & buying in bedon his	
			back from of the Cost specifical and	.4.4.
,,			Boothwarend makinent operved.	Signature
8/1/17	0750	/	SAFER COMMUNITY DOCUMENT GLOCK	Berge Signature
89/17	11:30		DD docut deck	Signature Signature
8/9/17	13.00	0	collected lunch from the	<u> </u>
			servery.	LIMORRIS
8/4	17.45	0	collected dinner from the	
10			severy.	i. Moery
80.	2401	0	D1275 \ alpho approx in book on	
			no book found the door. Brother	1/1/10
1010			and managed & lose (C)	Signature
9917	0135	6	D1275 & bying in bod on he	
			DOCK. Giges closed Bleathreyone	1/1/2 0: 1
			movement observed	Signature Signature
919/14	07:51		DD deant our	St Me Signature
1 /			model for breakfast,	6
7/9/12	08.10	0	hazing in beed nevernont	200
//2			noted	
1/1/17	15:00	C	Vert to H room to	0660
11	1000		speak to exicer	Boo
9/9/17	1738		SAFOR COMMUNITY DCC CHOOCH.	BEES
9917	285	.O	D1275 Blayling in book on his	
•			book eyes Global Knowly and	0:
			majorent observa-	Signature
10/2/17	0250	0	D1275 is laying in had on	
			his right side. Byoseload Brodie	
\\	257.77		and movement absorbed	Signature
10 19 11 3 Ever	0/35	Inciden	DD da ciect	S-ley Signature
Ever	nt I = C =	0		
	0 =	Observ	ration	

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17



Events A/117

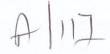
Date	Time	Event Type	Summary	Print Name
10/9/17	0744	A 1 commence of the building the building the second	SAKER COMMENTLY DOCUMENT (DOPPH	
10/9/1	7 0800	0	Lindochol ser broadyast	BSGS-
		The second secon	NO CONGRES - FL	Signature
16/9	09.2	O	Came to the office	Committee Transaction of the Committee o
	of the frameworks of the best portable both to be an increase and	Market have a series professional and the series of the se	for m, C/C. ND / 1884-	RDDSV/
18/9	13.30	O	Came to the Servey	DOPOV .
1	nd a substantiane (1) Managa, market (1) a substantia a substantia	Friends & South Factor Strategies and Control of South	E arled the fool	ROPPRI Signature
10/9	18-0	0	Seen exclong up the	0 .
10	(and such manufactures (manufactures (m) : Effects speech	all techniques in the property of the second	for from the solvery -	Signature
10/9	2) W	0	In His Com. NO 18	B DPD Signature
1019	2193	0	Detunce & Cappy in bod on	Signature
Wooderstanding of the State St	997 Newsonshift eath 611 as shows that he is but at special as	g at his, the arms of the transverse and in the segment	he now ado apple -	
Molo	0:-	Annanie som om i terrorise antropologist i føre e et s metroriset i som om	Beathreyand movement species	Signature
(d)	0310		Debug a layro on no nont	The Control Surface of Control
	AND COLOR OF THE PARTY OF THE P	h of the through the section has been been been as the section of	Secto by athor and maranor	1 0: 1
1/9/17	9.76	and the state of t	Opervools	Signature
		Maria anti-ari sina antina di ramaniani di appendia serata sa pros-	Detarne took breakfast	Signature
11917	1430	0	1	Signature
11/1/11	14.30	were the second or happy facilities for the second or the	D1275 his NOT TAKEN	
11/9/1	18.18		his quiet	Signature
12 9	08.47	0	Seen egina breakful	Signature Signature
Mala	1048	nde in Para an emmany grand group plan i hung maneli de drap ang	Seen early forcalclast -	Mou Signature
per met autoritation of the said of the said of the said of	#39196 between first 131 houseasts principal participal	THE REPORT OF THE PARTY OF THE	Dolament - Marria Sullan Pravo	the state of the s
129	13-W		Collected HI Lunch	BOPOKM Signature
12/9	1800	6	Seen at the servery	201010
		-	taking his sood Signature	Brown
149	08:15	0.	To I Too	2000en
139	13.30	0	Collecter Hs Lunch, vem	and the second s
1	Back and a second secon	173	Helpful on the Wing.	BOPOKU Signature
Event	H =	Review Incident	112-81	
	0 =	Observation		

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Gatwick IRC's - Equality, Diversity & Inclusion

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Supported Living Plan September 2014





