

Gatwick IRC Managing Adults at Risk in Detention Immigration

Standard Operating Procedure

Managing Adults at Risk in Detention Immigration - Version 2

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1	DSO Management of Adults at Risk in Detention Immigration	08/2016
2	Immigration Act	S.60 (2016)
3	DSO Care & Management of Pregnant Woman in Detention	05/2016
4	DSO Care and Management of Transsexual Detainees	11/2012
5	DSO The Reception and Induction Checklist	06/2013

1.0 Introduction

This Standard Operating Procedure (SOP) will ensure that all Gatwick IRC staff working with detainees who have been identified as adults at risk are aware of the particular risks and needs of those detainees. It sets out instructions on the care and management of adults at risk in detention.

2.0 Definition of an adult at risk

In accordance with the adults at risk policy, an adult will be regarded as being at risk:

- If they declare that they are suffering from a condition, or have experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention; or
- If a case owner considering or reviewing detention becomes aware of medical or other professional evidence, or observational evidence, which indicates that an individual is suffering from a condition, or has experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention. In these circumstances, the individual will be considered as an adult at risk, whether or not the individual has highlighted this themselves.

3.0 Indicators of risk within detention

There are several factors or experiences which will indicate that an individual may be particularly vulnerable to harm in detention. These include:

- Suffering from a mental health condition or impairment
- having been a 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
- Suffering from post-traumatic stress disorder (which may or may not be related to one of the above experiences)
- Being pregnant (please refer to the Pregnant Detainee SOP)
- Suffering from a serious physical disability Suffering from other serious physical health conditions or illnesses (please refer to the Supported Living Plan SOP)
- Being aged 70 or over
- Being a transsexual or intersex person (please refer to the Transsexual Detainee SOP)

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.

If an individual is assessed as an adult at risk, consideration will be given to the level of evidence in support and the weight that should be afforded to the evidence in order to assess the likely risk of harm to the individual if detained for the period identified as necessary to effect their removal. The detention decision-maker will take this into account alongside the immigration considerations that apply in each individual case. Detention decisions are subject to ongoing review in line with published Home Office detention policy, including when circumstances related to the individual's level of risk, or immigration considerations, change.

4.0 Reception Process of an Adult at Risk

- Reception staff/DO the centre supplier will prioritise, where possible, any identified, or suspected, adult at risk to ensure that their wait during the admissions process is as short as possible and ensure their privacy during the reception process.
- Where possible reception staff will ensure a buddy is there to meet and greet the detainee upon arrival to provide peer support (please refer to Buddy policy).
- Reception staff will create a personalised care plan and individual health and welfare risk assessment as part of the reception/arrival process.
- If a detainee informs centre staff that they are vulnerable, or if a member of IRC supplier 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 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, Gatwick IRC staff 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.
- Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the DET team will notify the Home Office case owner by 10.00hrs the following day. Some changes in risk status may be classed as a serious incident (for example a medical emergency) and in these cases the procedures set out in DSO 05/2015 (Reporting and communicating incidents out of hours in the immigration detention estate) must be followed.
- 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.

4.1 Where a vulnerability or change in risk has been identified

Serco Gatwick IRC staff with support from healthcare staff, will complete an initial assessment to ascertain if a supported living plan ('care 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 exclude the detainee from any activities or from accessing any part of the removal centre regime.

5.0 Care and management during general stay

If required, a care plan will be put in place by Serco Gatwick IRC staff, in conjunction with healthcare, within 24 hours, to ensure that the wellbeing of the detainee is safeguarded.

When necessary and appropriate, the case owner, the Compliance team and the detainee should be involved in agreeing the actions of the care plan.

The care plan will record the nature of the limitation, the adjustments/interventions agreed including consideration of suitable placement within Gatwick IRC, appropriate communication methods to ensure the detainee's understanding and the date the individual actions are completed (See section 6 below for further details on Care plans).

A Personal Emergency Evacuation Plan (PEEP) should also be put in place by IRC supplier staff, if required. A copy of the care plan (redacted if necessary) must be emailed to the Compliance Team and sent to the Detention Engagement Team (DET).

The Duty Manager will provide the local Compliance and DET teams with a copy of the care plan and CMS updated to reflect.

If a care plan is not considered necessary, a review of the detainee's welfare should continue to be assessed on a weekly basis and details entered into CMS by the Duty Manager and overseen by the Assistant Director Safeguarding.

The detainee should be given a copy of the care plan for their information and CMS documented to reflect this.

