

CARE OF AT RISK DETAINEES

ACDT PLAN

(Assessment, Care in Detention and Teamwork)

Forename(s):

D1914

Surname:

DOB:

DPA

Centre: BROOK H.

CID/PORT-REF

11382233

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

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

1. CONSTANT SUPERVISION
2. ~~CONSTANT~~ HOURLY OBSERVATIONS
3. CLOSED
- 4.
- 5.
- 6.

Date of next Case Review:

1	06.07.17	2	07.07.17	3		4	
5		6		7		8	
9		10		11		12	
13		14		15		16	

Date opened: 05.07.17

Date closed: 07.07.17

Date of Post Closure Interview:

(see inside back cover for guidance)

Signed (chair of closing Case Review):

14/7/17
C Donnelly

1

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

1	
2	
3	
4	
5	

AGREEMENT TO SHARING OF INFORMATION

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

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

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

Person at risk's signature:

PRINT NAME: Date:

Member of staff's signature:

PRINT NAME: Date:

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

BROOK IRC SAFER COMMUNITY MANAGER

1ST AUDIT CHECK ON OPEN ACDT

Detainees Name: **D1914** Number: **11382233**
 Book number: **BH/234/117** Location: **CLYDE CDS/OR**

CHECKLIST		YES	NO	REMARKS
1	FRONT COVER COMPLETED Book number Has each box been completed Number of conversations/observations Date of next review completed	✓		
2	INSIDE FRONT COVER Photograph attached Trigger Points Sharing of information signed IS91 Part C inserted		✓	NO TRIGGERS - AGREEMENT TO SHARING INFO NOT SIGNED
3	PAGE 3 COMPLETED Signed, dated and timed	✓		
4	PAGE 4 All sections completed (within 1 hour of opening) Names of those involved completed Signed, dated and timed	✓		4 TASKS NOT MARKED AS COMPLETED.
5	PAGE 7,8 & 9 Assessment interview completed (within 24 hours of initiation) Signed, dated and timed		✓	NO ASSESSMENT.
6	PAGE 10 Case Review No 1 held (within 24 hours of initiation)	✓		
7	PAGE 10 All sections completed Case Manager named	✓		
8	CAREMAP All columns completed Is relevant to assessment and concerns Case Manager named Signed and dated by Case Manager and Detainee			NO CARE MAP NEEDED LATE CB 7/7/17 BY 2 mins
9	PAGE 21 On-Going record completed with correct Observations and Conversations Quality, meaningful entries Name and signature included	✓		
10	Appropriate entries made	✓		

Signature and Date Completed: J. BOBB Signature: 10/8/17

Deficiency Notice No.....and Deficiency Log Update.

ACDT - Post Closure Review Form

Name of Detainee	D1914		
CID Ref:	11382233	Log Number	BH 234/17

To be completed by the Case Manager	
Those attending	Comments
Detainee : <ul style="list-style-type: none"> Has the detainee had any further thoughts of self harm or suicide? How is the detainee coping with their current situation? Are they in contact with friends/family? Any other changes in their circumstances? 	<p>NO CURRENT THOUGHTS OF SELF HARM - D1914 IS NOT FEELING WELL BUT IS COPING WELL ON THE WING</p> <p>IN CONTACT WITH WIFE + KIDS D1914 HAS A LETTER WITH DATE OF OPERATION ON 17th AUGUST. HAMMERSMITH HOSPITAL CARDIAC DAY WARD -</p>
Case Manager: <ul style="list-style-type: none"> Are they in contact with their solicitor? Establish current Immigration status? How is the detainee interacting with staff and other detainees? How is the detainee's sleep pattern? Are they attending the servery for regular meals? 	<p>WIFE IS IN CONTACT WITH SOLICITOR ON BEHALF OF D1914</p> <p>IS GOING TO REAPPLY FOR BAIL ASAP WITH NEW GUARANTOR INTERACTS WITH OTHERS</p> <p>NOT SLEEPING WELL, ONLY ONE OR TWO HOURS PER NIGHT - HAS NOT EATEN LUNCH TODAY WILL TRY TO EAT EVENING MEAL TODAY</p>
Staff Attending: <ul style="list-style-type: none"> Is the detainee coping well on the wing? Any issues with room mates or other detainees? Current behaviour/ mood Any evidence of being bullied? 	<p>COPING WELL, HAD EMOTIONAL OUTBURST EARLIER TODAY BUT IS GENERALLY NO PROBLEM - HAPPY WITH ROOM MATE</p> <p>CURRENT MOOD OK</p> <p>NO EVIDENCE OF BULLYING</p>

Completed By	
Print Name	MEORCEON
Time and Date	16.30 15/07/17.

