

Log Number

BH/133/17



Home Office

ACDT v.1

## CARE OF AT RISK DETAINEES

system BH/133/17

### 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. 1 ob every 3 hours + 1 conversation until assessment

2.

3.

4.

5.

6.

Date of next Case Review:

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

Date opened: 11/4/17

Date closed:

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

17/6/17

Signed (chair of closing Case Review):



Image

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

1	Healthcare problems.
2	Returning to Romania
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:

Signature

PRINT NAME:

D1914

Date: 12.04.17

Member of staff's signature:

Signature

PRINT NAME:

H. KAVANAGH

Date: 12.04.17

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





OFFICIAL - SENSITIVE

**ACDT Closed Notification Form**

Name of Detainee	Mr	<b>D1914</b>
CID Ref:	11382233	Log Number BH133/17

The ACDT plan has now been closed at Brook House IRC:



The above has now left Brook House IRC for the following reason:

N/A

**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	✓	<b>Scheduled for 17/04/17</b>
<b>Has the Central ACDT log been Updated?</b>	✓	
<b>Has the relevant information been entered on to DAT?</b> All information should be entered under the safer custody tab on DAT	✓	
<b>Has the IS91 Part C been completed and sent to DEPMU?</b> A copy should be sent to Safer Community and UKBA	✓	

**Completed By**

Print Name	D Robinson
Time and Date	12/04/17 1000 hours

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

OFFICIAL - SENSITIVE





OFFICIAL - SENSITIVE

## ACDT - Post Closure Review Form

Name of Detainee	Mr	D1914	
CID Ref:	11382233	Log Number	BH/133/17

BH/139/17

## 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>	<ul style="list-style-type: none"><li>- Does not have any thoughts of self-harm, does not want to die because of stress in detention.</li><li>- States he speaks to his wife regularly with help.</li><li>- Yes</li><li>- No apart solicitor putting appeal on Friday.</li></ul>
<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>	<ul style="list-style-type: none"><li>- Yes.</li><li>- He has put in appeal.</li><li>- No problems. Only like having one roommate. Has been outside.</li><li>- sleeping ok.</li><li>- Yes.</li></ul>
<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>	<ul style="list-style-type: none"><li>- Yes</li><li>- none however he likes having only one roommate but in a three man room.</li><li>- good.</li><li>- No</li></ul>

## Completed By

Print Name	Conway	Signature
Time and Date	16:20	17/4/17

**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

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**ACDT Open Notification Form**

Name of Detainee	<b>D1914</b>		
CID Ref:	<b>11382233</b>	Log Number	<b>BH/133/17</b>

The ACDT plan was opened at Brook House:	Yes
The above has arrived on an open ACDT plan from :	

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	N	
<b>Has an Incident Report been completed</b> and passed to the DD	N	
<b>Is the detainee on a food refusal?</b> An ACDT must be opened after 2 days of refusing food	N	
<b>Has the detainee been assessed by healthcare?</b> The RMN should also be contact for a mental health assessment.	N	
<b>Has the Central ACDT log been Updated?</b> Incidents of Self Harm should be high lighted in Red Ink	Y	
<b>Has the relevant information been entered on to DAT?</b> All information should be entered under the Safer Custody tab on DAT	Y	
<b>Has the IS91 Part C been completed and sent to DEPMU?</b> A copy should be sent to Safer Community and Home Office	Y	

Completed By	
Print Name	Phil Page
Time and Date	17.15

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





Immigration  
Enforcement

Port Ref:   
H.O Ref: 11382233

IS 91 RA Part C  
(Revised)

**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	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.

Detainee <b>D1914</b>	has been placed on an ACDT after suggesting he would die if returned to Romania.
<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: \_\_\_\_\_ Print name: Philip Page Date: 11/04/2017

