

Gatwick IRC Vulnerable People Strategy

Subject	Gatwick IRC
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Recipient	All employees
Issue Date	21 st May 2020
Supersedes	Version 1

Distribution

Date	Name and Title	Organisation
21/05/2020	All Staff	Serco

History Sheet

Version No.	Date	Details of changes	Distributed to
1	11.05.2020	Natasha Barber Home Office	Approved
1	04.04.2021	Full annual review	All Staff

Document References

Ref	Document title and reference	Version Number
1	DSO Assessment Care in Detention and Team	06/2008
2	DSO Food & Fluid Refusal	09/2019
3	DSO Management of Adults at Risk in Immigration Detention (Reviewed July 2018)	08/2016
4	Government National Drug Strategy	(2017)
5	Borders, Citizenship and Immigration Act - The need to safeguard children	S.55 (2009)
6	The Children Act	(1989)
7	The Care Act	(2014)

8	DSO Age Claims	02/2019
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1.0 Introduction

Serco at Gatwick IRC acknowledges that every individual has the right to live a life free from abuse, neglect and exploitation. This policy seeks to ensure that Serco undertakes its responsibilities regarding protection of vulnerable adults and children and will respond to concerns appropriately.

The policy establishes a framework to support staff in their practices and clarifies the organisation's expectations. It is supported by robust procedures aimed at promoting safe and healthy working practices.

covering four main areas:

- Suicide and Self-harm Reduction
- Food and Fluid Refusal
- Safeguarding of Adults and Children
- Substance Misuse Reduction.

In delivering our service to the Home Office, staff have regular contact with vulnerable people. This takes many forms from supervision, observation, providing support, guidance and care

Most people live full, independent lives free from harm caused by abuse, exploitation or neglect. However, we acknowledge there are issues and vulnerabilities of those in immigration detention, including the uncertainty over their immigration status, the indefinite nature of their detention, and the diverse population within Gatwick IRC at any one time

This policy also considers and aims to address the fact that there may be features of detainees' lives outside Gatwick IRC which threaten their safety, or place them at risk of harm, either while still in Gatwick IRC or on release. For example, they may be at risk of trafficking or domestic violence. Furthermore, detainees may have children in the community that are at risk of harm

The staff and volunteers at Gatwick IRC are committed to practice which promotes the welfare of vulnerable adults and children and safeguard them from harm. Staff and volunteers accept and recognise our responsibilities to develop awareness of the issues that cause harm, and to establish and maintain a safe environment for them

We will not tolerate any form of abuse, wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from detainees, their family / friends, advocates, our staff and our volunteers with a view to how we may continuously improve our services/activities.

2.0 Legislation

The Care Act 2014 (best practice guidance) is currently unclear on whether local authority adult

safeguarding responsibilities cover IRCs. Section 17.61 of the Care Act Statutory guidance says staff of detained premises may approach the Local Authority for advice and assistance in individual cases although the local authority will not have the legal duty to lead enquires in any custodial setting. Potentially Gatwick IRC may come under this category:

- Detention Service Orders (DSOs)
- Citizenship and Immigration Act (2009) - S.55
- Criminal Law Act (1967)
- Equality Act (2010)
- Mental Capacity Act (2005)
- Mental Health Act (2014)
- Modern Slavery Act (2015)
- Vulnerable Groups Act (2006)
- Human Rights Act (1989).

3.0 Policy review

The Vulnerable People policy and procedures will be subject to annual reviews to ensure they are fit for purpose. The policies and any amendments following a review will be presented to the Home Office for their sign off. The policy will also be reviewed at any time in response to changes in law, Home Office guidance or to reflect lessons learnt and best practice.

4.0 Definitions

Within this policy the term 'safeguarding' is used in its widest sense, that is, to encompass both embedding practices, and activity to ensure the protection of vulnerable adults and children wherever possible, thus preventing harm from occurring in the first place, and activity which protects adults and children at risk where harm has occurred or is likely to occur without intervention.

Safeguarding is the responsibility of all Serco employees, visitors, contractors, agencies, volunteers and anyone who comes into contact with detainees.

'Well-being' in relation to an individual, means an individual's well-being as far as relating to any of the following:

- Personal dignity (including the treatment of the individual with respect)
- Physical health, mental health and emotional well-being
- Protection from abuse and neglect
- Input by the individual over everyday life (including over care and support, or support provided to the individual and the way in which it is provided)
- Participation in work, education, training or activities
- Social and economic well-being
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to their community or society.

4.1 Abuse

Abuse is not restricted to any socio-economic group, gender, sexual orientation or faith. It can take several forms, including the following:

- Physical abuse
- Sexual abuse
- Psychological/Emotional abuse
- Bullying
- Neglect
- Financial (or material) abuse
- Domestic abuse / Forced Marriage
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Self-neglect
- Honor Based Violence / Killing (A crime usually committed by people wanting to defend the reputation of their family or community. It also includes enforced isolation from their community)
- Hate and Mate crime (Hate crime is committed specifically because of an individual's gender, ethnicity, disability, religious belief or sexual orientation. Mate crime is when an individual befriends an adult at risk with the intention of exploiting or abusing them).

4.2 Definition of a child

A child is anyone under the age of 18 as per the Governments publication of 'Working Together to Safeguard Children' (2010) and The Children Act (1989).

4.3 Definition of Vulnerable Adults

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves or protect themselves from harm or from being exploited. The local authorities safeguarding duties apply to an adult who has care and support needs, is experiencing or is at risk of abuse or neglect and as a result of these care and support needs is unable to protect themselves from the risk or experience of abuse or neglect.

This may include a person who:

- Is suffering from a mental health condition or impairment
- Victim of torture
- Having been a victim of sexual or gender-based violence, including female genital mutilation
- Having been a victim of human trafficking or modern slavery
- Being Pregnant
- Suffering from Post-Traumatic Stress disorder
- Has a learning disability
- Has a severe physical or sensory disability
- Suffering from other serious physical health conditions or illnesses
- Being aged 70 or over
- Being a transsexual or intersex person
- Is a substance misuser
- Is homeless.

The above list is not intended to be exhaustive. Any other relevant condition or experience that may render an individual particularly vulnerable to harm in immigration detention, and which does not fall within the above list, should be considered in the same way as in the indicators in that list. In addition, the nature and severity of a condition, as well as the available evidence of a condition or traumatic event can change over time.

The Care Act (2014) defines an adult at risk as a person who is:

- Over the age of 18
- Who has needs for care and support (whether these are being met)?
- Is experiencing currently or is at risk of abuse or neglect
- Who as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect?

5.0 Safeguarding Responsibilities

5.1 Senior Management Team

The Contract Director has overall responsibility for safeguarding at the Centre. He/she must ensure appropriate policies and procedures are in place and accessible to staff and volunteers.

Sufficient resources (time and money) are allocated to ensure that the policy can be effectively implemented.

All Senior Managers upon receiving concerns about safeguarding must respond to all seriously, swiftly and appropriately, maintaining accurate records and escalating to other agencies where appropriate such as the Police, relevant Local Authority Safeguarding Team, Home Office Immigration Enforcement.

5.2 The Assistant Director Safeguarding

The Assistant Director Safeguarding for the contract is responsible for ensuring the policy is implemented, monitored and reviewed as above. They are supported by the Detention Custody Manager(s) with secondary responsibility for safeguarding.

The Assistant Director Safeguarding will develop and maintain effective links with relevant agencies such as the local Safeguarding Adults Board (SAB), Local Safeguarding Children Board (SCB), West Sussex Police, G4S Healthcare, Home Office Immigration Enforcement, Detention Engagement Team and Anti-Slavery partnership and Serco Safer Custody Assistant Directors. This will be achieved through attendance at multi-agency meetings and through regular dialogue

Chair local multidisciplinary Safer Community and Safeguarding Meetings. Review data and manage action plans. Attend Serco wide Safer Community Meetings, share best practice and learning

Actively promote a safe environment leading by example at all times

Strategic planning linked to safeguarding and promoting a safe environment.

5.3 Management Team

Are responsible for promoting the welfare of adults and children.

Upon receiving concerns about safeguarding and respond to all: seriously, swiftly and appropriately, maintaining accurate records such as the safeguarding log, CMS, IS91 Part C Form (will be emailed to DEPMU, DET and compliance) and escalating to appropriate point of contact namely: DEPMU, IMB, West Sussex County Council Safeguarding Lead (referral form), Police (where necessary). At the point of a safeguarding concern being raised the Home Office will be informed by the relevant Manager. Following DSO 19/ 2012 Safeguarding Children Policy and DSO 08 / 2016 Management of Adults at Risk in Immigration Detention and S7 of this policy.

Following the raising of a safeguarding concern staff will conduct a risk assessment to ensure a support / care plan can be initiated in conjunction with health care within 24 hours ensuring the wellbeing of the detainee is safeguarded. The plan must be reviewed 7 days after being activated by Serco Staff, a member of the Safeguards team / Assistant Director Safeguarding, Healthcare and any external agencies wishing to input. The care plan update from the review will be documented within the plan as well as CMS.

The Assistant Director Safeguarding must ensure that care plans are correctly documented and updated. Feeding back findings to management at regular intervals.

Ensure each member of staff has access to, understands and adheres to the safeguarding policy and associated procedures.

Ensure staff and volunteers attend the required training and have access to information.

Accurately record data and information. Accurately maintaining the safer detention log

5.4 Reception Team

On arrival reception staff must prioritise, where possible, any identified, or suspected, adult at risk to ensure that their wait during the admissions process is as short as possible. The risk assessment should take place in an area that is private. As part of the arrival process a personalised care plan must be drawn up. Staff should refer to DSO 06/2013 for the reception and induction checklist and supplementary guidance.

Centre staff and healthcare staff must jointly undertake a Centre - specific risk assessment of the resident during the arrival process, which will include consideration of any medical concerns and risks. Any newly identified concerns must be noted on an IS91RA part C form.

