Home Office

Detention Services Order 08/2016

Management of Adults at Risk in Immigration Detention

July 2018

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Contents

Document Details

Process: To provide information for staff and suppliers on the care and management of detainees deemed to be adults at risk while in detention.

Implementation Date: July 2018

Review Date: July 2020

Version: 2.0

Contains Mandatory Instructions

For Action: Home Office staff and suppliers operating in immigration removal centres, pre-departure accommodation and short-term holding facilities and escorting suppliers.

For Information: Border Force and Home Office immigration case owners.

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Processes Affected:

Assumptions: All staff will have the necessary knowledge to follow these procedures.

Notes: This guidance supplements DSO 03/2016 'Consideration of detainee placement in the detention estate', DSO 11/2012 'Care and management of transsexual detainees' and DSO 05/2016 'Care and management of pregnant detainees'.

Instruction

Introduction

1. This detention services order (DSO) provides operational guidance for all Home Office, centre supplier and healthcare staff working in immigration removal centres (IRC), pre-departure accommodation (PDA) and residential short-term holding facilities (STHFs) and escorting staff on the care and management of adults in detention who are identified as being at risk.

2. Facilities in STHFs tend to be more limited than those in IRCs; however, this guidance should be followed as far as possible.

Purpose

3. This order will ensure that all 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.

The role of Pre-Departure Teams

4. Two different Home Office teams operate in IRCs only: the Detention and Escorting Services Compliance Team (Compliance Team) and Immigration Enforcement Pre-Departure Team (PDT). In centres where PDTs are not yet fully operational, all actions for Home Office staff in this instruction must be completed by the local Compliance Team in the interim.

Policy on detention of adults at risk

5. The adults at risk in detention policy for caseworkers is set out in the Immigration Enforcement General Instructions (https://www.gov.uk/government/publications/offender-management) and within the Border Force guidance document - Detention in port cases. Essentially, the policy sets out a process for determining whether an individual would be particularly vulnerable to harm in detention and, if so whether they should be detained for the purpose of immigration removal. This is based on a weighing of the risk factors (set out below) against immigration control considerations. The presumption is that adults at risk will not be detained and that, on a case-by-case basis, detention will only become appropriate at the point at which immigration control considerations outweigh the risk factors identified.

Definition of an adult at risk

6. 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.

7. On the basis of the available evidence, the Home Office case owner will reach a view on whether a particular individual should be regarded as being "at risk". If so, the presumption will be that the individual will not be detained.

Indicators of risk within detention

8. There are a number of 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

    - suffering from a serious physical disability

    - suffering from other serious physical health conditions or illnesses

    - being aged 70 or over

    - being a transsexual or intersex person.

9. 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.

10. 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.

Procedures

Initial detention

11. As set out in DSO 03/2016 (Consideration of detainee placement in the detention estate) the allocation of detention beds is based upon a number of criteria. It is important that Detainee Escorting and Population Management Unit (DEPMU) is fully informed of all potential risks associated with any individual coming into detention to ensure the appropriate management of a detainee, including their health and welfare needs. A multi-agency planning exercise should be considered by the case owner/Immigration Compliance and Engagement (ICE) team with DEPMU and the proposed IRC supplier, healthcare and the local Compliance team, prior to any planned detention of an adult at risk. This will ensure that adults at risk will be transferred to the nearest centre on initial detention that can accommodate their needs, where possible. Separate arrangements are in place for pre-departure accommodation via the Home Office Family Returns Unit (FRU).

12. It is essential that centres and escorts are notified in advance of any detainee identified as, or suspected to be an adult at risk prior to transfer into the detention estate. The detaining officer must ensure that all relevant detainee records (Person Escort Record; movement order; and IS91RA risk assessment) are fully updated as soon as possible. When a suspected or confirmed vulnerability is identified the case owner must ensure that they open the 'adult at risk' special condition on the Casework Information Database (CID). The associated notes field must be updated with details on the nature of the vulnerability and any evidence provided to confirm vulnerability. Details of any vulnerability must be highlighted on the Detention Gatekeeper referral form to ensure that detention is only authorised on the basis of full awareness of the case. At the point of detention (upon service of the IS91 and once the case is accepted by the Detention Gatekeeper) the Detention Gatekeeper, case owner or

referring officer (out of hours) must make a referral to DEPMU for a detention bed, providing details of the suspected or confirmed vulnerability. Acceptance for families into pre-departure accommodation must be made through the FRU.

Transfer to place of detention

13. When planning the transfer of a detainee identified as an adult at risk ('adult at risk') the escorting supplier must ensure that the wellbeing of the detainee is specifically considered in light of the relevant risk factors at all stages of the journey and that any particular needs of the detainee are appropriately considered. The timing of the journey, appropriate transport, route and comfort breaks should be arranged to limit the impact on the detainee, as far as practicable. Where possible, inter-centre transfers at night should be avoided unless it is in the best interests of the detainee.

14. Transfers between centres for an adult at risk must be kept to a minimum. Centre supplier staff must ensure that a safer detention referral form is completed and discussed with the receiving centre prior to a transfer taking place for an adult at risk. All known information and risks must be shared and accurate records must be kept on local systems. Medical records (DSO 01/2016 Medical Information Sharing refers), Assessment Care in Detention and Teamwork (ACDT) records, prison files and any other records should accompany the detainee and must be kept updated following detention.

