

Log Number

BH/134/17



Home Office

ACDT v.1

D 1103

CARE OF AT RISK DETAINEES

ACDT PLAN

(Assessment, Care in Detention and Teamwork)

Forename(s):

D527

Surname:

DOB:

DPA

Centre: Brock House 12c

CID/PORT REF 5895809 / EME/5013980

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 2 hours until assessment

2. 3 X CONVERSATIONS PER DAY AND 1 OBSERVATION EVERY THREE HOURS OVERNIGHT.

3.

4.

5.

6.

Date of next Case Review:

1 12/4/17	2 13/4/17	3 17/4/17	4 20/4/17
5	6	7	8
9	10	11	12
13	14	15	16

Date opened: 12/4/17

Date closed: 20/4/17

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

27/04/17

Signed (chair of closing Case Review):

Signature

Image

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

1	REMOVAL DIRECTIONS
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: REFUSED TO SIGN

PRINT NAME: **D527** Date: 12/4/17

Member of staff's signature: **Signature**

PRINT NAME: THOMAS Date: 12/4/17

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

ACDT - Post Closure Review Form

Name of Detainee	D527		
CID Ref:	5895809	Log Number	BH 134/17

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>HAS NO CURRENT THOUGHTS OF SELF HARM BUT WOULD RATHER DIE IN UK THAN GO BACK TO AFGHANISTAN AS HIS FAMILY HAVE ALL BEEN KILLED - NOT HAPPY AS TOO MUCH SHOUTING ON THE WINGS, HE LIKES PEACE AND QUIET -</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>HAS SEEN A SOLICITOR AND IS WAITING TO HEAR BACK - WAS HAPPIER ON DOVE WING WOULD LIKE TO RETURN INTERACTS WITH OTHERS DOESN'T SLEEP WELL AS HE DREAMS OF HIS MOTHER WHO HAS DIED - EATS FOOD REGULARLY FROM SERVERY</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>COPIING WELL AND GETS ON WITH ROOMMATES BUT WOULD LIKE TO RETURN TO DOVE WING - CURRENT BEHAVIOUR GOOD - NO EVIDENCE OF BULLYING -</p>

Completed By

Print Name	M. ELLIOTT
Time and Date	27/04/17

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:	D527				
D.O.B	DPA	Nationality	Afghanistan	Sex	Male

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.

ACDT document has closed, No thoughts of Self-Harm or Suicide, Would like to be transferred to Morton Hall Closer to his Auntie who lives in **DPA**

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: Conway Edwards Date: 20/04/2017

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



ACDT Closed Notification Form

Name of Detainee	D527		
CID Ref:	5895809	Log Number	BH/134/17

The ACDT plan has now been closed at Brook House:	Y
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	Arrange for the 27/04/2017
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	

Completed By	
Print Name	Conway Edwards
Time and Date	17:15 20/04/2017

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:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	D527				
D.O.B	DPA	Nationality	AFGHANISTAN	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.

An ACDT has been opened on detainee **D527** after he told the Home Office that he would kill himself if we gave him rd's to Afghanistan

Will this individual comply with removals directions? NO

If no please provide additional information. See Above

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: 12/04/2017

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 Open Notification Form**

Name of Detainee	D527		
CID Ref:	5895809	Log Number	BH/134/17

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
Has the detainee self harmed If yes, please state the method of self harm	No	
Has an Incident Report been completed and passed to the DD	No	
Is the detainee on a food refusal? An ACDT must be opened after 2 days of refusing food	No	
Has the detainee been assessed by healthcare? The RMN should also be contact for a mental health assessment.	No	
Has the Central ACDT log been Updated? Incidents of Self Harm should be high lighted in Red Ink	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 Home Office	Yes	