The IS91RA part C form should be sent to DEPMU and the Home Office case owner simultaneously (using the dedicated casework generic inbox) and copied to the 'Detained AAR Part C' inbox. Upon receipt of the IS91RA part C the case owner will enter the details on CID, updating the adults at risk special conditions flag, reviewing the decision to detain, if appropriate, in light of any new information that has emerged in line with DSO 08/2016.

5.5 Induction Team

Staff must prioritise their induction processes for adults at risk and ensure they are seen as soon as possible. Inductions must take place within 24 hours of a detainee arriving at the Centre. All staff must ensure that any specific risks are considered when undertaking the induction process and/or the Room Sharing Risk Assessment (RSRA).

5.6 All Employees (paid or unpaid)

Have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any welfare or safeguarding concerns using the required procedures.

All employees (paid or unpaid) are expected to promote good practice by being a pro-social role model, contribute to discussions about safeguarding and to positively involve people in developing safe practices.

Attend relevant training sessions, and complete computer-based training which includes external agencies.

Ensure that detainees are supported appropriately and sensitively, and that all actions assigned through support plans and intervention are successfully carried out and monitored.

6.0 Core and management of detainees during their general stay

Any changes to the physical or mental health of a detainee, or a change in the nature or severity of their identified vulnerability, that may impact on the decision to detain must be notified to the Home Office case owner as a matter of urgency and within 24 hours to enable them to undertake a review of the appropriateness of the individual's continued detention at the earliest opportunity.

If a detainee informs centre staff that they are vulnerable, or if a member of staff, IMB member or visitor (whether social or a member of an independent visitors group) believes the detainee to be at risk, the member of staff to whom the vulnerability has been raised should notify healthcare staff and the local HOIE DET team as soon as possible. This should include any wider vulnerabilities such as care support for a disabled detainee.

Where a vulnerability has been identified, the Serco or on-site healthcare team must complete an IS91RA Part C form, including the reference 'adult at risk' on the first line of the form and submit this to DEPMU, copied to the Detained AAR Part C' inbox. A copy must also be provided to the centre supplier (when completed by healthcare) and to both the local Compliance and DET teams.

All Part C forms must be legible and use clear and easily understood language so that the Home Office case owner can understand the significance of any evidence provided and is able to make an informed decision when reviewing detention.

On receipt of the Part C form the case owner should review the detail in the form. In some cases, the case owner may respond that the Part C form contains insufficient content to understand the medical concern and meaningful consideration of the form is not possible. In these circumstances if the case owner contacts the DET requesting further information from healthcare they must request this information from healthcare within 24 hours of the initial request. The local DET team must then forward this additional information to the case owner within 24 hours of receipt from healthcare.

Where a vulnerability or change in risk has been identified, staff, with support from healthcare staff, must complete an initial assessment to ascertain if a supported living plan is required. This assessment should consider whether a detainee has a condition that may affect the detainee on a daily basis, whether the detainee requires additional support to carry out day to day activities and whether the condition will restrict movement of the detainee from any part of the removal centre. If required, this must be in place within 24 hours to ensure the wellbeing of the detainee is safeguarded.

The supported Living Plan should record the nature of the limitation, the adjustments/interventions agreed including consideration of suitable placement within the IRC, appropriate communication methods to ensure the detainee's understanding and the date the individual actions are completed. A Personal Emergency Evacuation Plan (PEEP) should also be put in place if required.

Gatwick IRC will conduct a Safer Detention survey a minimum of every 6 months via the safeguarding team. This survey may be presented on paper or electronic format via the ATMs. The results of the survey will be analysed, acted upon to inform policy and practice as well as being shared with the Home Office Compliance Team and IMB.

All detainees will have the opportunity to complete and submit Candour logs. These will be collected then submitted to the Home Office Compliance Team on a monthly basis.

We will offer detainees ongoing support and assistance via our 'Buddy' scheme. The aim of the buddy scheme is to provide informal peer to peer support to detainees. The buddy will support detainees as a meet and greeter during reception and induction to assist with alleviating anxieties and answering questions.

6.1 The Individual Needs Meetings

The Individual Needs Meetings will provide a multi-disciplinary approach, identifying concerns and needs of the detainees allowing Gatwick IRC to organise various actions to ensure safe and appropriate detention and facilitate removal. For a full breakdown of the Individual Need Meeting please refer to the Serco Safeguarding Adults and Children Policy 05 / 2020.

6.2 Process

Following the Daily Operations Meeting with Contract Director, SMT and Operational Managers an Individual Needs Assessment Meeting will take place to discuss actions required following review of the previous 24 hours daily operations report will be agreed. The daily operations report covers detainees with the following needs:

- Violent, Disruptive or Non-Compliant, Food / Fluid Refusal
- Security Information
- ACDT
- Supported Living Care Plans
- Minors (Age Disputes/ Claims)
- MAPPA Cases
- Complex Medical (Including specific needs and not fit to fly)
- Welfare Issues
- Accidents / PEEPs
- Escape Risk

Removal Directions and other discharges including hospital escorts are discussed.

Prior to the start of the meeting the Duty Manager will organise the appropriate paperwork and take it to the meeting as follows:

- Information relating to any hospital escorts due out that day
- A copy of the daily operations report

- Any required information relating to High Risk Detainees
- Movement Order Folder (Held in Security)
- Information relating to any reviews due that day e.g. ACDT / RSRA

Any actions which come out of this meeting will be added to the Daily Individual Needs Assessment Sheet by the Duty Manager. This will highlight all actions which need to take place and must be communicated back to the Duty Director

All action updates are to be communicated to the Duty Manager who will update the assessment sheet with the carried-out action. This information will also be communicated to the Duty Director

At the end of each day or on completion of all action points all paperwork is to be put into the Duty Manager folder and held for future reference. The Duty Manager must hand over all relevant information to the oncoming Duty Manager prior to finishing their duty.

Individual Needs Assessment Meeting (Weekly)

On Friday mornings a Weekly Individual Needs Assessment Meeting will take place. This is a multi-disciplinary meeting and the following staff are to attend Contract Director, Safeguarding Lead, SMT, Operational managers, Duty DOM. An open invite to IMB, Hibiscus HOIE. The following will be discussed:

- Open ACDT
- ACDT Post Closure
- Supported Living Care Plan
- Tackling Anti-Social Behaviour Logs
- Pregnancy
- MAPPA
- Unfit to fly / unfit to detain
- Supported Living Facility/ Medical Isolation
- Room Sharing Risk Assessment / Single Occupancy
- Complex medical issues - physical and mental health
- Welfare issues
- Adults at Risk level 2 and 3

7.0 Room Sharing Risk Assessment (RSRA)

The room sharing risk assessments (RSRA) must be conducted on every detainee as they arrive at Gatwick IRC. This assessment should take place with a DCO initially at the point of reception. For a full breakdown of the Individual Need Meeting please refer to the Serco Safeguarding Adults and Children Policy 05 / 2020.

7.1 Definitions

For RSRA there are two types of risk categories as the outcome of eth RSRA assessment:

- High Risk. A high risk detainee is one for whom there is a clear indication, based on evidence available, of a high level of risk that they may be violent to another detainee in a locked area

or that another detainee may be violent to them. This should include detainees who may be vulnerable to sexual assault or coercive sex

- Standard Risk. A standard risk detainee is one for whom, based on evidence available, there is no immediate risk that they may be violent to a detainee or be at risk of violence from another detainee.

Risks are described as either static or dynamic:

- Static factors are those such as, for example, a previous offence of in-room violence, homicide or arson. Static risks are unlikely to change over long periods of time
- Dynamic factors cover events which are not fixed, such as a change in behaviour during treatment for substance abuse, a mental health condition which varies with medication or a volatile state associated with 'bad news' e.g. service of removal directions or failed bail hearing. Dynamic risk factors can change and will require a review over shorter periods.

7.2 The Process

- The RSRA must be completed as soon as practicable by reception and healthcare staff upon arrival at Gatwick IRC and prior to room allocation
- The RSRA must only be used to assess the risk the detainee poses to another detainee (this information should also be considered when assessing a detainee for closed visits)
- Where a detainee has transferred to Gatwick IRC from another centre then reception and health care staff must read the existing RSRA prior to undertaking a new one considering both sets of information
- Reception staff should consider all evidence available to them at the point of the operational CRSA risk assessment. If there is evidence of any of the following factors the detainee must be placed as High risk and placed into a single room
- Where staff raise concerns regarding the behaviour of a detainee e.g. showing signs of discriminatory behaviour but not to the degree they require a single room. Staff should then consider who they share a room with and identify any risk factors as part of the ongoing RSRA review process

7.3 Reviewing the room sharing risk assessment (RSRA)

The RSRA will be reviewed systematically (every 3 months) or in response to a change in either the detainee's behaviour or their environment (who they share with). All reviews must be recorded on the RSRA review form and conducted with a multidisciplinary team involving: Duty Manager, Safeguarding team, Healthcare, Security and HOIE on site team.

7.4. On-going Risk Assessment Process

Duty Managers must ensure that those detainees who are risk assessed as Standard within RSRA have sufficient interaction from staff to enable them to observe and report any potential risk factors. Where such behaviour is observed a RSRA review must be completed.

7.5 Register of High- Risk Detainees

The Assistant Director Safeguarding will hold via CMS, a register of all detainees that are designated as high risk.

8.0 Children

Gatwick IRC staff will work collaboratively to ensure that every child entering their care is safeguarded and promotion of their wellbeing is in keeping with S.55 of the Borders Citizenship and Immigration Act (2009) and the DSO Safeguarding Children Policy

Full procedures for welcoming children and Families can be located in the SOP PDA Arrivals

All children received into Gatwick IRC will be received into the Pre -Departure Accommodation (PDA).

Gatwick IRC staff working in the PDA will welcome children and their families into a child friendly environment and in a manner that is acceptable to the child and their needs. Staff will be dressed in a soft style uniform all times within the PDA to reflect the child environment.

Where a vehicle contains children there should be no delay in the admission to the PDA and priority will be given to this vehicle by gate and communications staff (except for emergency vehicles)

Children should not be used by PDA staff to translate

The escorting staff will provide the Assistant Director Safeguarding (PDA Manager) a full hand over to include and be documented on CMS.