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



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

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

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

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

D1914	ACDT was closed today at review. Post closure set for 14.07.17
Will this individual comply with removals directions? If no please provide additional information.	

In the light of this:

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

Signed: **Signature** Print name: C Donnelly Date: 07.07.17

For Completion by DEPMU/MODCU

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

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

Detaining Office to issue new IS91: Yes/No

Signed: Print name: Date:

Signature to be at EO level.

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

- DEPMU
- Detention Location (HO and Contractors/Prison Service)



ACDT Closed Notification Form

Name of Detainee	D1914		
CID Ref:	11382233	Log Number	BH 234/17

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

To be completed by the DCM:		
Tasks	Completed	Comments
Post Closure review arranged Post Closure Interview to take place within 7 days of the ACDT plan being closed	Yes	14.07.17
Has the Central ACDT log been Updated?	Yes	
Has the relevant information been entered on to DAT? All information should be entered under the safer custody tab on DAT	Yes	
Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and UKBA	Yes	1349.17

Completed By	
Print Name	C Donnelly
Time and Date	07.07.17 12.10

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

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

The original should be placed in to the detainee ACDT plan



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

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

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

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

D1914 returned from bedwatch at East Surrey hospital, ACDT constant supervision reviewed – now hourly observations

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

In the light of this:

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

Signed: **Signature** Print name: C Donnelly Date: 06.07.17

For Completion by DEPMU/MODCU

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

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

Detaining Office to issue new IS91: Yes/No

Signed: Print name: Date:

Signature to be at EO level.

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

- DEPMU
- Detention Location (HO and Contractors/Prison Service)



ACDT 'OFF' CONSTANT SUPERVISION NOTIFICATION

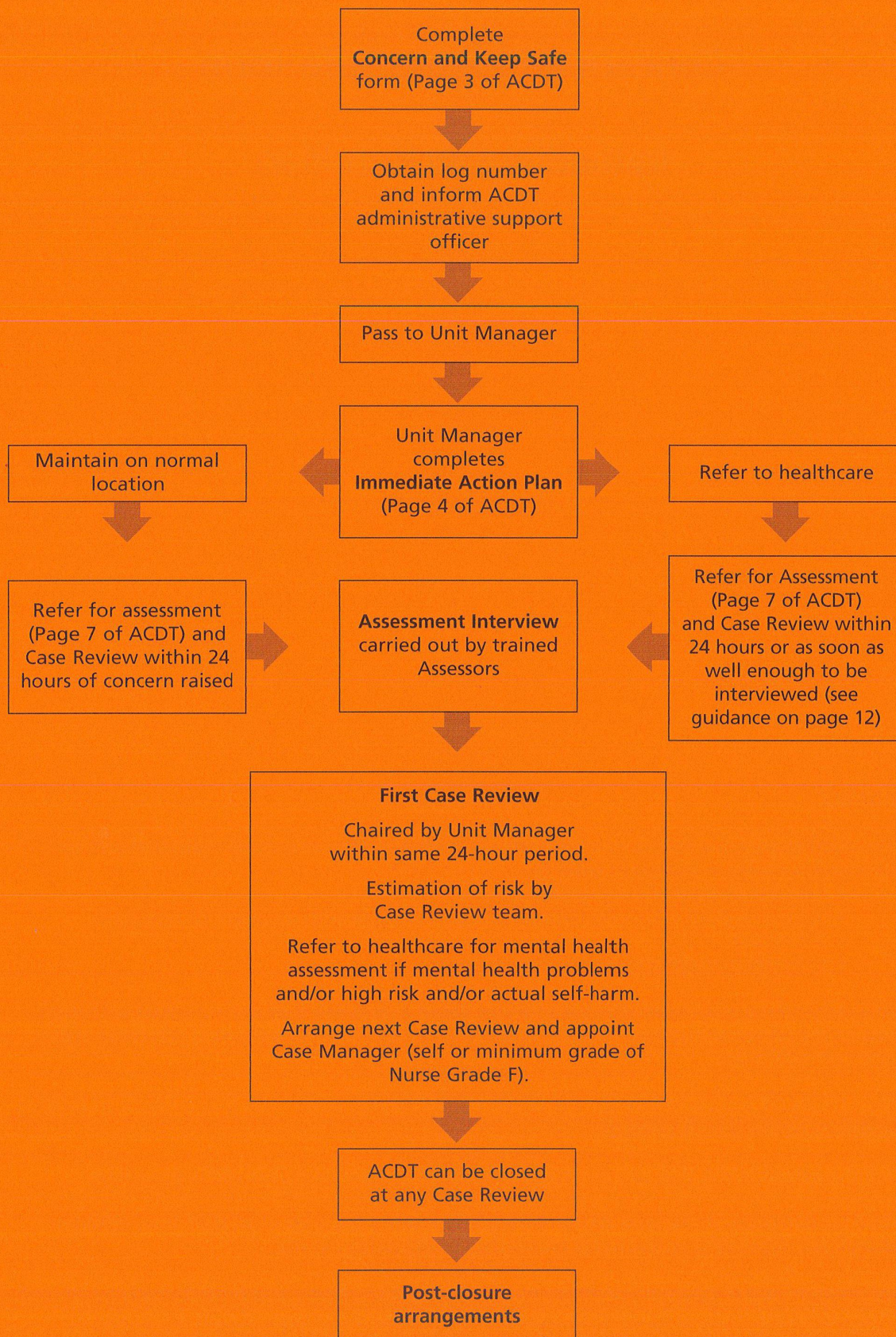
Name of Detainee	D1914		
CID Ref:	11382233	DOB	DPA
Date/Time when taken OFF Constant Supervision	06.07.17 @ 11.45	Nationality	ROM
What level of Supervision is detainee now on?	Hourly Observations		