**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: \_\_\_\_\_

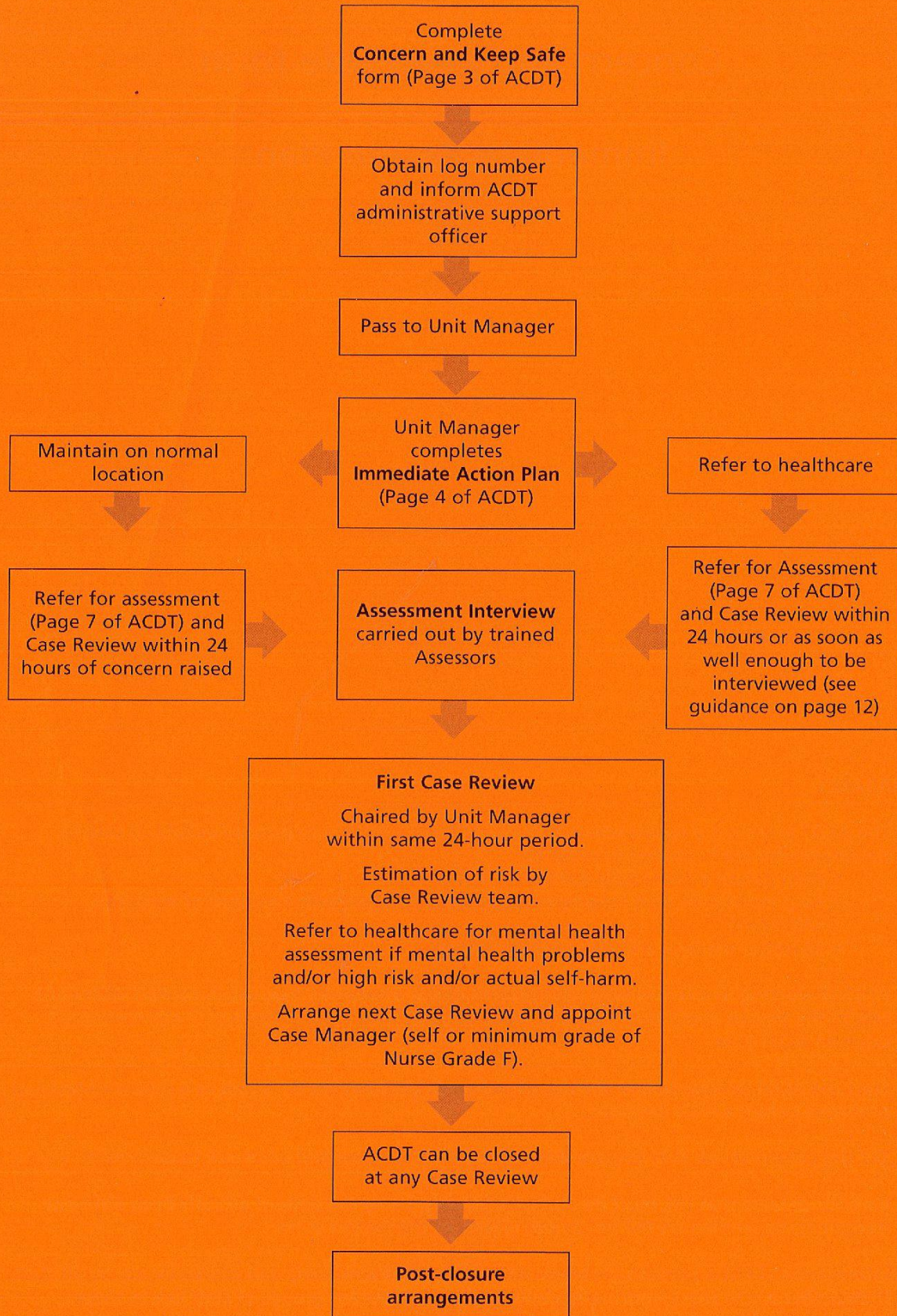
Signature to be at EO level.