8.1 Welfare and Risk Assessments of children and babies in PDA

Welfare and risk assessments of each child detailing the child's emotional and physical well-being, safety risks and any other risks highlighted (e.g. healthcare) will be conducted by PDA staff at the stated milestones after their arrival:

- 24 hours
- 48 hours
- 72 hours

When a child stays more than 72 hours, the welfare risk assessment will be carried out every 24 hours for the duration of their stay in the PDA.

8.2 Searching of children and babies in PDA

- Children should be searched in view of the parent(s) via a handheld wand and or metal detecting archway or portal. Only if the detection equipment is activated or a risk assessment deems necessary will a level b search take place on the child by two staff of the same sex as

the child. The parent's co-operation should always be sought, where co-operation is not given staff should firstly inform the duty manager then seek to clarify and understand the reasons for the lack of co-operation. All reasonable attempts must be made and documented to gain co-operation prior to the search taking place.

- Babies should only be searched in exceptional circumstances by staff of the gender preferred by the parent. The parent (s) should always be in attendance during the search. The Assistant Director Safeguarding (PDA Manager) should authorise this search and a full documentation of the exceptional circumstances should be made
- PDA staff should ensure that as far as possible children have the search explained to them in age appropriate language and their parents where possible assist with this, so they are reassured through the process.

8.3 Children Separated from Parents / Guardians

Gatwick IRC PDA staff may in counter situations where children are separated from their parents / guardians.

Where a child has been separated Gatwick IRC PDA staff will:

- Allocate two PDA staff to the child to ensure their immediate welfare needs are met
- Inform the Duty Director, Assistant Director Safeguarding, IMB, HOIE and Local Authority (using the out of hours contact service where required)
- A referral will be completed by the Assistant Director Safeguarding or Duty Director to the Local Authority
- An entry will be made by the Assistant Director Safeguarding or Duty Director on the Safeguarding log and CMS

The Assistant Director Safeguarding or Duty Director will complete a risk assessment to enable an appropriate support plan to be initiated as well as:

- Agree a support plan in conjunction with the local authority, where appropriate consulting the child
- Staff will ensure that regular and age appropriate conversations are held with the child
- Staff will ensure that as much information sharing as appropriate takes place between agencies to ensure accurate and timely information is circulated.

8.4 Clothing, footwear and Toiletries

When a child arrives without the relevant or suitable clothing, toiletries, sanitary items or baby care items, these will be provided for them for the duration of their stay. These items will be subject to an ongoing dynamic risk assessment.

When children arrive at the PDA staff will ensure that every individual can shower / wash within 2 hours of arrival in the PDA. A supply of clean and suitable clothing and footwear for the duration of their stay.

8.5 Welcome meeting PDA

The family / child will be provided with information including a map indicating key areas of the centre e.g. health care, place of worship. A child friendly version is also available to the family

Every family member (children with the consent of the adults in the family) will be offered a 15-minute free phone call to anywhere, within 24 hours of their arrival at the PDA

The welcome meeting will be held at a time appropriate to the family's arrival, if their arrival is late or they are not ready, the meeting will be held the following day but prior to midday.

8.6 Activities and Activities away from Gatwick IRC

Families will be offered the use of the outdoor gardens and children's play area as well as a range of indoor activities. These activities will cater for a variety of children's ages and abilities to provide them with a distraction during the admissions process. Children should be in full view of their parent(s) during the reception / admissions process

The PDA has a specifically dedicated area for children to enable play with age appropriate activities and toys. For children who are teenagers or require more challenging activities these facilities will equally be provided to encompass their needs

Access to a fully stocked library with books and resources suitable for adults and children will be available to those detainees in the PDA

PDA staff will adapt activities and make reasonable adjustments to ensure an all-inclusive approach to recreation is promoted and maintained

If a family wish to take part in activities away from the PDA, permission must be sought from The Home Office with the local centre HOIE manager conducting a full risk assessment considering the risk verses the benefit to the family. The risk assessment should consider views from other professionals such as Healthcare.

Activities may include:

- Visits to local parks
- Visits to local café's
- Visits to recreational facilities such as a leisure centre
- Visit to a museum
- Visit to a cinema

Any off-site activities must adhere to DSO 10/2011 / Home Office document Arrangements for Families to undertake Activities Away from Gatwick PDA DSO 01 / 2017

Family's / children leaving the PDA will always be accompanied by a Home Office approved companion for the duration of the leave of authorised absence from the PDA. Where possible the companion will meet the family / child before the activity takes place.

8.7 Onward Transfer from the PDA

In accordance with the standard release processes. PDA staff will provide support to the family at the point of departure to ensure any further concerns or questions from the child are heard and answered

The day before departure the PDA staff and other agencies will hold a 'departure planning' meeting

Communication between PDA staff and the family will be open and honest, to help ensure any last-minute potential issues which may prevent the return are addressed

PDA staff will ensure that families have adequate bags or cases for their belongings, and they are ready in good time for their departure from the PDA

Staff will offer children and young adults activity packs to assist in keeping them occupied during their onward journey

The PDA staff will liaise with the family and escorting provider to ensure a prompt departure for the family, information packs relating to the country and where possible region of origin will be offered to the family. The pack will include details of suitable support groups for the family in the country of return

When a family is being released from the PDA, staff will transport the family to a UK address. Serco will use their own vehicle or public transport that is appropriate to the needs of the family

Temporary accommodation will be provided for a family only when the time of release and or distance to their UK address becomes a welfare concern

Staff will engage positively at all times with the family, ensuring they feel both supported and are able to express concerns or questions to the staff

PDA staff will engage with the local authority to assist with the safeguarding of the family

The family will be provided with 72 hours' worth of food and toiletries after leaving the PDA. This is to assist them in settling into their new environment.

8.8 Visits Involving Children

Staff at Gatwick IRC will support and welcome children (with an accompanying adult) that visit detainees who have a close relationship e.g. the detainee is their parent, sibling, step- parent or close family friend

Staff will ensure that the accompanying adult is over the age of 18 prior to admission. If the accompanying adult is unable to prove to staff that they are over 18 then entry will be denied to both them and the child and the reason explained to them

For Serco staff to safeguard all children no detainee with a known history of being a risk to children will be allowed an open visit by anyone under the age of 18 years old

If a visitor is unaccompanied and produces identification which does not confirm the visitor is over 18 years of age, or Serco staff are unsure about the validity of the identification, the visitor will be refused entry and the reason explained to them

A decision to refuse entry to any person will be made and authorised by the Duty Manager and or Duty Director. The reason for the refusal will be provided at the time and reported on CMS, to the HOIE and security via an IR.

8.9 Local Safeguarding Board

The Assistant Director Safeguarding will maintain the links between Gatwick IRC and the Local Safeguarding Board namely, West Sussex Children's Board

The agreement set between Serco Gatwick IRC and West Sussex Safeguarding via the Service Level Agreement will always be adhere to by Serco staff. The Assistant Director Safeguarding for Gatwick IRC will be the single point of contact for SLA issues or concerns for Gatwick IRC

Gatwick IRC will welcome support and collaborative working to safeguard children in the care of the PDA by inviting them to meetings with staff and families and being open to feedback and best practice sharing of information.

9.0 Release to the community

There is no basis on which a detainee can remain in detention after the release order has been served. Serco cannot maintain custodial responsibility once the Home Office has formally served the authority to release and therefore must release the detainee. Where there are outstanding safeguarding concerns an onward care plan should, where possible, be arranged before release.

In cases where Serco or healthcare staff have significant concerns about releasing a detainee considered to be at risk, for example if the detainee has a contagious disease or requires a mental health follow up, a multi-disciplinary meeting (or teleconference if a physical meeting is not possible due to time constraints), must be arranged by the local DET team to agree a plan to safely release the individual. Attendees should include, as a minimum, representatives from the local compliance team, the case-working team and the non-detained casework team, IRC and escort supplier representatives and if applicable, healthcare.

10.0 Removal

Removals involving an adult at risk at levels 2 & 3 should be treated as a complex removal, these where time permits will be discussed at the daily operations meetings. In order to plan a safe and successful removal Serco will hold a multi-disciplinary meeting to agree the removal plan and risk assessment. The meeting would consist of: SMT, Duty DOM, Safeguarding Lead, C&R instructor (if available), Health Care Manager, DEPMU, Escorting contractor and any other key agency staff.

11.0 Multi-disciplinary Individual Needs Team

Meet weekly chaired by the Safer Custody Lead to discuss all detainees known to have additional needs and require support, and those due to leave the centre to ensure adequate arrangements are in place.

Invited are: Home Office, Healthcare Manager, Security Manager, Residential Manager(s), Welfare Services and IMB.

Review support plans in place. Ensure they are adequate and meet the detainees' needs. At all times, the following is considered by the team:

The detainee is supported to make their own decisions

The detainee is invited to engage in activities and offered services that enable them to fulfil their ability and potential

All detainees will be treated fairly, and their background, faith and culture will be valued and respected

Detainees will have as much control as possible over their lives whilst being safeguarded against unreasonable risks

Detainees will be free from unnecessary intrusion into their affairs; there will be a balance between the individual's own safety and the safety of others

Detainees will feel safe, live without fear of violence, neglect or abuse in any form

Detainees will be encouraged to report any form of abuse and to receive appropriate support following abuse.

12.0 Interagency Keep in Touch Team

Attendees include Serco, Home Office, G4S Healthcare, Chaplaincy, West Sussex Adult and Children's Safeguarding, IMB, Welfare, West Sussex Police, West Sussex Hospital Safeguarding Lead

Meet quarterly to:

- Review and discuss policy changes
- Review case studies
- Share good practice and expertise
- Review concerns

13.0 Governance Department

Regularly audit and review safeguarding arrangements and adherence to policies.

Inform the Contract Director and the Assistant Director Residence and Regimes of any allegation or complaint received in relation to a safeguarding matter or potential safeguarding matter via a resident complaint or third-party communication.

Accurately maintain allegation logs and analyse data.

I 4.0 Local Safer Community Team

Chaired by the Assistant Director Safeguarding

Meet monthly to analyse data and information

Create and implement action plans to improve service delivery, to promote and embed a safeguarding culture

Share best practice and learning

Highlight areas of risk or concern, review Prison and Probation Ombudsman recommendations

Review policies and procedures

Review support plan documents identify good practice and areas for development.