Completed By	
Print Name	C Donnelly
Time and Date	06.07.17

Distribute copy to,

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

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.

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 type="checkbox"/>	None known <input checked="" type="checkbox"/>
Immediate action required	Action	By whom	Completed
Location: (Discuss with individual where they feel safe. Consider single, double, safer cell, referral to healthcare)	Move to E wing after Hospital	GHS	05.01.17
Frequency of staff support: (conversations and/or observations)	CONSTANT supervision	GHS	05.01.17
Phone access: (state whether Samaritans or phone call to family or other)	IN POSSESSION	GHS	05.01.17
Other immediate interventions: (including actions in respect of any in-possession medication the detainees, or their cell mate may have):	OH. Supervised medication 6/7/14	Substance Review HORTON 21/7/17	
<p>The four tasks below should be completed before going off duty (within 12 hours if concern is raised during the night)</p> <p> Referral made for assessment & case review organised: <input type="checkbox"/> Staff briefed and entry made in Unit Observation Book: <input type="checkbox"/> Log Number obtained & entered on ACDT cover: <input type="checkbox"/> Where act of self-harm has led to opening of form, F213SH completed: <input type="checkbox"/> </p> <p> Where individual is under 18, inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible: <input type="checkbox"/> Child Protection Co-ordinator informed: <input type="checkbox"/> </p>			

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

Name	Job Title / Role
C. Donnelly	DCM
A. Donnelly	DCM
Unit Manager Name: Signature	Signature: Signature
Date: 05.01.17	Time: 18.15

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 checked="" type="checkbox"/>	<p>Please describe why you are concerned. Summarise: any recent events, behaviour or information received that gives cause for concern and what the person themselves said about their situation:</p> <p>First response called</p> <p>D1914 had self harmed by cutting to the neck with razor.</p> <p>Also claims to have taken large amount of in possession meds (empty packs found on floor)</p> <p>States he wants to die.</p> <p>Meds were for heart problems, blood pressure + stomach problems.</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 type="checkbox"/>	

Action required by initiating member of staff:

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

Details of initiating member of staff:

Print Name: C Denny	Signature: Signature
Date: 05-07-17	Time: 18.10

SECTION TWO

Suicide/Self-Harm Risk Guidance

Assessment Interview and First Case Review

SUICIDE/SELF-HARM RISK GUIDANCE

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

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):	Surname:
	Location:

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.

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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?

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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?

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.

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?'

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?

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.

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.)

Interviewer's details:

Print Name:	Signature:
Date:	Time:

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

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Consider if sufficient progress has been made to reduce risk. Current likelihood of further risk behaviours	LOW <input type="checkbox"/>	RAISED <input type="checkbox"/>	HIGH <input type="checkbox"/>
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If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assesment and care

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

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

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