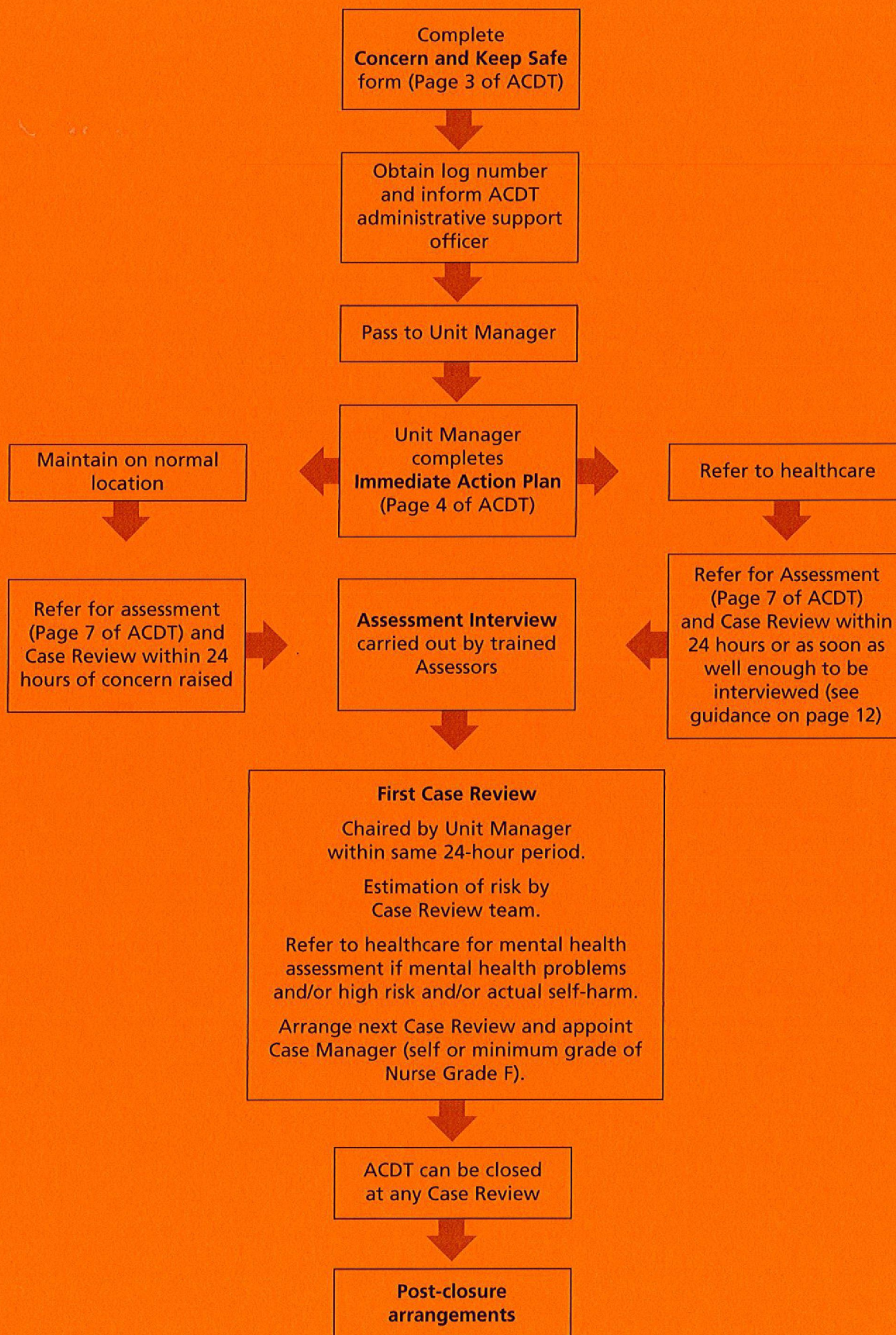
Completed By	
Print Name	Phil Page
Time and Date	12/04/2017 15.00

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

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

The original should be placed in to the detainee ACDT plan

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 checked="" type="checkbox"/>	<p>Please describe <i>why</i> 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>D527 stated that he will kill himself if he informs that he will be sent back to Afghanistan and indicated that he would slit his wrist and the immigration will never get him on the plane.</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: <u>Carole Martin</u>	Signature: <u>Signature</u>
Date: <u>12/4/17</u>	Time: <u>14.20</u>

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"/>
Immediate action required	Action		By whom
Location: (Discuss with individual where they feel safe. Consider single, double, safer cell, referral to healthcare)	D527 is happy in his current room and gets on well with roommate		DCM PAGE 12/4/17
Frequency of staff support: (conversations and/or observations)	1 job in every 2 hours until assessment		All officers Ongoing
Phone access: (state whether Samaritans or phone call to family or other)	Has a phone in possession		D527 Signature 12/4/17
Other immediate interventions: (including actions in respect of any in-possession medication the detainees, or their cell mate may have):			
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):

Name	Job Title / Role
DCM Phil PAGE	DCM
Henry Hutton MAWDSLEY	DCO
Unit Manager Name: Phil PAGE	Signature: Signature
Date: 12/4/17	Time: 1500

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):	D527	Surname:	D527
		Location:	DOVE WING

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.