I 5.0 Implementation Stages

The scope of this safeguarding policy is broad ranging, and in practice it will be implemented via a range of policies and procedures within the establishment these include:

- DCF 9 Complaints process
- Resident Consultation Meetings (RIAC, Focus Groups, Protected Characteristic forums)
- Code of Conduct
- Serco Speak Up Policy
- Grievance and Disciplinary Policy
- Health and Safety Policies
- Body Worn Cameras
- Managing Residents with Decency and Respect
- Assessment Casework in Detention and Teamwork (ACDT)
- Tackling Anti-Social behaviour (TAB)
- Supported Living Plan (SLP)
- Risk Assessments Suitability for Detention
- Room Sharing Risk Assessment
- Rule 35
- National referral mechanism – Victims of Trafficking or slavery
- Age disputes
- Reception and Induction procedures
- Section 55 Borders, Citizenship and Immigration Act 2009
- Detention Service Order
- Serco Employment Checks / Screening
- Missed meals and fluid monitoring
- Serco Vulnerability Prediction Tool

I 6.0 Safe Recruitment

Serco at Gatwick IRC ensures safe recruitment through the following processes:

- Will only employ people who are legally entitled to work in the UK

- Will employ people who have satisfactorily met the proportionate and appropriate level of screening requirements for their role at Gatwick IRC as set out by legislation, regulation and contractual requirements.

An offer of employment will never be offered without mandatory basic checks:

- A fully completed paper or online application form including details of any criminal convictions
- Review of Curriculum Vitae
- Evidence of right to live and work in the UK
- Documentary evidence of qualifications/membership of professional bodies (where this is an occupational requirement)
- Reference Checks
- Submission of National Insurance Number
- Disclosure and Barring Service Checks
- National Security Checks – Counter Terrorist Checks
- Local online check

All new employees also attend a face to face interview involving competency-based questions.

Serco at Gatwick IRC commits resources for induction, training of employees, effective communication and support mechanisms in relation to safeguarding.

16.1 Induction

During induction new employees will:

- Tour the Centre to gain familiarity
- Receive induction into role
- Receive an introduction to Serco and Serco Code of Conduct
- Awareness of the Safeguarding Policy and relevant procedures (and confirmation of understanding)
- Ensure familiarity and access to reporting processes, Information Reports, Incident Reports, and Speak Up
- Advised of Management Team roles and areas of responsibility and Line Manager details.

Probationary periods allow for formal monitoring and assessment of employees' competency to apply safe practices.

16.2 Training

All staff who, through their role, are in contact with vulnerable adults and or children will have access to safeguarding training at an appropriate level.

Detention Custody Officers receive a comprehensive 9-week training course and annual refresher training that demonstrates their learning and understanding of their role to provide care to detainees in a custodial setting.

The training provided related to safeguarding includes:

Course	Job Role (DCO/Managers)
Child and Adult Sexual Exploitation	All
Safeguarding Adults level 2	DCO
Safeguarding Adults level 3	Managers
Safeguarding Children Level 2	DCO
Safeguarding Children level 3	Managers
Understanding pathways to terrorism	All
Self-Harm awareness	All
Radicalisation and extremism	All
Food Hygiene Level 2	DCO / Catering
Food Hygiene Level 3	Managers
Trafficking / Exploitation & Modern Slavery	All
Female Genital Mutilation	All

17.0 Communications and discussion of safeguarding issues

Commitment to the following communication methods will ensure effective communication of safeguarding issues and practice:

Documentation is received prior to a detainee's arrival at the Centre. This allows any safeguarding questions or concerns to be raised in advance and appropriate action to be taken.

Detainees arrive at the Centre with an IS91 authority to detain document. This provides staff with further information to assess any safeguarding concerns. Every detainee is asked a number of questions by staff and seen by a nurse for a medical screening upon arrival.

Verbal discussion occurs between staff and management during:

- Daily Operations Meeting
- Daily staff briefings
- Weekly Individual Needs Meeting
- Monthly full staff briefing
- ACDT reviews
- TAB reviews
- SLP reviews
- Safer Detention, Security and other monthly meetings

All staff have access to emails and communicate via written reports.

The Detainee Custodial Management System (CMS) is an electronic database that holds information relating to every detainee. This allows staff access to live data and information ensuring they are up to date with current risks and support in place.

Participation in Multi-Agency safeguarding meetings to discuss safeguarding issues, share best

practice, seek advice and guidance.

Provision of a clear and effective complaints procedure for detainees and regular detainee consultation meetings with staff, in addition to daily interaction and engagement with staff and first line managers encourages the reporting of concerns should they arise.

There is an Operational Manager on site 24/7, and a Senior Manager on call to communicate and discuss any safeguarding concern with.

17.1 Notification of Concern - Detainee at risk of suicide or self-harm reported by third party

Serco at Gatwick IRC have implemented a robust system to ensure all concerns raised by a third party are recorded and actions tracked. Should a concern be received staff must complete a Notification of Concern automated form that provides an electronic auditable record of information and actions taken. The form can be found on document control. Full details of this process can be found in Director's Rule 4.1 Assessment Care in Detention and Teamwork (ACDT) Policy. Completed records are in the Safer Detention folder on the public drive

17.2 Victim or Trafficking, Torture or Domestic Abuse

Upon arrival and during their screening interviews with Healthcare and the Home Office detainees are asked questions to ascertain if they are victims of trafficking or torture. It is not uncommon for detainees to not disclose information immediately upon arrival. Therefore, it is possible that detainees will disclose this information to frontline staff. Employees must appropriately share this information in the interest of safeguarding.

If a detainee claims to be a victim of Torture, they can complete a Safeguarding Notification Form and pass this to staff. Alternatively, if a detainee claims this to staff they must complete the notification form. This must be passed to the Duty Manager who will update the safer detention log. The form will then be given to healthcare. A signed copy will be kept electronically in the safer detention folder on the public drive.

If a detainee alleges to be a victim of trafficking, they can complete a Safeguarding Notification Form YW0480 and pass this to staff. Alternatively, if a detainee claims this to staff they must complete the notification form. This must be passed to the Duty Manager who will update the safer detention log. The form will then be given to the onsite HOIE Team. A signed copy will be kept electronically in the safer detention folder on the public drive.

If a detainee claims to be victim of domestic abuse they should be asked if they require assistance reporting the matter to the Police and assistance provided if required.

The detainee may also require support in terms of visits and phone contact. It is up to the detainee if they wish to attend social visits.

If the detainee is due to be released into the community safeguarding arrangements should be considered, and the Local Authority in the area the detainee is being released to contacted if required, and the person has care and support needs.

17.3 Concerns in the Community

All employees (paid and unpaid) have a duty to share any information they receive in the course of their work which suggests that any child is at risk of harm or abuse, whether or not the child is in direct contact with a detainee at Gatwick IRC. Staff have a duty to safeguard all children and not just those that speak to detainees via the telephone, video call or visit the Centre.

The safeguarding of the children of detainees is central to the welfare and wellbeing of detainees. It is a highly pertinent issue.

All detainees entering the Centre must be asked by the reception officer if they have any children in the UK, especially given that some detainees may have sought to hide the existence of their children or may have had to make hasty, ill-considered or unorthodox arrangements for their care due to being detained.

This information must be recorded on CMS by reception staff. If a detainee confirms she/he has children further questions to ascertain their safety must be asked and the response recorded. This information should be passed onto the local HOIE Team via a Resident Safeguarding Notification Form. Any concern that involves a child must be reported to the local authority children's services.

18.0 Support

We recognise that involvement in situations where there is a risk or actual harm can be stressful for staff concerned. Support mechanisms in place for staff include:

Line Management support – identify additional support as appropriate Occupational Health referral

Employee Assistance Programme

Staff onsite Care Team support

Debriefing of staff following incidents to allow them to reflect on issues they have dealt with and identify good practise and areas for development

If a detainee is identified to have witnessed any incident where there is a risk or actual harm, they are offered support via the chaplaincy team, key worker, healthcare, Hibiscus and welfare staff.

18.1 Samaritans

Samaritans - Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland, often through their telephone helpline. (Their helpline number can be found on the back of detainee's ID card). Their number is 116 123. Samaritans is available round the clock, every single day of the year, providing a safe place for anyone who is struggling to cope.

Samaritans can also be emailed on jo@samaritans.org or written to at:

Chris
Freepost RSRB-KKBY-CYJK
PO Box 9090
STIRLING

FK8 2SA

Samaritans also visit the centre when requested to visit staff/detainees.

18.2 In the Event of a Death

In the event of a death pastoral support shall be offered to detainees/staff. Staff can also access support from the Care Team. Detainees can seek support from Wellbeing. Detainees and staff can also speak to the Samaritans - contact information above.

19.0 Professional Boundaries

Professional boundaries are what define the limits of a relationship between a staff and a detainee. They are a set of standards we agree to uphold that allows this necessary relationship to exist while ensuring the correct professional boundaries are maintained.

Serco at Gatwick IRC expects staff to protect the professional integrity of themselves and the organisation. There are several procedures that provide guidance regarding appropriate staff conduct and these are available via the staff intranet.

The following professional boundaries must be adhered to:

19.1 Detention Centre Rules 2001, Rule 51 Contact with former detained persons

No officer shall, without the authority of the Secretary of State, communicate with any person whom he knows to be a former detained person or a relative or friend of a detained person or former detained person in such a way as could compromise that officer in the execution of his duty or the safety, security or control of the Centre.

Personal relationships between a member of staff (paid or unpaid) and a resident or a former resident is prohibited. This includes relationships through social networking sites such as Facebook.

19.2 DC Rule 46 Gratuities forbidden

No officer shall receive any unauthorised fee, gratuity or other consideration in connection with his office.