6.0 Supported Living Plans (Care plans)

6.1 Activation

Detainees with disabilities, chronic conditions, those deemed to need additional multidisciplinary support, or where there is a detrimental effect on the individual's health i.e. mental health concerns, or compliance with medication a SLP will be activated. This will ensure individualised mechanisms are put into place to ensure that the detainee is supported and kept safe.

6.2 New Admission

Upon entry to the Gatwick IRC the Reception staff will ensure that the reception report is completed detailing all relevant known information. If any disability related needs are highlighted on admission, the admissions nurse will activate a SLP informing reception staff of this and documenting such on System 1.

6.3 Admissions Nurse

The nurse details the needs, actions and support required in the Care Plan having gained consent to share relevant medical in-confidence information.

Note: in the event that a detainee, whilst assessed or declared with chronic conditions and/or disabilities, refuses to give consent or does not require support, then the SLP will not be activated and System 1 must be updated and Reception staff informed.

6.4 Reception/Unit staff

The Reception Officer will update Serco's Custodial Management System (CMS) with information from the detainees IS91, Movement Order and Person Escort Record (PER) for all detainees coming into Gatwick IRC. In addition to recording known information, all detainees are asked upon arrival if they deem themselves to have a disability. This is recorded on the CMS Checklist. If the documentation or detainee declares a disability, this is to be noted on CMS under 'Warnings' and 'Disability' tab. If no disability related need then this must be noted in the comments section under the disabled warning. The Residential Unit Induction staff will reconfirm on Induction that there are no disability-related needs that require input from staff.

When a SLP is required this is to be added to CMS warnings and the Safer Detention Log by the Duty Manager/Reception Manager (if on shift), an email must be sent to all Detention Custody Manager's, the Senior Management Team, the Health and Safety Manager, Assistant Director Safeguarding and the Healthcare Manager detailing all relevant information about the detainees related needs.

6.5 Handover

Prior to being located into the main population of Gatwick IRC, Reception staff must ensure that a full handover is given to the receiving unit staff, with emphasis on appropriate location, room type, immediate concerns and actions required to safeguard and support the individual.

6.6 Duty Manager

Following a handover from the Reception staff on the detainees needs appropriate considerations must be made prior to allocating a room this includes but is not limited to:

- Room type (single, double, easy access, care suite, ground or upper floor)
- Methods of communication (large print, learning difficulties requiring tailored communication, one to one etc)
- Confirming that the detainee understands 'First Night' procedures
- Ensure that the relevant support mechanisms are in place within a reasonable timeframe

- Confirm time of secondary screen and ensure that the SLP is present for the nurse/doctor to review, at time of appointment
- The consideration and assessment of a Personal Emergency Evacuation Plan (PEEP)

6.7 Changes in Individuals Circumstances

In the event that a detainees health changes and specific support is needed by the detainee, consultations between Serco staff and healthcare must be conducted for the purpose of advice and guidance, consent of sharing medical in-confidence information with the activation of a SLP. If a detainee has an existing SLP and their disability-related needs change, then a review of the Care Plan and their needs/support required must be carried out.

6.8 Healthcare Secondary Screens

As part of the Secondary Screen (SS) the SLP will be reviewed and discussions/examinations undertaken to investigate chronic conditions and disabilities (please see the Supported Living Plan SOP for further information on SS).

6.9 Residential Management

It is the responsibility of the Duty Manager to ensure that all detainees within their area of responsibility with an activated SLP have the documented support mechanisms in place, reasonable adjustments have been made where required. It is also the Duty Managers responsibility to ensure that these needs are discussed and reviewed at the Weekly Individual Needs Meeting (please see Safeguarding Children and Adults Policy).

6.10 Reviews

Each detainee will be reviewed on an individual needs basis, and as a minimum weekly during the Individual Needs Meeting. This is to ensure that the Care Plan is relevant, identifiable needs are addressed, and support mechanisms are reviewed. The Duty Manager's must ensure that they draw information from all relevant staff and departments, who can contribute via e-mail, entries in the SLP events record or attend where possible.

The Duty Manager is responsible for updating the SLP and Care plan with review information. Any changes should be communicated to the detainee.

There are two types of reviews:

- **Planned** – these are conducted on a regular basis to review the individual's needs (weekly individual Needs Meeting, Monthly Manager review)
- **Reactive** – these are conducted when there has been a significant event, decrease in functioning or decline in general health.

Any changes to a detainees Care Plan must be documented in the SLP Care Plan and on CMS detailing support mechanism put into effect and any reasonable adjustments made.