D527	EXPLAINED THAT HE DOES NOT WANT TO BE SENT BACK TO HIS COUNTRY AS HE FEELS IF SENT BACK HE WILL BE KILLED BY THE TALIBAN
-------------	--

2. If recent act of self-harm

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

NO RECENT ACT OF SELF-HARM STATEMENT OF INTENT TO SELF-HARM IF GIVEN REMOVAL DIRECTIONS.
--

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?

NO PREVIOUS ACTS OF SELF-HARM

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.

D527

SAID HE FEELS A BIT STRESSED
DUE TO HIS SITUATION / AND THE FEAR OF
BEING RETURNED TO AFGHANISTAN.

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?'

D527

SAID HE DOES NOT WISH TO BE DEAD
AND HAS NO PLAN TO COMMIT SUICIDE AT
THIS TIME / BUT DOES NOT KNOW WHAT HE
WILL DO IF GIVEN REMOVAL DIRECTIONS.

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?

D527	SAID HE HAS GIRLFRIEND THAT LIVES IN DPA AND IS IN REGULAR CONTACT WITH HER. / HAS NO OTHER FAMILY IN AFGHANISTAN
-------------	--

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.

D527	SAID HE HAS SOLICITOR AND HE WILL BE APPLYING FOR BAIL/ ALSO SAID HE IS SHARING WITH TWO OTHER PEOPLE BUT WOULD PREFER TO SHARE WITH JUST ONE OTHER PERSON AND HAS GOOD FRIEND ON WING THAT HE WOULD LIKE TO SHARE WITH IF POSSIBLE
-------------	---

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.)

I HAVE EXPLAINED THE PROCESS OF THE ACDT TO D527 AND HE FULLY UNDERSTANDS WHAT WILL HAPPEN NEXT
--

Interviewer's details:

Print Name: McCarthy	Signature: Signature
Date: 12-4-17	Time: 20.25

ACTION FOLLOWING ASSESSMENT

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

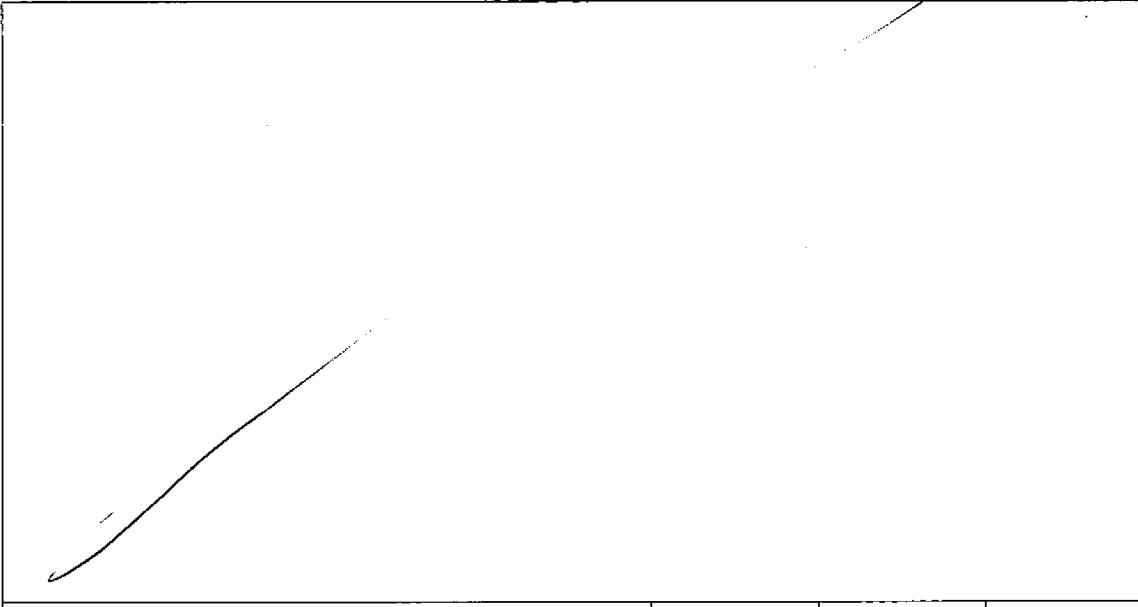
Details of Case Review:

Date:	Time:	Location:
-------	-------	-----------

Names of people attending Case Review or otherwise consulted following Assessment:

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

Record summary of Case Review

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

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

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

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

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:
---	--

Unit or Case Manager Signature:	Date:
--	--------------

ACTION FOLLOWING ASSESSMENT

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

Details of case review

Date: 13/04/2017	Time: 11:15	Location: D/110
------------------	-------------	-----------------

Names of people attending Case Review or otherwise consulted following Assessment:

Name	Designation
Phil Page	Unit Manager
D527	Detainee
Karen Churcher RMN	Healthcare
Michele Eggleton Safer Custody	Case Manager (if different to unit manager)

Record summary of Case Review

Case review carried out in D wing office which Mr **D527** willingly attended. Mr **D527** was polite and engaged fully and maintained full eye contact throughout, but stated that he didn't need to be on the ACDT as he was not going to harm himself. Mr **D527** stated that he would kill himself to Home Office staff because he was angry, and does not want to return to Afghanistan due to torture he has witnessed there and the **Sensitive/irrelevant** have killed his family members. When asked if he was likely to harm himself at this present time he stated he would not as he is a Muslim, when asked if he would harm himself if he was given a removal date he stated he would rather die in England than go back to Afghanistan.

Current issues discussed and care map prepared surrounding these problems, namely his need to speak to his solicitor who is coming to see him in 9 days time, his hip pain which he has been for xrays and is waiting results. Mr **D527** is to see the Dr again tomorrow morning regarding pain relief. Mr **D527** is also going to attend the 'Sleepwell' classes in an effort to calm him following bad dreams or flashbacks from the things he has seen in Afghanistan regarding his family members.

Mr **D527** stated that "the officers don't need to check on him all the time" and he doesn't want this but it was explained that this would remain the case due to his recent statements of intent. Mr **D527** understood this and accepted the process is set up for his safety. Mr **D527** agreed to speak to staff if he has any issues. Therefore all present agreed observations could be reduced to three conversations per day and one observation every three hours overnight.

Consider if sufficient progress has been made to reduce risk.

Current likelihood of further risk behaviours

LOW

x

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: Healthcare RMN

(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: 17/04/2017 Time:

Additionally to invited

If ACDT closed (see guidance on inside back cover)

Post closure interview:

Date: Time:

(also note on front cover)

Member of staff who will conduct this

Follow up interview:

Case managers Signature:

Date:

Signature

13/04/2017

(

(

RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date: 20/04/2017	Time: 17:15	Location: Dove Wing Office
------------------	-------------	----------------------------

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.
Phil Page	Case Manager	Not Available
Conway Edwards	Chair	Attended
D527	Detainee	Attended
Ryan Tait	Member of staff (from the detainees unit)	Attended
None available	RMN	None available
Heena Patel	Home Office	Gave Information

At this review

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

WHERE A DETAINEE IS DUE TO BE RELEASED (including temporary admission) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP (see guidance on inside of back cover)

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

ACDT Case Review conducted today with **D527**, he attend the review willingly, he explained that he was not feeling good when he said this because he was thinking he was going back to Afghanistan and he rather being killed here because he would be tortured first. He said he is feeling a lot better now; he goes to the Gym and is eating. Said that he has an Auntie leaving in **DPA** who visited him when he was in Morton Hall but Brook House is too far for her has she is 81. I suggested maybe he should request a move to go back, he said the officer told him they can't help him get back there. I explained that he can request to go back and Home office will have a look at it as long as the address of his Auntie is there, he said I cannot write in English, DCO R. Tait explained that he can help do that, he needs to come after dinner. Stated that he does not sleep that well at night, mostly stay up and watch TV does try and sleep during the day but sometimes it's too noisy.