19.3 DC Rule 47 Transactions with detained persons

No officer shall without authority bring in or take out, or attempt to bring in or take out, or knowingly allow to be brought in or taken out, to or for a detained person, or deposit in any place with intent that it shall come into the possession of a detained person, any article whatsoever

19.4 Post Order R054 Managing detainees with decency and respect

This procedure outlines the correct way in which staff should conduct specific tasks that detainees may find intrusive. This procedure safeguards detainees, preserves their dignity and protects staff from false allegations.

The procedure provides instruction regarding entering detainee's bedrooms

Wearing and activating body worn cameras

Searching of detainees, their room and property

Conducting constant supervisions when a detainee is deemed to be at risk of suicide or self-harm

First night in custody welfare checks

Supervision and support

19.5 Serco Code of Conduct

Provides clear guidance to all employees of Serco's expected staff conduct. If an employee believes Our Code is being broken it is their responsibility to Speak Up.

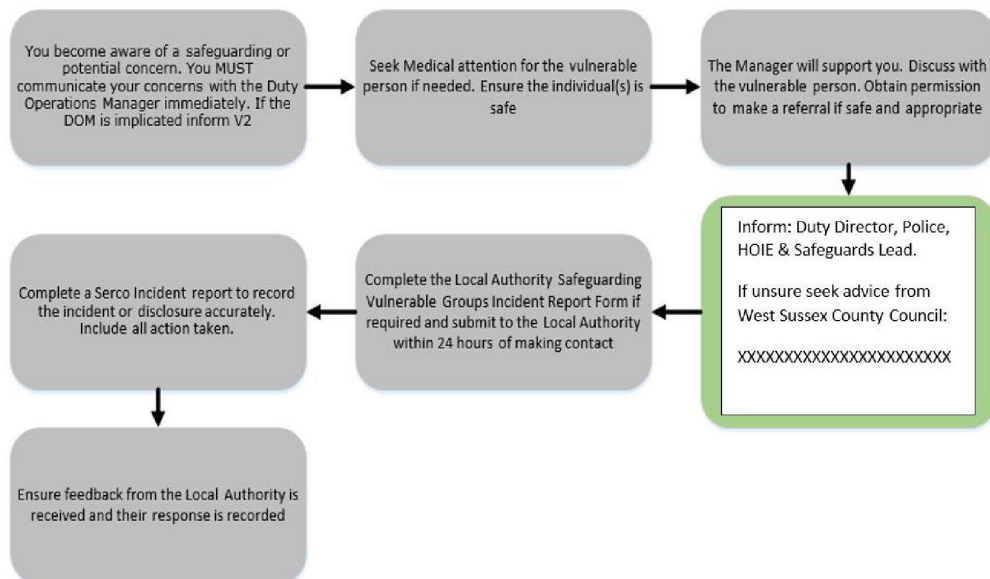
If the professional boundaries and/or policies are breached this could result in disciplinary procedures being instigated.

19.6 Use of Force

Any use of force against a detainee must be in line with the control and restraint (C&R) manual. It must be documented and justifiable, reasonable, necessary and no more force than is necessary. Use of force must be recorded on an Annex A. Any use of force will be reviewed by the Assistant Director of Security.

20.0 Reporting

The process outlined below details the stages involved in raising and reporting safeguarding concerns at Gatwick IRC



21.0 Allegations Management

Serco at Gatwick IRC recognises its duty to report concerns or allegations against its employees (paid or unpaid).

If an allegation is made to a member of staff, it must be reported immediately to a Manager. This must be recorded in writing including action taken.

The Duty Manager must escalate the allegation to the Duty Director immediately. Once all relevant information has been obtained and initial actions to keep the vulnerable person safe from harm have been agreed the Duty Director will inform the Assistant Director Residence and Regimes (if not the Duty Director) Contract Director and Home Office.

The Duty Director or delegated Manager will if appropriate contact the Local Authority and inform them of the allegation and seek further advice. The Police must be informed of any allegation against a member of staff.

Advice received should be followed and a full written record of conversations and actions maintained.

22.0 Monitoring and Supervision

Serco at Gatwick IRC will monitor and supervise the following safeguarding aspects through internal audit, daily management checks and regular policy reviews:

- Safe recruitment practices
- Security vetting conducted and renewed when required
- References obtained and checked
- Training records of staff, ensuring initial and refresher training is up to date and records are comprehensive
- Review training package, ensure it is current and meeting the needs of employees
- Monitor if concerns are being raised and actioned

- Observe staff interactions with detainees through daily management role, immediately challenge and record any concerns
- Staff probation and appraisals
- Check Policies are up to date and relevant
- Monitoring that designated Manager responsible for safeguarding is in post

23.0 Managing Information

Information will be gathered, recorded and stored in accordance with the following policies: Data Protection Policy, Confidentiality Policy.

All staff must be aware that they have a professional duty to share information with other agencies in order to safeguard children and vulnerable adults. The public interest in safeguarding children and vulnerable adults may override confidentiality interests. However, information will be shared on a need to know basis only, as judged by the designated Information Security Senior Manager.

All staff must be aware that they cannot promise detainees or their families that they will keep secrets.

24.0 Suicide and Self Harm reduction

24.1 Identification of those at risk

When a detainee has been highlighted by Serco staff at risk they will immediately seek to ensure that detainee is identified to a Duty Manager and in conjunction with the safeguarding procedures subsequent care and support for the detainee and those that care for him / her takes place.

The Contract Director has overall responsibility for the implementation of suicide and self-harm prevention in relation to all detainees in their care. The Assistant Director Safeguarding will chair the Safeguarding Community multi-disciplinary monthly meetings (Quarterly on the PDA).

An open invite will be offered to: Welfare, Chaplaincy, Hibiscus, IMB, HOIE, West Sussex CC Safeguarding Lead, Sussex Police and any specific parties relevant to discussions for that detainee.

A monthly report on Safeguarding inclusive of suicide and self-harm reduction will be submitted by the Assistant Director Safeguarding at the monthly meeting and all reports covered within an annual safeguarding report.

All minutes from the safeguarding meeting will be recorded and distributed with lessons learnt being included as well as best practice.

24.2 ACDT Plan Responsibilities

A DCO or any other staff member whether working for Serco or any other agency must initiate the ACDT procedure if they are concerned that a resident may be 'at risk' of self-harm or suicide, for any reason. The following procedures must be followed:

- The initiating member of staff must complete the Concern and Keep Safe Form providing as much detail as possible
- The initiating member of staff must contact the Duty Manager immediately to ensure the detainee is kept safe
- The Immediate Action Plan will be completed by the Duty Manager who will determine where to locate the detainee, the frequency of staff support, phone access, medication in possession and other immediate interventions
- The initiating member of staff must attend the Immediate Action Plan meeting to contribute towards the support required by the resident until an Assessment can be made
- The Duty Manager will complete the front cover and brief unit staff, Health care and inform the Assistant Director Safeguarding, Duty Director and HOIE
- The Duty Manager will update the ACDT Log that is held on the CMS system with the detainee's details, and update CMS to highlight a detainee at risk this should also include comments detailing why the staff member was concerned and level of observation / conversation was set
- The Duty Manager will arrange for an Assessor to meet the detainee and conduct an ACDT Assessment In the meantime, he/she will advise on level of observations
- It is the responsibility of the Duty Manager designing the Immediate Action Plan to give consideration to the property in possession and items in use, and the removal of Items from the detainee possession if deemed to pose a risk of self-harm/suicide
- The Duty Manager must submit an IS91 Part C Risk Assessment including the detainee's details, including reasons why an ACDT was opened and forward this on to the relevant Agencies
- Once the Assessment has been completed (must be within 24 hours) The Case Manager or Duty Manager if the assigned Case Manager is unavailable must complete the Action Following Assessment review
- A multi-disciplinary, multi-agency approach to suicide and self-harm prevention must be applied. Therefore, the Duty Manager and relevant staff, including: Safeguarding, Security, Healthcare and HOIE, shall then jointly (if possible) attend or contribute to the initial review and assess the detainee's risk level
- Translation services must be used if required and the interpreter ID noted on the review sheet
- Triggers if known at this stage will be noted on the inside of the front page
- A photo of the detainee must be attached to the inside of the front page

- The date of opening must be noted on the front page
- The frequency of observations and conversations required and agreed will be noted on the front page along with the date of the next review. The detainee is to be informed of the review date
- If deemed high risk and in a period of crisis requiring constant supervision the Duty Manager must put systems in place to ensure that no member of staff carrying out Constant supervision does so for longer than two hours at a time without a sufficient break. RO54 must be adhered to regarding staff gender
- Constant supervision of a detainee will be carried out by a designated member of staff on a one-to-one basis, remaining within eyesight at all times and within a suitable distance to be able to physically intervene quickly if required in line with local protocols (first response)
- Where possible, all detainees deemed at risk of suicide or self-harm are to be managed within the normal environment
- The Care Map must be updated at each review and when tasks are completed to engage the detainee and help to identify and resolve issues and concerns. The detainee will be offered a copy of the care Map and the decision to take a copy or not documented on the original care map by the Case Manager
- It is the responsibility of the Initial Case Manager to brief staff that an 'at risk' detainee is being assigned to their care/area. It is also the responsibility of the Initial Case Manager to ensure that all staff coming into contact with the detainee, especially Unit staff, understand the terms of the Immediate Action Plan and Care Map
- Staff have a responsibility when commencing their shift, to ensure they are aware of all detainees on ACDT and any changes to their care plan; likewise, staff approaching the end of their shift need to hand this information onto the oncoming shift and document this signing to confirm they have given a Handover.

Duty Manager

- Ensuring that the narratives commence and are completed to the required standard
- Ensure that DCOs and staff in contact with the detainee make regular, pertinent entries in the On-Going Record per Shift as a minimum to meet the specified timescales
- Ensuring that the resident is engaged with on a regular basis and not just observed.
- At least once every Shift, a check of all ACDT's/SLP's and Tackling Anti-Social Behaviour (TAB) Logs is conducted and a signature is recorded to confirm a check has indeed taken place for compliance with the requirements as stated on the front cover of the document/Care Map.