Duty Manager's and healthcare are responsible for meeting with the detainee for a face to face discussion on a monthly basis to discuss the SLP in detail with them.

6.1.1 Entries

It is essential that relevant information is documented within the SLP to enable a clearer understanding of the individual's needs and confirm that the support mechanisms in place are effective.

When staff engage with the detainee, reference should be made to the SLP where appropriate. Discussion relating to support mechanisms and their effectiveness must take place, and any change in their circumstances, relevant to the SLP must be recorded.

Any concerns raised must be forwarded to the appropriate DCM who will conduct a review, detailing the concerns and undertake a revision of the support mechanisms in place, to ensure that they are relevant and appropriate to the individual's needs.

6.1.2 Referrals

If a detainee is not on a SLP and during their stay at Gatwick IRC they present in a way that staff deem a SLP may be required a Duty Manager should be informed immediately. The Manager will then liaise with healthcare staff and in line with the arrival process if required Healthcare will initiate a SLP.

During reviews it will probably be necessary to refer a detainee to a specific person, department or clinic to enable an assessment, reinforce a support mechanism or to up skill the detainee.

To signpost, a Supported Living Plan Toolkit is available and should be used to ensure that the correct pathway is followed when referring a detainee. This can be found on the net drive.

6.1.3 Sharing of Information

On activation of the Supported Living Plan, the detainee would have consented to the sharing of information. As the SLP is a social model of support, it is essential that relevant information is shared with relevant individuals and departments to enable a continuation of support, understanding of needs and planning of future services.

6.1.4 Management Checks

To ensure that Supported Living Plans are effective and meets the needs of the individual the following Quality Assurance (QA) management checks will take undertaken.

DCM's – are to conduct a 100% monthly check of all active SLP's in their area, by cross referencing the CMS warnings report and Disabilities report and Safer Detention SLP database with all active SLPs to ensure that all detainees requiring support have an active SLP.

The Assistant Director Safeguarding chairing the Individual Needs Meeting will check a minimum of 10% of the open documents. Ensuring reviews and entries are meaningful and appropriate to

the needs of the individual, Care Plans are up to date and support mechanisms detailed are in place.

SLP's will be recorded in the monthly Safer Detention Report and analysis will take place monthly.

6.1.5 Detainee Being Transferred to another Centre on a SLP

If a detainee is transferred to another IRC, a copy of the existing SLP must be sent to the receiving IRC for reference and to inform the development of a new SLP. Reception DCM or Duty Manager if out of hours must carry out this instruction on discharge, this can be delegated to a DCO to complete if necessary. Once completed the Safer Detention log should be updated.

6.1.6 Detainee Being Released

Where there are outstanding safeguarding concerns an onward care plan should, where possible, be arranged before release. The Case Owner for the SLP will be responsible for ensuring the right level of support is in place, in their absence it will fall to the Duty Manager as a last resort.

7.0 Personal Evacuation Escape Plans (PEEP)

Gatwick IRC staff will where necessary open a Personal Emergency Evacuation Plan (PEEP) written in conjunction with the detainee and recorded on paper and on CMS.

8.0 Release/Removal

In cases where Gatwick IRC 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.

This should be expedited by the Assistant Director Safeguarding to avoid any impact on release timings as the Home Office will use the outcome of the meeting to inform implementation of the release decision. Attendees should include, as a minimum, representatives from the local Compliance team, the DET, IRC and escort supplier representatives and, if applicable, healthcare. In the case of a detainee in a residential STHF the escort supplier, healthcare and DEPMU should discuss release with the DET. This should include consideration of any safeguarding issues that may arise following release.

All meeting minutes and outcomes will be documented on CMS by the chairing manager/Assistant Director Safeguarding.

In the case of release to the community, the Gatwick IRC healthcare provider will inform the relevant healthcare provider in the community to ensure continuity of care, where possible and records will be forwarded as appropriate on release.

A detainee should also be provided with a copy of their medical record on release by healthcare staff.

Duty Managers will ensure where possible releases should be facilitated during daytime where possible, to ensure that the detainee can reach their final destination without late night travel, unless the detainee is being collected by friends or family or for other significant operational reasons that mean that release at other times would be unavoidable.

All removals involving an adult at risk should be treated as a complex removal by Gatwick IRC staff and overseen by the Assistant Director Safeguarding.

In order to plan a safe and successful removal the Assistant Director Safeguarding in conjunction with the Residential DCM will hold a multi-disciplinary meeting to agree the removal plan and risk assessment.