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

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



# 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"/>	<p>Please describe <i>why</i> you are concerned.  <b>Summarise:</b> any recent events, behaviour or information received that gives cause for concern and what the person themselves said about their situation:</p> <p>I saw <b>D1914</b> in visits today for an immigration interview to serve deportation paperwork.</p> <p>He became extremely upset and agitated which quickly escalated to anger where he was shouting and swearing at me. He said he would be dead within the hour due to his heart condition.</p> <p>I checked he didn't feel suicidal and he confirmed he didn't but he said his heart was not good and he was due to have further heart surgery in August.</p> <p>He left the interview shouting and upset so I called his wing to ask an officer to check on him.</p>
2. Self injury or statement of intent to self harm	<input 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 checked="" type="checkbox"/>	
		<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> <b>Signature</b> </div>

### 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: <b>H. BENNETT</b>	Signature: <div style="border: 1px dashed black; padding: 5px; display: inline-block;"><b>Signature</b></div>
Date: <b>11-4-17.</b>	Time: <b>14-55.</b>



# 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)	To remain in current location at present but would prefer to share with a Romanian	DCM PACE 11/4/17	Signature 11/4/17
<b>Frequency of staff support:</b> (conversations and/or observations)	1 ob in every 3 hours + 1 con per day until Asst + Review	All officers	ongoing
<b>Phone access:</b> (state whether Samaritans or phone call to family or other)	Has a phone in possession	D1914	Signature 11/4/17
<b>Other immediate interventions:</b> (including actions in respect of any in-possession medication the detainees, or their cell mate may have):	To check with healthcare re in possession meds	DCM PACE	
The four tasks below should be completed before going off duty (within 12 hours if concern is raised during the night)			
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 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>
PHIL PACE	DCM
SONIA HOMEN - ALBASINI	DLO
<b>Unit Manager Name:</b> PHIL PACE	<b>Signature:</b> [Signature]
<b>Date:</b> 11/4/17	<b>Time:</b> 13.45



## **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.**



# 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>C. NING 002</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.

<b>D1914</b>	Said that the problem he has is that he is Sick and he needs to see the doctor at the hospital in London where you had the 1st operation 23rd Nov 16 after having 3 heart attacks. He said he is due to have a second operation which is why he cannot return to Romania
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## 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?

<del>29</del> Been at Brook House Since 29th March (2 weeks ago).
<b>D1914</b> Said he has no thoughts of hurting himself or attempting suicide.
<b>D1914</b> Said he has not hurt himself in over 20 years now as he is grown up and has a life with his family



### 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?

**D1914** has scars on his left and right arms. He said he doesn't remember how exactly he done it. He said it was over 15 or 20 years ago. He was young and now he is grown up with his family. His wife, son and daughter.

### 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.

**D1914** Said he is stressed because he has pain in his chest and in his back. He said the DR didn't believe him and told him to get out. He said he doesn't like to keep going back and complaining.

### 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 thoughts of Self harm or Suicide. He said he has never planned how as he does not want to die. He has so much to live for.

**D1914** Said he told the officer that if he has to go back to Romania he will die on the inside meaning he would be depressed not that he would physically kill himself.



#### 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?

\* Family - wife and 2 children  
\* Him and his wife have worked hard and got a company together  
\* He wants to see his children grow up and get married and have grand children.  
\* He said he is very young he is only 44 which is why he needs the Aid operation.  
\* Family and children come to visit every week which he looks forward to.

#### 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.

**D1914** would like to stay on the ground floor but said please don't put more people in the room. He has 1 room mate but 3 people in a room is too much.

#### 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.)

\* Get an appointment to see another healthcare Dr (not S. Clawdby)  
\* Speak to officers if you are stressed.

#### Interviewer's details:

Print Name: <b>M. RAVANATH</b>	Signature: <b>Signature</b>
Date: <b>12 Oct 17</b>	Time: <b>08.51</b>



# 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

SEE TYPED VERSION

# Signature

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 assessment 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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**ACTION FOLLOWING ASSESSMENT**

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

**Details of case review**

Date 12/04/17	Time: 0940 hours	Location Talking Therapy Office
<b>Names of people attending Case Review or otherwise consulted following Assessment:</b>		
<b>Name</b>	<b>Designation</b>	
D. Robinson	Unit Manager	
<b>D1914</b>	Detainee	
DCO Kavanagh	Assessor (if not attending, state in record below how they contributed to the review) gave information	
Karen Churcher	Registered Mental Health Nurse	