Where any concerns are noted these must be raised (Assistant Director Safeguarding informed) and rectified

- Assign DCO's to maintain the ACDT Care Map if necessary
- Where the HOIE are unable to attend reviews, they are kept informed of changes and updates a daily list will be provided to the HOIE of all detainees on an ACDT or in post closure stage
- If need be, ensure that oncoming Duty Managers are aware of any outstanding issues on the Care Map that require completion, and this is documented within the handover.

Reception Staff

- When a detainee arrives with an open ACDT reception staff will obtain a full handover as well as the open ACDT document. Consideration will be given to the sensitive nature of the conversation and its location
- Staff will ensure they are fully aware of the reason for the document being opened, the frequency of observations and conversations, the last observation and conversation documented, the last case review document, the next case review date (a review will be conducted by the Duty Manager as soon as practicable after their arrival), the triggers and any other relevant information
- Reception staff will document the handover within the ACDT document as well as any missing documentation or information
- Reception staff will inform the: Duty Manager, Duty Director, Assistant Director Safeguarding, Health Care, HOIE and IMB that the detainee has arrived on an open ACDT. This will be done verbally where possible then via email communications and documented to reflect.
- If a detainee on an open ACDT will be sharing a room then those he or she is sharing with will have their RSRA reviewed by the Duty Manager to ensure those they are sharing with are suitable
- Reception staff will remain vigilant to all new arrivals to ensure any concerns of risk are highlighted
- When a detainee discloses self-harm within the previous 6 months an ACDT will be opened Reception staff will document CMS to reflect the above.

Duty Director

- Review the quality of the ADCT documents twice weekly (minimum). Feedback best practice and highlighting concerns to the Duty Manager and Assistant Director Safeguarding immediately
- A full audit of x2 ADCT documents per week (minimum). Feedback best practice and highlighting concerns to the Duty Manager and Assistant Director Safeguarding immediately
- All actions required from ADCT checks must be communicated by the Duty Director to the relevant manager in writing and without delay
- The Duty Director highlighting actions will review the ADCT to ensure actions are completed
- The Duty Director will ensure that those taking care of the detainees have the appropriate support and guidance for all incidents of self-harm and or suicide.

Assistant Director Safeguarding / Safeguarding Team

- Will audit all ADCTs within 72 hours of them being open via the completion of an audit form which will remain with the ADCT and a copy with the Assistant Director Safeguarding
- Any actions, learning points or areas of best practice will be highlighted and raised to the Duty Manager and Assistant Director Safeguarding using the audit form. The Assistant Director Safeguarding will then share as appropriate with staff
- Where serious breaches in care or duty are highlighted e.g. a missed observation or conversation these will be highlighted by the audit form and presented to the Duty Manager for further investigation.

24.3 Assessment

Sharing what you know about a case with the right people is vital. Assessors must share the information gathered during the Assessment with the reviewing manager, and detail as much information as possible on the assessment document.

- An Assessment must be carried out by a trained Assessor within 24 hours of an Immediate Action Plan being initiated
- Assessments and signing of the Information Sharing document must only be carried out by trained Assessors. If a detainee refuses to sign the information sharing documented this must be counter signed by another member of staff.

24.4 Case Reviews and levels of Observation and Conversations

- The review team will be chaired by a Duty Manager and will be a multi - disciplinary meeting including: Health care, security, residential DCOs, external agencies, DET, IMB Chaplaincy, Hibiscus, and Welfare
- The detainee should be invited to attend the case review and may decide to bring support with them e.g. a member of staff. All those participating in the review will introduce themselves and explain their role (mainly for the benefit of the detainee)
- The detainee will have all parts of the review explained to them and be provided with a copy of the updated care map as well as the date of the next review (the offer will be documented and signed for by the detainee regales if they wish to have a copy or not)
- The review team will assess the level of risk presented by the detainee: High, medium or low and document this on the case review sheet
- The detainee's input into the review will also be documented
- The Frequency of conversations and observations is flexible and is for the Case Review team to decide based upon the detainees need
- The Level of Risk can alter at any time but can only be formerly changed by the ACDT Review team, unless the Level of Risk is perceived to have increased
- The Duty Manager will summarise all key points on the case review on the case review sheet updating CMS to reflect this.

24.5 Care Map

Members of staff responsible for supporting the residents Care Map should be informed of the actions they are required to complete and should update the relevant section once the action has been completed.

The Care Map will be owned by the Case Manager (DCM) and supported by several people including but not limited to:

- DCOs
 - DCMs
 - Duty Directors
 - Assistant Director Safeguarding / Team
 - Healthcare staff and Wellbeing services
 - Chaplaincy
 - HOIE
 - Hibiscus.
- The Care Map should not be closed until all the actions have been completed and signed off
 - Where a Care Map is generated or amended, it is the responsibility of the Manager Reviewing the ACDT to brief the necessary staff if changes to observations, conversations, Care Map and so on

- It is the Case Manager's responsibility to communicate the oncoming Duty Manager and/or Residential Managers about any new risks that have arisen and been discussed. Consideration should also be given as to whether or not a new IS91 Part C Risk Assessment needs to be completed
- The Case Manager must ensure changes in the Care Map must be highlighted in the On-Going Record and CMS.

24.6 Closure of an ACDT plan

A detainee can ONLY be removed from ACDT status only after a Case Review and:

- If the members of the Case Review Team feel that the resident no longer presents a risk
- The Duty Manager will complete and sign the relevant section of the ADCT document. The Case Review Team confirms removal from ACDT status by completing and signing the relevant sections of the ACDT Book, and by setting the date of the Post Closure Interview.

The ACDT plan will be closed after the chair of the Case Review has completed all relevant sections within the plan and dated and signed the front cover.

CMS and the Safer Detention Log must be updated, and a Part C sent.

24.7 Post Closure Interview

A Post Closure Interview will be set within a reasonable time frame to ensure that the individual has settled and has dealt, or is capable of dealing with the issues that initiated the opening of the ACDT without the staff input required whilst open

The Post Closure Interview will be set between 5 and 7 days after the plan has been closed

During the Post Closure period, at least one daily observation and conversation interaction should be noted in the ACDT Book

The Case Review Team may also decide that second and subsequent interview is required, and this will be decided at the time of closure.

25.0 Food and Fluid Refusal

A record of any detainee who has refused meals or fluids that have been prepared and provided by the supplier for over 48 hours (6 meals) or refused fluid for over 24 hours. This log must also include details of any detainees previously on a refusal who have resumed eating and/or drinking in the last 24 hours

Where a detainee is refusing both food and fluid this must be recorded separately

At Gatwick IRC, the night Duty Manager(s) collate all the missed meal sheets from around the Centre and completes the Meals Refusal log. This form is printed off daily and a copy is handed to the Healthcare department.

The night Duty Manager will then transfer all information from the Meal Refusal log of detainees that have refused fluids for 24hrs or refused food for 48hrs onto the electronic Food and Fluid Refusal Report.

Detainees who are food or and fluid refusing should still be encouraged and support to making contact with family and friends

An ACDT will be opened at the point of a food and or fluids refusal becoming official namely 48 hours for food and 24 hours for fluids. The process for ACDT via DSO 06/ 2008 will be followed.

The daily log for food and or fluid refusal must be maintained by the Duty Manager and must contain all food and or fluids offered or taken to the detainee alongside the ACDT.

The Duty Manager must ensure that any staff coming into contact with or observing the detainee note if there is any evidence or indication that food and or fluids are being consumed. If they are this would place the detainee outside of the definition provided of food and or fluid refusal

Staff must note any behaviour or activity by the detainee which may be relevant in an assessment of their general well-being. This information will be included in the daily food and or fluids refusal observation log and submitted by the Duty Manager to the local DET team

Staff will use the daily food and fluid refusal observation log (Form G) includes a case review record template which must be used to record the details and outcome of case review meetings.

25.1 Reporting

The Duty Manager will use the information contained within the daily escalation log to compile a monthly report setting out the number of individuals who refused:

- food (over 48 hours) and the number of instances that each of these individuals have refused food (each separate period over 48 hours)
- fluid (over 24 hours) and the number of instances that each of these individuals have refused fluid (each separate period over 24 hours)

The Duty Manager or Assistant Director Safeguarding will submit a monthly report to the Home Office Compliance Team IRC Team and the DES FOI mailbox by the 5th working day of each month.

26.0 Age Claims/ Disputes the Process

26.1 Detention Custody Officers (DCOs)

- If a detainee claims to be a minor, the Duty Manager and Assistant Director Safeguarding must be informed immediately

- The conversation must be documented on the residents CMS Case notes.

26.2 Duty Manager

- The Duty Manager must inform The Home Office DET and Compliance teams at the centre or the DEPMU duty SEO for RTSHFs, IMB and the Assistant Director Safeguarding
- Healthcare must also be notified of the age dispute case and be given the opportunity to contribute to the Age Disputes Support/Action plan
- The detainee IS91 must be checked to see what their stated date of birth is, whilst also checking to see if an IS97M has already been issued
- DEPMU must be contacted if an IS97M is not located within the detainees file. If an IS97M has already been completed and the detainee has been assessed and confirmed as an adult, then no further action is required. A copy of any previous IS97M must be obtained and placed into the detainees file, all relevant parties informed, and CMS Warnings updated. A detainee must continue to be regarded as an age dispute case until the IS97M is received and a copy placed into their Reception file
- If there is not an IS97M then Home Office Immigration Enforcement must arrange an age assessment to take place on the detainee. Until a Merton Age assessment takes place the detainee will be safeguarded using the Annex A Action Plan
- If a detainee claims to be a minor, the detainee is to be relocated into a single occupancy room. **Under no circumstances** must they share a room with another detainee
- The Control Room will be advised of the detainee's location and monitor the area via CCTV. It will not normally be appropriate for an age dispute case to be held separately unless there are other considerations which would justify this under normal Detention Centre Rules; rather staff should look to maintain as much association and activity as possible whilst ensuring that the person is safeguarded
- Detention Custody Officers (DCOs) will conduct observations throughout the night. Control Room staff are to be informed of the room location to monitor via CCTV. After roll count they should be instructed to lock their door from the inside to prevent others from gaining entry other than staff and it be made clear that they can unlock their door from the inside. This must be explained in a language the detainee understands – using interpretation services where required
- An Age Disputes Support/Action plan (Annex A – Form) is to be completed and procedures followed. A copy of this plan must be provided to the detainee to explain to them the reasons for their separation and supervision status. A Supported Living Plan (SLP) may need to be opened in addition to the Age Disputes Support/Action plan, depending on the individual's presentation and additional arrangements that are identified to safeguard and promote their welfare
- When the detainee is identified as an age dispute case, staff are to be made aware that the detainee can have access to activities but the detainee must be discreetly monitored by a DCO at all times whilst engaging with other detainees. Observations 1 x per hour recorded during

the day and 1 x 2 hourly during quiet time are to be recorded on CMS Case notes. The detainee is to return to the room allocated to them for the quiet time period

- The detainee may eat their meals in the dining room whilst being monitored by DCOs at all times
- When the result of the age assessment is received the appropriate action is to be taken depending on the result. If the detainee is confirmed as being an adult, then they are to be placed back into the normal regime. If the detainee is confirmed as being a minor, the Duty Director, IMB and Assistant Director Safeguarding must be informed
- If a detainee is confirmed as a minor, the Duty Manager must consult with Home Office Immigration Enforcement to confirm that they are making the appropriate arrangements with the detainee's case worker and Social services
- An IS91RA, Part C must be completed if an IS97M is not completed and received by DEPMU
- An updated Part C must be completed and sent to the appropriate agencies
- The Age Dispute Log must be updated by the Duty Manager.