Attendees should include, as a minimum, the onsite DET team, IRC and escort supplier representatives, healthcare supplier representative and case owner. Meetings will be chaired by the Assistant Director Safeguarding and all minutes will be documented on CMS.

In certain cases, where the removal may involve the use of Rule 40 or Rule 42 accommodation, the local Compliance team must also be in attendance. DSO 01/2016 (the protection, use and sharing of medical information relating to people detained under immigration powers) should be followed in respect of procedures on whether a detainee is fit to be removed/fly.

9.0 Victim of 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 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.

10.0 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.

The DCO will complete the first part of the assessment form and then pass to the healthcare provider to complete the second part of the assessment.

If evidence to complete the RSRA is unavailable at the point of reception the allocation of a room should therefore be based upon the information that has been received.

A second assessment must be completed as soon as practicable once the required evidence or following the detainees initial 48 hours in detention.

10.1 Consideration for the Operational Risk Assessment

- Previous convictions
- Cell sharing risk assessment (if transferred from a prison)
- Known vulnerabilities for an individual identified as an 'adult at risk' (DSO 08/2106 refers)
- Previous room sharing risk assessment and any review forms (if transferred from an IRC or STHF)
- Prison file including list of any adjudications
- Detainee Transferable Document (DTD)
- Person Escort Record (PER)
- Records of instances of Rule 40 and Rule 42 (if transferred from an IRC or STHF)
- Assessment Care in Detention and Teamwork (ACDT)
- IS91– checking PNC result and any history of violence
- Movement Order
- Healthcare Assessment as part of the risk assessment (second part)
- Intelligence (detention intelligence team).

If a detainee is received from the prison estate without their prison file. Gatwick IRC Reception DCMs will be responsible for contacting the sending prison to obtain the missing file.

Those detainee's leaving a Scottish prison will not be accompanied by their file and the information will need to be gained from the sending establishment via the Reception DCM calling the sending Scottish prison.

If the requested evidence from the sending IRC/Prison has not been received by staff at Gatwick IRC within 5 days of the original request (the day of admission) then the DCM will inform the HOIE onsite team recording this on CMS.

10.2 Healthcare Completion of the RSRA

The health care provider will complete the second part of the RSRA assessment. Following the health care screen healthcare will complete and record the information relevant to indications that the detainee may pose a risk of killing, seriously assaulting or causing mental or physical harm to another detainee when in a shared room or be at risk of such harm from other detainees.

10.3 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.

The same process applies to those detainees transferring to Gatwick IRC from a prison with a Cell Sharing Risk Assessment (CRSA). Where the CRSA is missing the Reception DCM should contact the sending prison to request a copy.

- 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.

Life threatening assault, murder or manslaughter of another prisoner/detainee or assisting a suicide while in custody. A life-threatening assault would be one in which the victim suffered very severe injuries. In police terms these would be the most serious form of Grievous Bodily Harm, or attempted murder. Assisting a suicide is a charge used where the police believe a prisoner/detainee was involved in the death of a cell/roommate. Convictions for racially aggravated offences, or any form of hate crime should also be considered.

Sexual assault with same sex adult victim either in the community or in prison/IRC. Convictions for sexual assault need to be considered very carefully. A detainee convicted of rape or serious sexual assault with a same sex adult would present a high risk. A detainee convicted of rape or serious sexual assault with someone of the opposite sex or a child may not be at increased risk of harming an adult, same-sex roommate; they may be more likely to be harmed themselves by other detainees.

- 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.
- The RSRA form must be used by staff to record the initial risk assessment. The guidance that accompanies the RSRA form must be available to staff and display in reception.
- Reception staff will ensure a picture of the detainee is attached to the RSRA form at the point of completion.
- Once the RSRA form has been completed the outcome, reasons why and next review date will be entered into CMS by reception staff and checked by the DCM and or Assistant Director Safeguarding.

- If a detainee is deemed to be high risk the Reception DCM must submit the details, including the date of review, on an IS91RA Part C to the Detainee Escorting Population Management Unit (DEPMU) and a copy provided to the onsite HOIE team.
- The completed RSRA form must be placed into the DTD
- If the detainee transfers, then the RSRA form must accompany them.

10.4 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.

The review process will be used to monitor factors or review decisions made about the level of risk that a detainee poses to other detainees.