D527 express that he does not want to kill himself, said he was fine, he just have a fear about returning to Afghanistan because he knows what they do. I explained that he should not thinking about this at the present time as I have explained there is no flight in process for him, Home Office have confirm that they have his Rule 35 and he has put in section four so he needs to remain positive and think what else he can do to aid his case going forward, he said his solicitor is coming to see him next week so he will see if he can apply for bail. I ask what he do he said he goes to the Gym, I explained that he should get himself a job while he is here that can help him take his mind off things by keeping busy. He said would put his name on the list, said he like cooking and that he would like to do that. He also requested if he could go into a room with one other has being in a three man room is very noisy and a two room would make it easier, he was told to come and see one of the officers after dinner and they will help him with a different room if we have the bed space.

In light of the above, the review team has decided together to set the observations' to;

Closed

CAREMAP update YES ☐ No, as no new actions ☒

If ACDT remains open

Next review: (also note on front cover)

Date

Time:

If ACDT closed (see guidance on inside back cover)

Post closure interview:

Date: 27/04/2017

Time: PM

(also note on front cover)

Member of staff who will conduct this

Follow up interview:

Additionally to invited:

Case Managers Signature

Signature

Conway Edwards

Date: 20/04/2017

(

(

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 quite 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 is returns to ordinary location

CAREMAP

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

CASE MANAGER A. WARRLOW

- * 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.	REMOVAL DIRECTIONS	TO CANCEL RDS-	D527 TO SPEAK WITH HIS SOLICITOR	D527 22/04/17	PENDING APPOINTMENT 13/4/17 17/4/17 - Says that he has sent paperwork to his solicitor. DCM HALLWATER
2.	DREAMS / FLASHBACKS OF FAMILY WHO HAVE BEEN KILLED BY Sensitive/Irrelevant	TO RELAX / KEEP CALM IF HE GETS WORREN BY BAD DREAMS	TO ATTEND RELAXATION CLASSES (SLEEPWELL) IN TALKING THERAPIES	D527 18/04/17 18.30	PENDING SESSION 13/4/17 *Reminded that he has a 'sleep well' class tomorrow 17/4/17 - DCM HALLWATER
3.	HIP PAIN	TO RECEIVE PAIN RELIEF	D527 TO SEE DR AGAIN RE MORE PAIN RELIEF MEDS - MAKE APPT ASAP	D527 14/4/17	AWAITING XRAY RESULTS 13/4/17 17/4/17 advised to chase this up - said will see healthcare on 18/4/17 DCM HALLWATER
4.					

Detainees Signature:

Signature

Case Manager / CAREMAP author signature:

Signature:	Signature	Date:
Print name:	D527	13/4/17

No.	Issues (problems, resources, risk)	Goals	Action required	By whom and when	Status of action 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: 02

Details of case review

Date: 17/04/2017	Time 1115	Location: D-Wing office
------------------	-----------	-------------------------

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.
H.Attwater	Case Manager	Attended
D527	Detainee	Attended
M.Eggleton	Safer Community Manager	Attended
J.Buss	Healthcare	Gave information

At this review

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

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

Case review carried out in the D-Wing office, Mr D527 appeared to be in good spirits and was happy to engage in the review.

I asked Mr D527 how he was, he said that he is well but still struggling to sleep at night, DCM M.Eggleton reminded Mr D527 that he has a 'sleep well' class tomorrow to hopefully assist with this, he appeared to be aware of this and said that he would be attending. Mr D527 said that he is happy on D-Wing, he eats and drinks regularly and is in daily contact with friends and family, when asked about visitors he said that he hopes a friend will be coming to see him soon but needed to arrange time off work first. I asked Mr D527 whether he has any thoughts of self-harm at present to which he said no but would happily approach staff on the wing if he felt differently. Mr D527 complained that he was suffering with Hip pain at present and had recently had an X-Ray for this, however he had not yet chased it up, I advised Mr D527 to speak with healthcare regarding the results and he said he would tomorrow. Mr D527 expressed that he would like to return to Morton Hall as he preferred it there so I advised him of the process and how to submit a transfer request. Mr D527 said that he uses the gym regularly although this is usually an upper body workout due to his hip pain. Mr D527 has a solicitor at present who he says that he is happy with and had no other questions or issues at this time. Although Mr D527 agreed with the actions in which he needs to take with regards to his healthcare issues he appeared a little uninterested and DCM M.Eggleton said that despite agreeing to talking action on his last review he has done little to change anything in the last few days.