27.0 Substance Misuse Reduction

The prevalence of substance misuse abuse within detention has clear links to trauma and is therefore expected in Gatwick IRC. Research suggests there is also a clear link between substance misuse and bullying, increased violence and self-harm which affects the safety of both detainees and staff. Good management of substance misuse can support with overall management of Gatwick IRC as it has an impact on all areas including security, safeguarding and general stability

Substance misuse refers to the illicit use of all substances and alcohol whilst in Gatwick IRC. We are committed to supporting and enabling residents to successfully rehabilitate via a multi-agency approach with our partners and residents, which is paramount in ensuring this strategy is effective

This local strategy will identify the needs of the establishment in order to ensure the interventions and support being delivered are tailored to the individual requirements of detainees. We will work effectively with all stakeholders to ensure the services being delivered meet these population needs

The statement places equal opportunity issues high on the agenda to eradicate discrimination, harassment and bullying in a positive and proactive way

All our substance misuse clients are dealt with on an individual basis, which allows us to take into account any variations of need, including poor reading, or writing ability, disability, language barriers and mental health issues.

This strategy will therefore be underpinned by a multi-agency monthly meeting and action plan which will enable us to collect relevant data and information and have a pro-active, solution focused approach to better develop our services, meet new demand, identify trends and improve results. It will incorporate the 3 principles and focus on the 5 key areas of impact to form the agenda.

The National Government Drug Strategy states that the three principles of the strategy are:

- Restrict supply
- Reducing demand
- Building recovery.

The Assistant Director Security will be responsible for the Substance Misuse Strategy and will ensure the development of effective partnership working, internally with G4S Healthcare and externally with The Home Office, Sussex Police, West Sussex County Council, Public Health England and NHS England

The Substance Misuse Strategy will be assessed annually to ensure that it meets the needs of the detainee population and will be formally reviewed annually by the Strategic Intelligence & Co-ordination Group. It will be subject to the approval of the Serco Contract Director and the HOIE Assistant Director Security

The Serco Assistant Director Security will support the work of the IRC Health Partnership Board in identifying and addressing the physical and mental well-being of the population. The Contract Director will attend all Partnership Board meetings along with an Assistant Director. The work of the Partnership Board will be supported by:

- Agreed Terms of Reference
- Best practice sharing of information
- Health delivery plans reflecting national and local priorities, and health needs assessment of the population.

27.1 Joint Agency Substance Management Strategy Review

The Substance Reduction Strategy will be discussed monthly at Security Committee Meetings with assigned actions agreed as part of the monthly Tactical Intelligence Committee (TIC).

The Assistant Director Security will chair formal monthly meetings which are minuted.

Representatives from the following areas will be expected to attend:

- Serco Security Department
- Assistant Director Safeguarding
- G4S Healthcare
- Senior Management Team
- HOIE
- Training Department
- Police Liaison Officer
- Assistant Director Residence and Regimes

A monthly analysis of the population is undertaken to ensure healthcare and IRC regime provision is relevant to risk and need. The results of this analysis will inform future strategies and generate an action plan for the establishment at monthly TIC meetings

In order to develop an effective strategy, a clear picture of the local situation within the establishment must be obtained. To this end the following sourcing methods are utilised to help us gain a clear and precise picture of our drug culture within the IRC

Sources of information about the misuse of drugs by the IRC population include:

- Detainee self-declaration
- Information from urine tests via Voluntary Drug Testing if information sharing is agreed by the detainee
- General staff observations
- Reports to healthcare staff on reception
- Relevant Home Office information
- General intelligence gathering via Security / Safer Community meetings
- Statistical analysis of substance use amongst identified substance users.

Whilst we appreciate that alone, none of these sources are likely to provide a complete picture of misuse, taken together, they will provide on-going intelligence for sharing and action tasking as part of the Tactical Intelligence Committee review of the IRC's Strategic Threat Assessment.

Sources of information about the supply of drugs in the IRC include:

- Substance finds within the IRC
- Searches of visitors
- Searches of detainees
- Local police
- Substance Misuse agencies
- Intelligence gathered from detainees, staff, randomisers and stakeholders
- Healthcare Team feedback of data and trends relating to general themes of substance use and known substances in the IRC.

Arrangements to deal with substance misuse:

- Clinical intervention
- Education and information provided on drugs
- Advisory services
- Self-help groups through external organisations.

The IRC regime aims to address concerning behaviour, provide good opportunities for learning and paid work and is designed to be challenging, fulfilling and purposeful

Prolific substance users must be given priority access to treatment. For those users, treatment and access to clinical services may be the only way to end a cycle of crime and disruptive behaviour and address substance misuse related health concerns.

27.2 Restrict supply

The availability of drugs within Gatwick IRC is a threat to the security and safety of staff and detainees. It obstructs the recovery of detainees and leads others to develop addictions whilst in the IRC

Gatwick IRC will use a portable Itemiser trace detection machine (or an equivalent), daily, to reduce the supply of substances entering the IRC

Using Intelligence and Security Information Reports Gatwick IRC will ensure an effective and evolving relationship between Surrey and Sussex Police and Gatwick IRC Security Department via an agreed SLA

Restricting the supply of illicit substances and other unauthorised articles into Gatwick IRC forms an essential part of the daily duties in restricting the availability and use of substances within the IRC.

We aim to tackle this by:

- Implementing measures intended to stop the supply of drugs into the IRC. Targeting drugs through domestic visits, detainees entering through reception, abuse of both detainee and legal mail and drugs potentially trafficked by a small minority of staff
- The local Security Meeting assesses the situation and feeds into the substance reduction strategy creating the Substance Reduction Action Plan
- Reviewing the substance reduction action plan will be on a monthly basis and reviewing and updating the document annually
- Monitoring and critically evaluating drug supply trends, threats, finds and intelligence
- Delivering an effective communication strategy to ensure consistent staff/ detainee /visitor engagement
- Gather and use intelligence to identify sources and disrupt the illicit trade.

Whilst we work together in continuing to tackle and prevent the supply of substances, we acknowledge this is a challenge and will not be complete eradicated. A key and crucial step in managing the supply is to ascertain how the substances enter the IRC and identify barriers in prevention whilst providing support to the detainees and up to date staff training.

27.3 Voluntary Drug Testing (VDT)

Gatwick IRC may only carry out Voluntary Drug Testing (VDT) with the agreement of the detainee to provide a urine sample for testing. Gatwick IRC Healthcare may facilitate this if a detainee is deemed to be under the influence of substances whereby their actions are a potential risk to the safety and security of other detainees, staff, visitors and stakeholders. Under no circumstances will drug testing be considered to be mandatory, however, refusal to comply with a VDT will result in non-prescription of substitution medication.

Any refusal to take part in a VDT may be considered as part of a closed visit review where restrictions may be applied subject to enough intelligence.

Voluntary drug testing provides demographic information about trends and patterns of drugs usage within the IRC population. It helps to highlight “the drug of choice” being used which in turns helps us to support detainees using drugs.

Testing positive to a VDT should not result in punitive measures. Our focus will be to help support those with substance misuse problems.

Consideration for the appropriate location of the detainee should be made by the Duty Manager if the detainee appears to be under the influence of a substance. This should be in the interest of safety and security to both the detainee and others, and not by default. This includes a potential stay in hospital

Health care and the Home Office Compliance Team will be informed immediately by the duty DOM

Detainees that present as being intoxicated may have any applicable paid work role suspended while on-going suitability for paid work is reviewed by HOIE. Detainees deemed to be intoxicated may also have any cultural kitchen appointments deferred.

Detainees that present as being intoxicated will not have access to the gym. Access to the gym may be reinstated once a health care professional confirms that they are fit to do so.

A Voluntary Drug Test has several objectives including:

- To provide some reassurance that detainee remain drug free; to act as a measure of programme performance
- To act as a motivational tool
- To act as a deterrent
- On failing a test, to act as a trigger point for a progress review
- To inform Gatwick IRC staff of the potential issues and drug type entering the IRC
- To offer support to detainees.

Positive tests will result in the following:

- If the detainee is a paid worker a review of work placement will take place which may lead to a temporary move, permanent move or removal from paid work subject to HOIE approval
- Whilst the general principle is that VDT information is restricted to use within the confines of the programme, there will be occasions when staff are required to make instant decisions for health and safety reasons e.g. when a detainee is perceived to be posing a risk to themselves staff and others.

Healthcare staff will undertake testing and will offer support. Detainees will sign a compact, which outlines what is expected of them, what support the IRC offers and consequences of positive tests.

27.4 Searching

Areas, detainees and Visitors will be searched in accordance with DSO 09 / 2012 Searching and in via intelligence led basis as per the searching strategy on the Serco Immigration Security Strategy (SISS)

Gatwick IRC will display a list of all banned items for staff, visitors and detainees to see at all entry points into the IRC and high footfall areas.