Harry Carries

1		Date	Time	Event Type	Summary	Print Name]
13	9	Bend	18-W	0	Collecter H3 Sonner -	RADOV	Signature
		- January	22:25	0	Asked for some to be soll	pl. white	
		14/9	08:15	O	unlocked per breakfast	and makes the forest count transfer for an early of territories and superstates and	
		wanter of the foreign of the state of the figure of the fi	Ex erin labilat combinancing mande a time to recom	Egin considers that of pilot moneyes and and a city of the		2612	
		11 /0/	Company and the substitute of	deaders with some farm may and your start the plants and	1000	DESCRIPTION OF THE PROPERTY OF	
		14/9/17	4:45	C	Came to the office to collect	March & comment of principles 2011, byte start on the Friderical to commende days law as so require transport from the first transport.	
		ann allender yn ys diw (f y hael a'i gant a bennganel) i g af w	ng al an at carrier of transportant sates a way a new species but in	transch bestelle testeren er	cleaning products. said he	Security for and a sequence contains on the a simple contains of the security	
<u> </u>	-	u /a/ -	manufacturer word street first file leaves on p	Gar Provention relations to speed a province constrained and again province	really wants a sob -	A. ALBERT	
	}	14/9/17	The state of the s	as remained to mylich solvey process over the angle of the	Diversity socomer Abult	a 80mm	Signature
			rg! (0)	ब्दर विकारत हा को बाद र नाम क्षेत्र हैं। इसका को नहीं के कार्यों स्थापन को नहीं का	The second secon		
		14/9/14	and the latest deposit of the latest condition and the latest	0	in room at lock no issues	Rouse	
		14/9/17			unlocked for breakfast _	A. ALBERT	-
		15/4/17		2	Revew corred our in	H. ALDER I	
			ranton areas no processor to posterior	and the state of t	Arum Was Offe WIL	et til film har har skyr för fra ett film en kritiska kommen († 1971) til 1980 kritis til 1980 kritis fra harbandet fy	
			man to make a support of the support	mai katigiji karan kanganatawa jipiantan kapa ki sanangan kapa na pangakinga	Keen Chrole and Anavis	Friend Pathola Proposition of the Pathola proposition of the Pathola P	
		taranna andra in prima associa de l'Astronomo de l'Igan	da with from the bid force to the extension opposite	di (Lan sau en literatura de l'antique d'antique de l'antique de l'antique de l'antique de l'antique de l'antiq	Albeit, Journey 13 new	- Parameter by 10 and 3 and 6 book of a service of 1 - book 10 and book generalization and and	
		The second report of the second of the secon	Provide the bright and the street becomes	terwidehelije entru ilkspirationerproperti bee	clired.	hayllan	
	-		and former increases the way and in some top of the	ar e e encide sancidas de l'hipports d'anadodel (han eschi primaria esc eschi j			
/ ₁		***************************************	dung garatin ni terengan bajda ng biringka ng pananifda ay	a ar tha an tha ann an an ann ann ann ann an ann an an			
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	-	A per	tatikistaniin julkaanna antani yeni tuuti ku	the territory of the second section of the section of the second section of the section of the second section of the sectio		M for a gardenine the contract of the contract	
		Facustrians and Facilities is a financial study of the party and the	Talkbarana terita i rassangak paka (sepi saap	tinde mellet wir if a i verstellterfolge I at ent a fyr fywar hufusten gyf		The second of th	
			general general and a second and a second general gene	And combination of \$1 to the proceeding by \$1/2 \$25 pt from many \$1.	6	2 g	
		PROFESIONAL POR A NICE CONTRACTOR PROPERTY.	Prijering wage if he handgare (i) regularization and at \$ least and a second			2	
			and the state of t			MAN CONTROL OF A STATE	
		Secretary Secrets of Secretary Secretary	al months of the first part of the part of	the National Article from the expression of the control of the con		n qu'il "pagagan thainainne "Suuras aireannach aireadh a tro mar i gu e thiosan sa gaigear ainm daoin	
					The state of the later of the l	And the state of t	

Event	Ħ	Serges Report	Review
	1	-	Incident
	0		Observation

Gatwick IRC's - Equality, Diversity & Inclusion

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Supported Living Plan September 2014

DCM Check List	Signature	Date
Log Number	Signature	04/9/17-
Detainee Details & Photo	Signature	Q419/27
PEEP completed (when required)		
Front Cover & pages 1, 4, 5 & 7	Signature	94/9/17
Care Plan been implemented	Signature	04/9/14
DAT has been updated	Signature	04/9/17
SLP Central Log Updated	Signature	0419117-
Copy of Initial Assessment included/attached to document?	Signature	04/9/17
Has Part C been completed and sent to relevant departments	Signature	04/09/17
Multi Agency assessment done?		
Audit		
Reviews set and done on time		
Healthcare Manager Check		
SMT 10% Check		
Diversity Manager Check		

0