**Record summary of Case Review**

This morning we have spoken to Mr. **D1914** in the Talking Therapy Room. I requested that DCO Kavanagh was present as she conducted the Assessment. Mr. **D1914** initially appeared in good spirits and told us that he has no thoughts or intentions to hurt himself and that he made a comment yesterday that "he will die in detention". Mr. **D1914** explained that he has had several heart operations and wanted to speak to the Doctor about his medication. Mr. **D1914** stated that his comment was made in jest and that he doesn't plan to harm himself. We asked Mr. **D1914** about the scars on his arms, Mr. **D1914** admitted to us now and to DCO Kavanagh prior that he doesn't exactly remember how he made the scars but it was about 15 – 20 years ago and in his words he has "grown up" Mr. **D1914** spoke about his family and how he would hurt himself because of them and they are his support network and regually visit him in detention. Mr. **D1914** also informed us that he has his own construction business. It was agreed that after the review Mr. **D1914** was going to see the Nurse to get another Doctors appointment booked, DCO Kavanagh gave Mr. **D1914** a phone call to his GP to request his medical notes during the Assessment. (On Careplan as now complete). It was agreed that Mr. **D1914** ACDT could be closed due to no feelings of self harm or suicide and that he has a Solicitor working on his case with a close family support network.

**ACDT PLACED IN POST CLOSURE PHASE**

Consider if sufficient progress has been made to reduce risk.  
**Current likelihood of further risk behaviours**

**LOW****RAISED****HIGH**

**If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assessment 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 know triggers/warning signs on the inside front cover.**

**If ACDT remains open**

**Next review:**(also note on front cover)

Date:

Time:

Additionally to invited  
Healthcare

**If ACDT closed** (see guidance on inside back cover)

Post closure interview:

Date: **17/04/17**

Time: **TBC**

(also note on front cover)

Member of staff who will conduct this

Follow up interview:

**Case managers Signature:**

**Date: 12/04/17**

**Signature**



# SECTION THREE

## Care and Management Plan (CAREMAP) and Case Reviews

### Pre-discharge from Healthcare Case Review

File CAREMAP and most recent Case Review on top

Additional blank Case Review forms should be copied locally as needed and inserted in the ACDT Plan. Where more writing space is required in the Case Review 'Summary of review' box, use a blank sheet and insert in the ACDT Plan.

The Case Review brings together the multi-disciplinary team in order to consider the needs of the individual and the care required. The Care and Management Plan (CAREMAP) sets out how the support and care to address those needs is to be delivered.

#### Ideas to help defuse a crisis and address problems

Has suicide plan	➡	Disable the plan
Practical problem triggering pain	➡	Neutralise pain/help solve problem
Mental health or withdrawal problems	➡	Refer to health worker
Alone	➡	Link to social support (e.g. family, friend, Listener, staff)
Feels low	➡	Help get more active, involve in regime
Pattern of self injury	➡	Distraction, comfort, alternatives
Known factors that indicate higher risk	➡	Note these in triggers box and monitor for these occurring

#### AGREE ACTION WITH PERSON AT RISK

#### QUALITY CONTROL

PSO 2700 requires that there have been periodic checks on the quality of care planning in respect of those at-risk, and that follow-up actions have occurred. Senior Managers should initial or sign (and date) each page they check.



### An effective CAREMAP

- Engages the person at risk
- Identifies the most urgent and pressing issues

#### 'Issues' means:

**Problems** that are causing the person at risk most pain.

**Resources** or strengths that have most potential to support the person at risk.

**Level of risk**, including suicidal intent or plan

- Sets a small number of realistic, achievable goals
- States clearly who will do which action
- Is put into action
- Is reviewed and changed over time

### To identify problems:

- Start from the person at risk's perspective
- *Describe* problems; don't *prescribe* solutions

### An effective Case Review:

- Involves the person at risk
- Has the same Case Manager present, wherever possible
- Is quiet and calm – no phone interruptions
- Uses first names
- Involves the key people who know the person at risk or are involved in his/her care (ensuring inclusion of those 'off' the wing who may also be in contact with the detainee, such as the chaplain, IMB, Samaritan, Instructional Officer or teacher)
- Introduces self and others to the person at risk
- Explains the purpose of the review
- Considers asking the individual if he/she wishes a relative/friend/Listener to attend the Case Review. If so, you must ensure that the individual (if an adult) has signed a consent form for the relative/friend/Listener to attend. For the under 18, it is good practice to involve the Child Protection Co-ordinator, and if appropriate, the parents/carer.
- Where a key member of staff is making a written or telephone report, ask them: Is the individual receiving some help/treatment, has it started to have an impact yet, if 'yes' how has it affected risk/need?