Prior to the review J.Buss was contacted as healthcare were unable to attend she said that Mr D527 saw the RMN on the 13th and believed that another appointment has been arranged but did not know when, healthcare have no other concerns at present.

CAREMAP update YES ☒ No, as no new actions ☐

If ACDT remains open

Next review:(also note on front cover)
Date: 20.04.2017 Time: To suit operationally
Additionally to invite: All relevant parties

If ACDT closed (see guidance on inside back cover)

Post closure interview:
Date: Time:
(also note on front cover)
Member of staff who will conduct this
Follow up interview:

Case managers Signature:

Signature

Date: 17/04/2017

(

(

RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date:	Time:	Location:
-------	-------	-----------

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 ☐

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: _____
---	--

Case Manager's Signature: _____	Date: _____
---------------------------------	-------------

RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date:	Time:	Location:
-------	-------	-----------

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 ☐

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: _____
---	--

Case Manager's Signature: _____	Date: _____
---------------------------------	-------------

RECORD OF CASE REVIEW

Case review number: _____

Details of case review

Date:	Time:	Location:
-------	-------	-----------

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 ☐

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: _____
---	--

Case Manager's Signature: _____	Date: _____
---------------------------------	-------------

REVIEW PRIOR TO DISCHARGE FROM HEALTHCARE

Case review number: _____

Details of case review

Date:	Time:	Location:
-------	-------	-----------

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?

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

The purpose of this section is to record:

- 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).

The frequency of recording conversations and observations (day or night) will be specified on the front page.

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

If person at risk actually self-harms, make an entry giving information about circumstances of incident, method used, what the detainee said etc. Entry to be timed and dated. Highlight entry in some way – for example, using highlighter

Date dd.mm.yy	Time 24hr clock	Comments Please write in black ink. At end of comments, sign and write name and designation.	
14.55	12/4/17	Came to office to discuss issues - JRM face	Signature
12-4-17	1510	NOT in his room Chaplaincy SA FIE AHMAD	Signature
12.4.17	16:30	JUST LFT & WING, SEEMED CALM & RELAXED.	Signature
12.4.17	18.05	D527 Came down for dinner from the Senning with room - mates ————— Doo Acamare	Signature
12.4.17	20:00	LYING IN BED IN HIS ROOM, SEEMS RELAXED AND CALM	Signature
12.4.17	20:05	STARTED ACDT ASSESSMENT - TUECARTHY	
12.4.17	20:25	ACDT ASSESSMENT COMPLETED - TUECARTHY	
12.4.17	21:00	D527 WAS observed at lock up with no issues ————— Doo EDON	
		Handover Oncoming staff have been shown to the whereabouts 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: 21:30 Signature of oncoming Staff member: Signature	
			Signature

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.
12/4/2017	21:00	Said goodnight at lockup. Seems in good spirits — H. MAWDSLEY
12/4/17	2118	D527 is lying on his bed smoking and waved at me during observation — L. Jacques Signature _____
12.04.17	23:00	<i>pl visit sitting on bed, talking with room-mates</i> Signature _____
12.04.17	2257	D527 Lying in bed talking on his mobile phone — L. Jacques Signature _____ DCO
13.04.17	0047	D527 Was sitting on his bed talking with fellow roommate — L. Jacques Signature _____ DCO
13.04.17	0213	D527 still awake talking with roommate — L. Jacques Signature _____
13.04.17	0348	D527 in bed body movement seen when turned light on during observation — L. Jacques Signature _____ DCO
^{OP} 13.04.17		
13/04/17	04:00	D527 is laying in bed, movement noted as I turned on the light No concerns at present — O. Puntagon
13/04/17	0546	D527 is lying in bed appear asleep movement noted — L. Jacques Signature _____ DCO
13/04/17	0650	D527 in bed appear asleep movement noted — L. Jacques Signature _____ DCO
13/04/17	0744	D527 is lying flat on his back in bed movement noted — L. Jacques Signature _____ DCO