IRC reception

15. On arrival at the receiving IRC the centre supplier 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. As part of the arrival process a personalised care plan and individual health and welfare risk assessment must be drawn up (see paragraph 24). Staff should refer to DSO 06/2013 for the reception and induction checklist and supplementary guidance.

Healthcare reception

16. All detainees must have a medical screening within 2 hours of their arrival. For detainees who arrive late in the evening this will be undertaken at the earliest opportunity and detainees who do not wish to have a full medical screening late at night may opt to receive a basic screening on arrival with a full screening the next day. Every detainee identified as an adult at risk must be given an appointment with a GP within 24 hours of admission to an IRC, which should include consideration of any medical requirements to enable removal to take place as planned. Extra support should be given to the detainee, if required, to ensure that they understand when and where their medical appointment will be held to reduce the likelihood of the detainee failing to attend their appointment. If a health-related vulnerability is identified during screening the notification process set out in paragraph 16 should be followed.

Induction

17. The IRC supplier and onsite local PDT team must prioritise their induction processes for adults at risk and ensure they are seen as soon as possible. Centre staff and healthcare staff must jointly undertake a centre- specific risk assessment of the detainee within 24 hours, which will include consideration of any medical concerns and risks, and be completed 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.

18. For the purposes of paragraph 17, where Detained Asylum Casework (DAC) teams operate within the centre, DAC officers will be responsible for the induction actions detailed above.

19. In line with the procedures in place for all detainees (see DSO 12/2012 room sharing risk assessment, DSO 06/2016 care and management of women and DSO 02/2016 care and management of lesbian, gay and bisexual detainees) all staff, both Home Office and supplier, must ensure that any specific risks are considered when undertaking the induction process and/or the room sharing risk assessment.

Care and management during general stay

20. 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.

21. 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 PDT team as soon as possible. This should include any wider vulnerabilities such as care support for a disabled detainee. In the case of a residential STHF the escort supplier must notify DEPMU.

22. Where a vulnerability has been identified, the supplier 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 PDT teams. The PDT team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. Upon receipt of the IS91RA Part C, the case owner will open an 'adult at risk' special condition on CID as set out in paragraph 12.

23. Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the PDT 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.

24. 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.

25. 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 PDT requesting further information from healthcare they must request this information from healthcare within 24 hours of the initial request. The local PDT team must then forward this additional information to the case owner within 24 hours of receipt from healthcare.

26. Where a vulnerability or change in risk has been identified, IRC supplier staff, with support from healthcare staff, must 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.

27. If required, a care plan must then be put in place by the IRC supplier 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 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 by IRC supplier staff, if required. A copy of the care plan (redacted if necessary) must be emailed to the case owner and CID updated to provide details of where the care plan is stored for future reference. The local Compliance and PDT teams must also be provided with a copy of the care plan. If a care plan is not considered necessary, a review of the detainee's welfare should continue to be assessed on a weekly basis. The detainee should be given a copy of the care plan for information.

28. The care plan must be reviewed by the supplier, in conjunction with healthcare, and, where necessary, the case owner and the Compliance team, 7 days after the plan is put in place. After 7 days, the care plan should be reviewed at a set frequency that will

depend on the nature of the vulnerability (at least monthly) or when a change in the detainee's condition is identified. Each review must be clearly documented, including the date of the review, details of those who attended the review meeting and a summary of the discussion. If a detainee is transferred to another IRC, a copy of the existing care plan must be sent to the receiving IRC for reference and to inform the development of a new care plan.

29. Following review of the care plan review documentation the case owner must have regard to the detainee's welfare when determining whether to authorise continued detention. Case owners must inform the onsite PDT team of any decision to continue detention, via CID note, within 48 hours of the decision being made.

30. The local Compliance team must ensure that care plans are being appropriately completed.

Release/Removal

Release to the community

31. Once release documents are served on the detainee (BAIL201), any continued detention of the detainee would be unlawful. There is no basis on which a detainee can remain in detention after the release order has been served. The supplier cannot maintain custodial responsibility once the Home Office has formally served the authority to release and therefore the supplier must release a detainee. Where there are outstanding safeguarding concerns an onward care plan should, where possible, be arranged before release.

32. In cases where 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 PDT team to agree a plan to safely release the individual. This should be expedited 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 case-working team and the non-detained casework team, 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 case owner. This should include consideration of any safeguarding issues that may arise following release.

33. In cases where the detainee requires support and/or accommodation from the Local Authority, the case owner and, where allocated, the non-detained casework team, must arrange a Local Authority needs assessment prior to release. This should include the Family Engagement Manager for family returns in pre-departure

accommodation. The local PDT team should assist the caseworker with signposting for local services wherever possible.

34. In the case of release to the community, the 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. 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.

Removal

35. All removals involving an adult at risk should be treated as a complex removal. In order to plan a safe and successful removal the IRC supplier of the centre from which the detainee will be removed must hold a multi-disciplinary meeting to agree the removal plan and risk assessment. Attendees should include, as a minimum, the onsite PDT team, IRC and escort supplier representatives, healthcare supplier representative and case owner. 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.

36. Upon discharge of an adult at risk from the centre – for release or removal, the onsite PDT team must update the CID case notes outlining any relevant discharge information, such as ongoing support, and the location of any care plan in place for the detainee (see paragraph 30).

Revision History

Review date	Reviewed by	Review outcome	Next review
July 2018	Jose Domingos	Amended to include the roll out of PDT teams and individual responsibilities	July 2020