### When the person at risk is an in-patient in healthcare:

- The Healthcare Manager becomes the responsible ACDT Case Manager
- The ACDT Assessment should take place within 24 hours, or as soon as the individual is well enough to be interviewed
- The CAREMAP should be actioned and, where required, reviewed and up-dated
- The on-going record of significant events and support should be maintained
- ACDT Plans may only be closed in the healthcare centre when the individual is a long term patient whose return to the wing is not imminent and when risk is judged to have reduced sufficiently to allow closure
- A pre-discharge Case Review involving a representative of the receiving unit or centre should take place before the person at risk returns to ordinary location



# CAREMAP

CASE MANAGER .....

You should consider the following areas when preparing this CAREMAP:

- \* Action to disable any suicide plan
- \* Action to link the person to people who can provide support
- \* Action to build on any strengths or interests the person may have
- \* Action to encourage alternatives to self-injury

- \* Action to reduce emotional pain caused by practical problems
- \* Action to reduce vulnerability because of mental health problems
- \* Action to reduce vulnerability because of drug/alcohol problems

**You must note:** Known factors that indicate higher risk in triggers/warnings box on inside front cover  
Required frequency of conversations, observations and recording on the front cover

No.	Issues (problems, resources, risk)	Goals	Action required	By whom and when	Status of action e.g. awaiting appointment (always date entry)
1.	Healthcare records	To get your outside medical records sent to Health Care onsite	Phone GP and get info	M. KAVANAGH and D1914 12.04.17	completed 12.04.17
2.					
3.					
4.					

**Detainees Signature:**

**Case Manager / CAREMAP author signature:**

Signature:	Signature:	Date:
Print name:	Print name:	



No.	<b>Issues</b> (problems, resources, risk)	Goals	Action required	By whom and when	<b>Status of action</b> e.g. awaiting appointment (always date entry)
5.					
6.					
7.					
8.					
9.					

**Detainees Signature:****Case Manager/CAREMAP author signature:**

Signature:	Signature:	Date:
Print name:	Print name:	



# RECORD OF CASE REVIEW

Case review number: \_\_\_\_\_

## Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	

## At this review

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input 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 type="checkbox"/>	No <input type="checkbox"/>	
WHERE DETAINEE IS DUE TO BE RELEASED (including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP (see guidance on inside back cover)			

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

CAREMAP updated:    Yes ☐                      No, as no new actions ☐

<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) <b>Member of staff who will conduct this follow-up interview:</b> _____
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Case Manager's Signature: _____	Date: _____
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# RECORD OF CASE REVIEW

Case review number: \_\_\_\_\_

## Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	

## At this review

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input 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 type="checkbox"/>	No <input type="checkbox"/>	
WHERE DETAINEE IS DUE TO BE RELEASED (including admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP (see guidance on inside back cover)			

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

CAREMAP updated: Yes ☐ No, as no new actions ☐

<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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Case Manager's Signature:	Date:
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## Case review number:

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	

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

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

CAREMAP updated: Yes ☐ No, as no new actions ☐

<p><b>If ACDT remains open</b></p> <p><b>Next review:</b> (also note on front cover)</p> <p>Date: _____ Time: _____</p> <p>Additionally to invite:</p>	<p><b>If ACDT closed</b> (see guidance on inside back cover)</p> <p><b>Post closure interview:</b></p> <p>Date: _____ Time: _____</p> <p>(also note on front cover)</p> <p><b>Member of staff who will conduct this follow-up interview:</b></p>
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Case Manager's Signature:	Date:
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# REVIEW PRIOR TO DISCHARGE FROM HEALTHCARE

Case review number: \_\_\_\_\_

## Details of case review

Date:	Time:	Location:
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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.
	Case Manager	
	Detainee	
	Member of staff (from the detainees unit)	
	Member of staff from the HCC	

## At this review

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>
Problems identified reviewed	Yes <input 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 type="checkbox"/>	No <input type="checkbox"/>	
WHERE DETAINEE IS DUE TO BE RELEASED (including admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP (see guidance on inside back cover)			