Areas / Vehicles

- Gatwick IRC will carry out a minimum of two dog searches per year
- On admission to a centre, all detainee property must be searched unless already searched and securely sealed with the seal number is recorded on the Person Escort Record (PER)

- All areas of Gatwick IRC are liable to ad hoc searching in accordance with the SISS
- All vehicles must be searched on entry to and exit from the centre in accordance with SISS

Visitors

- Detainees' visitors are required to leave all unnecessary items in the outside visits' lockers
- No tobacco, sweets or foodstuffs can be taken into the visit's hall from outside the IRC secure line. Foods/Drinks bought in the Visits Hall or IRC shop are permitted subject to being sealed and in reasonable quantities
- Visitors are required to co-operate with a Level B search
- Child visitors will be searched using a metal detecting wand / archway, only upon activation will a level B search take place (further information is contained in the Safeguarding Children and Adults policy)
- Metal detecting wands/portals will be used, and possessions searched as a condition of entry to an establishment. On no account should any visitor be subjected to a full search
- Any concerns that arise on the search such as non-compliance or indications of a concealed item may result in a closed visit being applied on that occasion
- Any visitors who are found in possession of contraband or are believed to be intoxicated may be reported to the police
- Members of the IMB should be treated in the same way as Gatwick IRC staff.

Staff

- All centre staff, including DET, Home Office Compliance Team and partnership agencies, are liable to a random search in accordance with SISS
- Staff searching may be a level A or B rub down search. Staff will not be subjected to a full search
- If there is evidence that a member of staff is attempting to bring in a prohibited item into Gatwick IRC, the Police will be requested to attend
- There will be a minimum of 20% of staff searched randomly on a weekly basis.

Detainees

- On entering the visit area, detainees are not searched save where enough intelligence suggests that this is appropriate
- Detainees are subject to a level B search with the use of a metal detecting wand on leaving the Visits Hall for any reason
- Opened food/drink items are not permitted to leave the visits hall
- Detainee rooms are searched only where intelligence suggests that prohibited items may be present

- The use of active and passive dogs may be sourced from other Serco establishments in order to carry out searches of residents, visitors, bedrooms and communal areas where significant intelligence suggests that illegal substances/ contraband may be present
- Copies of current search procedure notices for detainees, visitors and staff are available on the SISS

Mail

- All parcels sent in for detainees/residents will be checked using an X-ray machine (where available) prior to being issued to the detainee
- Letters for detainees will be scanned using a HHMD and/or an X-ray machine prior to being handed unopened to the detainee
- Where there is sufficient intelligence to suggest that a detainee may be receiving prohibited items through the post, a DCO will open the parcel or letter in the presence of the detainee and explain to the detainee the reason(s) why this is necessary.

27.5 Dealing with Finds

When an unauthorised article / contraband is found on a visitor or detainee the following action should be taken:

- Seize the suspected item
- Keep the individual away from it
- Seal the item in an Evidence Bag / Tube
- Contact the Police
- Complete an Incident Report.

When a detainee is found with a substance, the following procedure is carried out:

- The substance is identified by using a drug test kit
- The detainee may be located to Removal from Association with HOIE approval if the detainee is still believed to be in possession of drugs
- An Incident Report is completed
- Security staff notifies the Police of the substance find for collection and investigation
- Closed visits are considered and may be imposed
- A period of mail monitoring may apply whereby mail will be subject to search in the presence on the resident in conjunction with DC Rule 27
- All drug finds must be reported on the Serco Assure reporting system.

27.6 Staff Training

- Mental Health First Aid
- First aid at Work Level 3
- Searching
- Information security
- Violence reduction
- What is a drug
- What is addiction
- Different types, classes and effect of drugs
- What causes substance misuse
- Psychoactive substances
- Basic drugs awareness.

27.8 Reducing demand

Early identification of detainees who misuse substances is key and working alongside our Healthcare Provider recognising these individuals will allow a support mechanism to be established and interventions to commence

Every new detainee is screened on reception for current or historic substance or alcohol misuse and referred where appropriate to the service via the health care screen

It is important to provide educational promotion across Induction, visits and reception which highlight the risks and consequences when using and supplying illicit substances. Positive rehabilitative awareness will also be available around the IRC in key areas promoting the support services available

The substance reduction strategy will tackle the demand for substances within the IRC by ensuring suitable work, education and other meaningful activity is available. Systems will be in place to ensure incentivising and rewarding positive choices, behavior and engagement is promoted

Family and Peer support is crucial as detainees often relate to those with "lived experiences" who are able to provide motivation when services are out of hours.

27.9 Building Recovery

By creating a culture that implements positive steps in improving detainees mental and physical wellbeing, removing the risks and providing support you can build recovery and have the potential to change and rehabilitate

Working alongside our healthcare provider we will assure all our partners and front-line staff have the most up to date and relevant training, knowledge and skills they require in order to fulfill their roles and effectively deliver the interventions available

Working collaboratively with our partners, we aim to address the root causes of addiction and support recovery it is essential to work as partners with our internal and external services.

27.10 Alcohol

The healthcare provider will screen all detainees on arrival to our centres who present with alcohol dependence to use the validated tools to inform, care, providing treatment of the individual. To identify individuals who require symptomatic relief overnight, locate appropriately and monitor for signs of withdrawal all detainees will have individual treatment plans tailored to their needs

Interventions to include:

- Workshops
- 1:1 session for detainees
- Brief intervention.

27.11 Alcohol Dependents

Gatwick IRC is not able to facilitate detoxification routines for alcohol dependent detainees currently. Detainees that are assessed as being alcohol dependent will be referred immediately to DEPMU for urgent relocation to an appropriate facility.

As with detainees deemed to be under the influence of substances, the Duty Manager and Duty Nurse will assess the appropriate location and observational checks for the detainee until a transfer from Gatwick IRC can be facilitated.

27.12 Drugs/ Psychoactive Substances (PS)

Gatwick IRC in conjunction with the healthcare provider will provide interventions and support to all detainees who have been identified as having substance misuse issues. That will be delivered in flexible ways:

- Information leaflets and posters to be displayed around the centre and for visitors.
- 1:1 session with detainees
- Room packs available for detainees
- Training and support for staff
- Implement a PS workshop
- Work in partnership with all interested parties.

Families can have a huge impact on the influence of detainees addressing their substance dependence by providing emotional support, motivation and help in sustaining recovery. This strategy will focus on building family ties when relationships can be formed.

27.13 Prescription medication

The Strategy will ensure partnership work is in place with the healthcare provider to complete in room spot checks where detainees are risk assessed as suitable to have in-possession medication.

27.14 Continuity of Care

Pre-Release

Prior to release or removal, G4S Healthcare will advise the detainee on relapse prevention, the dangers of overdosing and any applicable essential on-going medication arrangements in the community/country of return. Healthcare will endeavour to contact the detainees' health provider at their home address on release back into the community

HOIE, Serco Duty Manager, Serco Security Department and G4S Healthcare must attend the daily and weekly Individual Needs Meetings to update the wider IRC team on any essential care requirements for detainees that are undergoing treatment including those detainees due for release or removal.

For detainees who are transferred between IRCs, it is important to ensure this continuity of care follows and a full handover is provided

The continuation of care throughout the detention period from reception to release/ removal will ensure that any treatment received in detention is integrated with any treatment that has been commenced or will be continued in the community on release where possible.

Where the IRC cannot provide the correct level of care or treatment for the detainee's requirements DEPMU will be notified immediately for referral to the appropriate facility.

All treatment prescribed is recorded in the resident's Medical Record and this record will transfer to the receiving IRC or Prison (if applicable).

Detainees that are released from custody are provided with a copy of their medical record. The detainees GP practice will also be sent a copy of the medical records to ensure continuation of care.

27.15 Programmes & Education

G4S Healthcare offer various offending behaviour programmes. These could include:

- Substance Misuse Clinics
- Talking Therapies
- Counselling, Anger Management, Stress Management and sensory programmes
- Leaflets and pamphlets are made available from G4S Healthcare which highlights the effect of drug misuse.

All community resources will be utilised in conjunction with input from the NHS Health Commissioner.

27.16 Rehabilitation

Any detainees received into the Gatwick IRC who are identified as having a substance misuse concern will be screened by the Duty Nurse. He or She it will be determine whether Gatwick IRC is able to meet the on-going treatment needs of the detainee. Where Gatwick IRC can provide on-going care, G4S Healthcare will determine/continue the appropriate programme for treatment. The IRC also holds a weekly substance misuse clinic, which is a voluntary by way of attendance. A supported living plan will also be explored if ongoing staff support is considered to be appropriate.

27.017 Equality and Inclusion

Gatwick IRC is committed to equality and fairness. We acknowledge that people are unique and different and are committed to eliminating discrimination, harassment and victimisation of both detainees and staff.

We will seek to promote equality, tolerance and health positive relations for all at Gatwick IRC. We will do this by listening, reporting discrimination, promoting equality and celebrating difference through awareness and education.

27.18 Information Sharing

Information sharing and confidentiality is likely to raise some sensitive issues between Serco, G4S and those involved in the support for detainees undergoing treatment. To ensure that this issue is handled properly, it is important that all parties understand why information needs to be shared and then to operate within a carefully devised and fully agreed information sharing protocol, which is in line with the relevant legal frameworks.

The basic principle here is that information will be shared about individual detainees, to the appropriate degree that enables all involved parties, to perform effectively and provide the most effective case management for the individuals concerned.

All involved parties should work within confidentiality protocols. This protocol encourages detainees to consent to the sharing of information, whilst at the same time allowing information to be passed without consent if:

- The safety and security of detainees, staff or the wider community is compromised by not revealing information
- A stakeholder believes the detainee may be at risk of self-harm; and/or
- A stakeholder has concerns under the 1989 Children Act e.g. for the welfare of any children who may be closely associated with the detainee.

Individuals who are identified as at risk are assessed for danger of self-harm by a member of staff who work within Assessment, Care in Detention and Teamwork (ACDT) Team.

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