The details of the RSRA review must be recorded on the RSRA review form completing the updated status and reasons for the multidisciplinary decision. The paper copy of the review will remain in the DTD and the chair of the review either the Duty Manager or the safeguarding team will enter the updated details onto CMS.

The details of the review will also be submitted on an IS91RA Part C to DEPMU and a copy provided to the onsite HOIE team.

10.5 On-going Risk Assessment Process

DCMs 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.

DCMs/Assistant Director Safeguarding/Team will review 10% of all RSRAs monthly checking for quality and appropriate sign off. Any findings of poor practice must be raised and addressed with the individual and or their line manager. Assistant Director Safeguarding/Team will hold a register of all checks completed and their findings/actions.

11.0 Register of High- Risk Detainees

The Assistant Director Safeguarding will hold via CMS a register of all detainees that are designated as high risk. Gatwick IRC staff will have access to read the register and Managers will have access to update and view the register This register will record:

- The full name of the detainee
- Whether the risk was static or dynamic
- The level of risk they are assessed at
- If the detainee is allocated to a single room
- The review date

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11.1 AoR Multi-Disciplinary Team (MDT) Meeting

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:

- Security Manager (resident intelligence)
- Assistant Director Safeguarding
- Healthcare Manager or representative (complex medical issues)
- Welfare Officer (welfare concerns)
- Member of the HOIE Detainee Engagement Team and DAC team (concerns, resident case updates)
- Residential DCM's (update on residents, actions)
- Assistant Director Residential (Chair, assign actions)
- Duty Director (Chair in absence of Residential AD, assign actions)
- Safer Detention Lead (Resident update, Safer Detention input)

Open invite:

- Religious Affairs Manager
- Hibiscus
- IMB
- Home Office Compliance Team
- Case owners Dial in

The weekly individual needs meeting will discuss the following:

- 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

Other reasons why a detainee may be classed as vulnerable or high risk may include:

- IR information
- SIR information
- Intel systems (Staff & Residents)
- IS91 part 'C'
- External sources
- Failed removal paperwork
- Complex medical issues
- Removal Directions/Charter Flights/Complex release plans.

Detainees due to leave the Gatwick IRC over the coming 72 hours, or upcoming Charter flights will also be discussed.

A record of the meeting will be recorded on the CMS Weekly Individual Needs report. This will include a list of all attendees, and a brief summary of discussion and actions agreed. A copy of the notes taken during the weekly meeting will be kept by the Assistant Director Residential, Regimes and Safeguarding for future reference.

Actions will be agreed at the meeting, and it is the responsibility of the action owner to complete these actions and provide feedback to the chair and other attendees where relevant.

I 2.0 Pregnant Detainees (please see the pregnant detainee SOP)

A woman who is detained pending removal or deportation and who the Secretary of State is satisfied is pregnant may be detained only if the removal will take place shortly or there are exceptional circumstances to justify detention. In either case, the detention of such a pregnant woman may be for no more than 72 hours, although this may be extended to 7 days if authorised by a minister. In addition, there is a duty to have regard to the welfare of the pregnant woman in determining whether to authorise detention.

For the purposes of care and management while detained a woman who claims she is pregnant, or who is suspected to be pregnant, must receive the same safeguards as a woman with a confirmed pregnancy, until such time as the pregnancy can be confirmed.

I 2.1 Arrivals Process

Upon arrival at Gatwick IRC and within a 2-hour period Healthcare will offer a pregnancy test to all female detainees. This is a voluntary test and may be requested at a later date by the detainee.

A female detainee may request a further pregnancy test even if the one taken upon arrival was negative.

A pregnant detainee with suspected or claimed pregnancy should be dealt with ahead of other detainees to ensure their wait is as short as possible.

Healthcare with consent of the detainee will send a IS91 Part C to HOIE and DEPMU and reception immediately, they will also inform Duty Manager and they will inform onsite on call HOIE. The IS91RA Part C should also include how far into the pregnancy the detainee is.

PDA staff will add the IR91 Part C form to the Detainee Transferable Document (DTD).

If the detainee refuses to give consent for others to be informed of her pregnancy. The IS91 will state 'detainee is on medical hold and force should not be used'.

Outside of hours (after 1800hrs until 0900hrs and at weekends and bank holidays) in addition to the part C IRC supplier should immediately contact the local HOIE on call manager with the relevant details.

The detainee should be informed of the risks and benefits of the decision to withhold consent by a healthcare professional in a format and language she understands.