## Summary of review, including significant, risk pertinent events during in-patient stay

CAREMAP updated: Yes ☐ No, as no new actions ☐

## Arrange follow up healthcare appointment within agreed time-span:

Date of appointment:

Staff responsible:

## Next ACDT Case Review (also note on front cover):

Date:

Time:

Case Manager's Signature:

Date:



# SECTION FOUR

## ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

### Providing on-going support to the person at risk - 'Conversations' and 'Observations'

The primary purpose of requiring that staff talk more frequently to distressed detainees is to demonstrate concern for them and provide companionship. Another purpose is to check that the CAREMAP is working and to see if anything has occurred to make the person more or less distressed. To do this, you need to talk and listen to the person at risk. This is referred to as 'conversations' in ACDT. **Conversations** may take place once a day, once a shift or more often.

*What to say:* It is not usually necessary or appropriate to ask about suicidal intentions during regular conversations with an at risk detainee. Ideas for things to say include: saying 'hello', explaining that you've just come on shift (if you have) and asking an open questions, such as 'How are things going?' or 'What's been happening with you while I've been off?' Often people who are very low or who self-harm find it hard to say how they feel and may be hard to engage in conversation. If something is happening on the wing/unit, you may be able to use that as a topic of conversation. You can also check the individual's CAREMAP and ask how progress on actions is going. Observe how they seem in themselves as you converse with them.

Where a person is at very high risk of killing themselves and **constant observation** has been ordered, it is even more important that the staff doing the 'observing' understand that the purpose is to engage with the individual as much as they will allow, explaining what is happening and providing companionship, as well as observing and intervening to prevent suicidal acts. Where possible and safe, the person at risk can take part in activities, such as education, accompanied by the observer.

The Case Review Team may also specify a number of '**observations**', which are checks to make sure the individual is all right. This will typically be when the individual is asleep or when the required frequency of conversations/observations is high. For example, if you are checking that the individual is all right 5 times an hour, you might be required to engage them in conversation on only one of those occasions. Although you may not be talking to the person every time you observe them, ensure that he or she understands why the checks are being made. In this way, they are more likely to experience the checks as caring.

The Unit Manager is responsible for ensuring that the specified conversations and observations take place.

Read the front cover, as that is where the frequency of conversations and observations (day and night) will be specified in accordance with the need of the individual detainee. The reasoning behind setting this frequency of conversations and observations will be explained in the Case Review.



### **Recording significant events, conversations with the person-at-risk and your observations of them**

It is important that you provide meaningful comments on what has happened with the detainee during your time with them. This allows others who also care for this person to better understand the situation and how to care for them, and informs the discussions at the Case Review. Think about how what you write can contribute to the care of the person at risk. In particular record:

- **Mood check** - Is he/ she happy, sad, withdrawn, excitable etc.
- **Conversations** - Have you spoken to the detainee?  
What has he/ she said about his/ her situation?
- **Activities** - Is he/ she engaging socially with others, participating in the regime etc.
- **Sudden changes** - Has he/ she been doing anything out of the ordinary?
- **Self harm** - Has he/ she self-injured?



(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

- Relevant information on the person's mood, behaviour and situation (e.g. changes in behaviour or mood, information about how he/she is coping with the actions in the CAREMAP, visit details, failure to receive a visit, receiving prescribed medication late or not at all)
- On-going conversations with the person at risk to support them or evaluate their progress and care (related to the CAREMAP).

**All entries must be meaningful. Recording of "no change" etc is not acceptable.**

Date dd.mm.yy	Time 24hr clock	Comments Please write in black ink. At end of comments, sign and write name and designation.
	17/13	Saw Mr <b>D1914</b> sitting in his room at lock up, asked if he felt ok and he said yes, no concerns at present time — DCO Albasini <b>Signature</b>
11.4.17	18:10	<b>D1914</b> Came to surgery to collect food no concerns at this time — <b>Signature</b>
11.4.17	19:50	<b>D1914</b> Saw me outside the wing and asked me if I could help him find the doctor's name that he wanted to make a complaint about and I assisted on doing so by asking the nurse, he was very thankful and seemed happy — DCO Albasini <b>Signature</b>



# ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

Date dd.mm.yy	Time 24hr clock	Comments Please write in black ink. At end of comments, sign and write name and designation.
11-4-17	21:10	In Room for lock up no concerns at this time / S. S. A. B. O. Handover Oncoming staff have been shown to the who, its of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over.
		Date: 11/04/2017 Time: 21:06 Signature of briefing Staff Member: <div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>
		Signature of oncoming Staff member: <div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>
11/4/17	22:30	In Room laying on bed talking on the Phone <div style="float: right; border: 1px dashed black; padding: 5px;">Signature</div>
11-04-17	22:55	of visit. sitting on bed, talking with room-mate <div style="float: right; border: 1px dashed black; padding: 5px;">Signature</div>
12/4/17	1:35	In Room laying on bed under sheet movement observed when light was switched on - <div style="float: right; border: 1px dashed black; padding: 5px;">Signature</div>
12/4/17	3:45	Movement observed when light was on - <div style="float: right; border: 1px dashed black; padding: 5px;">Signature</div>
12/4/17	6:25	laying on his right hand side upper body movement when light was switched on - <div style="float: right; border: 1px dashed black; padding: 5px;">Signature</div>
		Handover Oncoming staff have been shown to the who, its of the detainee at risk, satisfied themselves that they are breathing and that they are the correct detainee as per the ACDT document. Oncoming Staff have been briefed on the frequency of conversations and observations required for this detainee, how the detainee is coping, care map and triggers have been explained and the ACDT plan handed over.
		Date: 12/4/17 Time: 08:00 Signature of briefing Staff Member: <div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>
		Signature of oncoming Staff member: <div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>
12/4/17	08:10	STANDING IN ROOM BY TABLE AT WINDOW. DCO LOOKING ONLY <div style="float: right; border: 1px dashed black; padding: 5px;">Signature</div>



## To keep the person safe after closure

Note:

A significant number of people have killed themselves soon after coming off an F2052SH (the predecessor to ACDT). To prevent this happening:

- Encourage the person-at-risk to build up their own support networks and coping strategies over the course of the reviews. Reduce levels of support gradually.
- Close the ACDT plan at a Case Review, when the Case Review Team judges that the level of risk has sufficiently dropped and the individual's resources and ability to cope with remaining difficulties are adequate.
- At the closing Case Review, check that:
  - The problems that caused the ACDT Plan to be opened have been resolved or reduced in intensity
  - The person has access to at least some resources that they find 'life-promoting'.
- \* Offer one, and possibly more, follow-up interviews. The timing will vary, e.g. a week and a month after closure may be appropriate, but it is for the Case Review Team that decides on closure to agree this.
- \* At the post-closure interview(s), discuss:
  - How the individual is feeling now
  - How they are managing with the problems that led to their episode of distress
  - Whether they are now in contact with friends, family or some other support
  - Whether they have now got something in their lives that they feel positive about (e.g. work, art, exercise, education, hobby, something they enjoy or gives them a sense of purpose).
  - Whether they can see alternative ways of dealing with a similar problem should it arise in the future.

There must be at least one post-closure interview with the detainee to discuss the above and decide if any other actions are required (including the need for further interviews).

If the Case Review team has gradually reduced the levels of support and helped the individual to build up his or her own resources and support network, the individual should be better able to cope post ACDT.

## To keep the person safe after release

(including temporary admission)

Suicides following release are common. Where it is known that the person-at-risk is to be released:

- Involve Resettlement or Probation staff in case reviews
- Help the person-at-risk plan how they will deal with life on the outside
- Aim, where possible, to arrange comparable support outside as inside a centre (e.g. as they won't have access to Listeners in the community, ensure they have a Samaritans telephone number)
- Aim, if at all possible to:
  - Ensure that they have somewhere to live
  - Have someone (supportive friend, family or other) meeting them when they leave the centre
  - Ensure that they have an emergency support number to contact (e.g. national drugs helpline)
  - Ensure that they have a GP
  - Arrange for any mental health or drug/alcohol treatment to be maintained outside
  - Encourage them to use any sources of support (e.g. family, friends) that they do have.