The Duty Manager/Assistant Director Safeguarding will ensure the information is added to the warnings on CMS and to the Daily Operations Report. When it has been added to the warnings a report can be collated on CMS reports and it will be recorded under Post room and reports/pregnant women report. It will also be added to the weekly individual needs report under security and operations.

All detainees with suspected or claimed pregnancy must be offered an appointment with a GP within 24 hours.

Healthcare will also write a special dietary request form and send it to the kitchen requesting extra fruit, milk and a sandwich pack for night-time use.

As part of the arrival process or upon confirmation of pregnancy a personalised care plan and health and welfare risk assessment known locally as a Supported Living Plan (SLP) must be drawn up by Healthcare. This should be completed in conjunction with Serco namely the Assistant Director Safeguarding and Safeguards Lead to include consideration of suitable accommodation within the centre, for example on the ground floor if necessary to avoid use of several flights of stairs, access to the lift. The risk assessment should also consider any pregnancy related medical concerns and risk, and be complete on an IS91RA form (healthcare will complete and send this form to DEPMU).

The pregnant detainee will be informed of the Gatwick IRCs Pregnancy Liaison Officers who they are; Assistant Director Safeguarding and female Family Care Managers and how she can contact them. They will assist the detainee with any additional support or requests for items that are pregnancy related.

During the Induction process or at the point of pregnancy being tested the detainee will be informed that she may have:

- Pregnancy related support pillow
- Maternity clothing/stockings
- Additional vitamins to assist with her wellbeing
- Food or drink items that will assist with pregnancy related effects e.g. morning sickness herbal/favoured teas.

PDA staff will inform the detainee that additional support and or advice can be obtained by:

- Welfare (property, contacting landlords/family for additional property, assistance with bank accounts, contacting friends and family)
- IMB (independent support and advice)
- Hibiscus (preparation for return or release, links with red cross overseas services, contact with support services in the country of return or location of release)

As for all female detainees, pregnant detainees must only be searched by female officers (DCOs) taking into consideration any particular needs or physical limitations.

Staff must ensure that any pregnancy related issues are considered when completing the Room Share Risk Assessment (RSRA).

A pregnant detainee should be allocated a single room on request within the PDA.

I 2.2 Care and Management During General Stay

Any changes to physical or mental health of a detainee who is confirmed or suspected to be pregnant which may impact on the decision to detain should be notified to the Home Office as a matter of urgency. This will include pregnancy related events such as suspected or confirmed miscarriage and any concerns regarding the unborn baby.

All interactions and support given to the pregnant detainee must be logged on CMS.

All pregnant detainees are entitled to an extra carton of milk extra pieces of fruit each mealtime (breakfast, lunch and dinner).

Detainees that are pregnant will be allowed up to two extra pillows to make them feel more comfortable whilst they are resting/sleeping in their rooms. (If additional pillows are issued to detainees, then this needs to be recorded on CMS).

Information about pregnancy and the tests available will be given by healthcare.

If a pregnant detainee presents with any healthcare complications which cannot be addressed by the healthcare staff, she should be referred to the local hospital for necessary treatment and care.

In addition to routine healthcare support the pregnant detainee will receive ante-natal care in line with NICE guidelines, where possible.

I 3.0 Transsexual Detainee (please see the Transsexual Detainee SOP)

A transsexual person, as defined by the Equality Act 2010, is a person who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex.

The gender in which the transsexual person lives or proposes to live is known as that person's acquired gender.

If a detainee presents as male, he should be treated as male; and if a detainee presents as female, she should be treated as female.

If there is uncertainty about a detainee's gender, the detainee should be asked which gender they consider themselves to be and treated accordingly, if appropriate.

Where the detainee expresses a preference to be treated as a particular gender, this should be recorded, and the detainee asked to sign the record.

A care plan, covering issues such as searches, accommodation and other relevant matters, will also need to be agreed with the individual detainee (see section below).

I 3.1 Core Plan

All detainees that present as transsexual regardless of their stage of transition will be offered to enter into a voluntary written agreement called a Care Plan.

The care plan will provide clear information for the detainee and the staff regarding the requirements, obligations and entitlements.

The care plan will be written by the DCM and detainee and should cover items such as:

- Accommodation
- Searching
- Facilities
- Dress codes
- Support
- Healthcare

Detainees will be offered a copy of their care plan at the initial point and after each review of the plan. This will be documented on CMS.

The care plan review will be a multi-disciplinary review chaired by the DCM which will include:

- Assistant Director Safeguarding
- Security
- Residential DCMs
- Health care
- Support services
- IMB
- Any requests from the detainee for support at the meeting.

A copy of the plan will be placed in the DTD by the DCM.

13.2 Searching

When searching transsexual detainee's, specific consideration needs to be given to maintain the respect and dignity of the detainee. It is also recognised that staff may feel sensitive when searching detainees that are pre surgery in their transition stage.

Legally and fully physically one sex but transitioning to the other:

Detainees transitioning from male to female, but who are currently legally and fully physically male, would be full searched by male officers and detainees transitioning from female to male, but are currently legally and fully physically female, would be full searched by female officers.

Legally one gender, physically the other:

For detainees who have completed surgery and treatment who, whilst legally of one gender, are in all or most other respects physically identical to the opposite sex, it may be appropriate for staff who are the same gender as the detainee's acquired gender to search the detainee despite the lack of legal recognition. This will need to be decided on a case by case basis and reference made to the care plan where one is in place. In these instances, a male to female transsexual detainee with female genitalia can be asked to agree to be full searched by female officers and female to male transsexual detainees with male genitalia can be asked to agree to be full searched by male staff.

I 3.3 Accommodation

Rule 10 of the Detention Centre Rules 2001 requires that female detainees must be provided with sleeping accommodation separate from male detainees.

Detainees must be located according to their gender that would be recognised under UK law. Where there are issues to be resolved, such as a detainee presenting in a gender opposite to the one that would be recognised under UK law, a discussion should take place promptly to consider the most appropriate location.

A multi-disciplinary risk assessment should be undertaken to determine how best to manage a transsexual detainee's location. The detainee's view should also be considered during the review process and fully documented.

I 3.4 Risk Management

The DCM and the detainee will jointly produce a management care plan outlining how the individual will be managed safely and decently during their stay at Gatwick IRC.

Transsexual detainees should generally be viewed as presenting a higher risk of suicide and self-harm than other detainees. Assessment, Care in Detention and Teamwork (ACDT) procedures should be utilised for any detainees at risk of suicide or self-harm.

Gatwick IRC staff will be alert to the fact that transsexual detainees are likely to be at increased risk of bullying and harassment. Gatwick IRCs Anti-bullying & Violence Reduction strategy or care plan for the individual should contain measures to mitigate this risk.

Gatwick IRC will have in place advice/guidance and training about gender reassignment and the prevention of transphobia for staff who may be required to work with transsexual detainees.

I 4.0 The Buddy Scheme

- All detainees who wish to become a buddy must complete an application form and sign a buddy compact
- Clear boundaries will be set within Buddy training and my staff to confirm understanding of the role
- Staff can seek guidance from the Buddies policy and the Assistant Director Safeguarding
- Buddies will be provided with Buddy t-shirts so they are easily identifiable but also only wear the t shirt when they are undertaking their duties to provide down time for them
- Training will be provided to Buddies as a hybrid model of Serco and partner agencies e.g. Samaritans

- Buddies will have a daily check in with the safeguarding team to ensure there are clear with their role remit, are able to ask for clarity on specific safeguarding issues, are clear how to raise concerns and have an opportunity to debrief or off load from their role. This will take place 1:1 and in a private area to ensure confidentiality and safe space conversation.

14.1 Buddy Detainee Selection

In line with best practice, it is essential that those selected to attend the Buddy Training Programme have first completed and been successful in each stage of the selection process:

Stage One

Application Form

An application form to become a member of the Buddy Support Network needs to be completed and sent to the Safer Community Team via staff or the safer community boxes located around Gatwick IRC.

In addition to the application form, it would be beneficial if interested parties would also be given the 'Buddy Information' leaflet. The detainee should then be added to the active waiting list.

Stage Two

Management and Department Contribution forms

The Buddy Co-ordinator should ensure that the Management and Department contribution forms are circulated to the Residential DCMs, Security, Work Activity Supervisors, Health Care. The purpose of the contribution form is to assess motivation, behaviour, aptitude and other useful information.

After all the contribution forms for each detainee have been returned, they will be sifted by the Buddy Co-ordinator and Assistant Director Safeguarding before being sent to the Safer Detention Team with recommendations. The Assistant Director Safeguarding will have the final decision as to who and how many detainees are appointed.

Arrangements should then be made for the Buddy Interview to be conducted.

Stage Three

Conduct the Buddy Interview (*Conducted by the Buddy Co-ordinator*)

The purpose of the Buddy Interview is to evaluate the candidate's level of motivation, honesty and existing listening and communication skills. The Buddy Co-ordinator should explain the purpose of the interview to the candidates prior to conducting it and ensure that they are happy to proceed. The Buddy Co-ordinator should also explain that the content of the interview will remain confidential and that it will only be used for the purpose of Buddy selection. The interview should take approximately 30 minutes to complete.

The Buddy Co-ordinator then needs to complete the overall evaluation form.

At this stage of the process, candidates can be assessed as unsuitable if the candidate does not hold a 'Satisfactory' or above in all areas.

Having successfully passed the Buddy Interview the candidates should be informed of the date that the Buddy Training is due to begin.

Stage Four

The Buddy Training Programme *(Conducted by the Buddy Co-ordinator and relevant services e.g. Health care and Samaritans.*

The purpose of the Buddy Training Programme is to meet the aims of the programme (as above) and to conduct a final assessment on the candidates' ability to adopt the necessary skills and strategies.

After the final session of the Buddy Training Programme, the Buddy Co-ordinator should thank the participants and inform them that they will be informed as to whether they have been successful or unsuccessful in their application to be granted Buddy Status as soon as possible.

The Buddy Co-ordinator and the Buddy Support Counsellor should then make arrangements to see each participant on an individual bases to state whether or not they have been successful and to provide overall feedback.

The successful applicants should be provided with a copy of the Buddy compact which they will be required to complete and agree to abide by.

I 4.2 Buddy Training

Session Content

1. Buddy System aims
2. The Role of the Buddy, Buddy job description and expectations, Buddy t shirts and Buddy Compacts
3. Skills that are useful in this role
4. Confidentiality and how to report concerns
5. Being non-judgemental and Listening skills
6. Support for the Buddy.

I 4.3 The Aims of Buddy Training

The training has five aims:

- To ensure the participants gain an understanding of the role of 'The Buddy' and what is expected
- To encourage participants to develop their self-awareness
- To encourage communication and listening skills needed to provide support to others first entering Gatwick IRC and any on going concerns they may raise
- To encourage open communication between Gatwick IRC staff and detainees

- To provide participants with a knowledge of when and how to alert concerns to staff
- To know what support is in place for the Buddy role

I 4.4 The Role of the Buddy

The Buddy will act as a point of contact and support for detainees from when they first enter Gatwick IRC and through their journey at Gatwick IRC. Support will be in the form of:

- Meeting and greeting detainees at the point of entry to Gatwick IRC, namely Reception/ arrivals
- Providing information and signposting to the facilities on offer at Gatwick IRC
- Sign posting detainees to further support and guidance
- Explaining and promoting their role
- Encouraging open communications between staff and detainees
- Raising concerns
- Promoting wellbeing throughout Gatwick ITC
- Encouraging the use of support services and agencies

I 4.5 Skill set of a Buddy

- Active Listening skills
- Non-Judgemental
- Not to Presume
- Being aware of the protected characteristics
- Approachable
- Knowing how to sign post and raise concerns.

Steve Hewer

Contract Director, Gatwick IRC
Serco Justice & Immigration

Buddy Role Approval Form

The following detainee has applied for a Buddy role. Please complete the following report and return to the Assistant Director Safeguarding by (date). Thank you for your time and attention.

Health Care comments:

Name..... Location.....

General Attitude/Behaviour:

Suitability For A Buddy Role:

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Name of member of staff (BLOCK CAPITALS): _____

Position _____

Signature

Date.....

Buddy Support Network Interview Questions

Name.....

Location.....

1. Why would you like to be a Buddy?

2. What do you know about the Buddy role?

3. What do you feel you have to offer the Buddy role?

4. What are your personal strengths and weaknesses?

5. How would these strengths and weaknesses aid you in being a Buddy?

6. Can you describe a situation in which someone came to speak to you with a problem or concern and how you dealt with this?

7. Are there any situations or issues that you would not be able to deal with? What would you do?

9. How would you help someone settle into Gatwick IRC?

10. Where would you go to get support if you were unsure of a situation?

12. How do you spend your time in Gatwick IRC?

Buddy Interview Evaluation

Name _____

Location _____

Qualities Assessed	Above Average	Satisfactory	Below Average	Comments
Level of Confidence observed				
Level of enthusiasm towards Buddy role				
Listening abilities				
Assertiveness skills				
Level of maturity				
Empathy skills				
Awareness of what the buddy role involves				
Appropriate use of humour				
Non-judgemental approach				
Level of self-awareness				
Overall Impression (please write a recommendation as to whether you feel they would be successful as a Buddy)				

Signed

Print Name
