

DETENTION SERVICES ORDER 6/2008

Assessment Care in Detention and Teamwork

Introduction

This instruction outlines changes made by the UK Border Agency to replace the previous F2052SH procedures with the new Assessment Care in Detention and Teamwork (ACDT) self harm reduction strategy. It provides an holistic approach to suicide prevention (with a move away from simple awareness to prevention), within the broader context of decency, safety, and the concept of a healthy centre, but also brings existing policy in line with similar changes implemented by the Ministry of Justice. All centres have already been provided with training to supplement the requirements of this Detention Services Order (DSO).

Purpose

The purpose of this instruction that all staff working in IRCs have a clear understanding of the new ACDT self harm reduction strategy.

Procedures

The UK Border Agency, its contractors and service providers have a duty of care to all detainees and staff. This DSO provides instruction and guidance for:

- Identifying detainees at risk of self-harm and/or suicide; and
- Providing the subsequent care and support for such detainees, and equally for the staff who care for them.

Other points to note are that this DSO:

- Underpins the Detention Services Standard on Suicide and Self-harm Prevention issued in December 2002, which has been amended to reflect the changes through the introduction of the ACDT strategy;
- Supersedes any previous UK Border Agency guidance on self-harm management; and
- Comes into effect immediately.

Impact and Resource Assessment

The successful use of ACDT requires a total commitment by all staff, contractors and their organisations, in particular the need for senior managers to fully understand the strategy, for all staff to be appropriately trained and for managers to lead from the front rather than delegate responsibility for implementation to lower grade managers.

The introduction of ACDT still requires all staff to be responsible for the prevention of detainee suicide and self-harm. It sets out different ways of working, and requires Centre Managers to appoint trained assessors and named case managers. There is also a

requirement to provide sufficient administrative support and to provide appropriate training for all staff, which should be reflected in local business plans.

Training

ACDT training courses are summarised at Appendix A. Staff released by establishments are trained as ACDT Assessors and/or ACDT Trainers to cascade ACDT training to establishments. This training has in the main been provided by the Prison Service Area Safer Detention Outreach workers and NIMHE Regional Leads. As the introduction of ACDT widens, Training will be developed by individual centres, with a lead being provided by Detention Services.

Mandatory Action

1. The following individuals are responsible for taking immediate steps to ensure their operating procedures, training plans and transfer of risk information fully complies with the ACDT system:

- The respective Contract Directors for escorting services (including any short-term holding facilities and holding rooms operated under the escorting contract with the UK Border Agency); evidence is to be provided and agreed by the Grade 7 Head of the Detainee Escorting Population Management Unit (DEPMU).
- The respective Centre Managers/Contract Directors for each Immigration Removal Centre and Short-Term Holding Centre; evidence is to be provided and agreed by the Grade 7 Assistant Director for Operations.

2. Centre Managers and Contract Directors (for both Immigration Removal Centres and escorting services) must establish a local policy statement, instructions and protocols, which set out:

- A multi-disciplinary, multi-agency approach to suicide and self-harm prevention;
- That Centre Managers/Contract Directors have overall responsibility for the implementation of suicide and self-harm prevention in relation to all detainees in their care.
- That suicide and self-harm prevention is the responsibility of all staff and that an ACDT Plan must be opened whenever any member of staff believes a detainee is at risk.)
- The fact that it is important that staff are aware of which detainees in their care are on an open ACDT Plans, including the need to check a list of detainees every time they come on duty, the frequency of conversations and observation requirements, the trigger boxes and the CAREMAP carefully. Whenever staff hand-over detainees on an open ACDT Plan to colleagues, they must always appropriately brief that member of staff, including those working for other contractors who are taking responsibility for the care of detainees.

3. Audits will comply with the Audit Compliance and Self-Audit Standard.

Quality control

1. Unit Managers/Shift Managers must check observation books and ACDT Plans daily to ensure entries indicating risk of suicide or self-harm are promptly and appropriately actioned, ensuring that:

- All staff are following the ACDT procedures;
- Healthcare staff have been informed of all new open ACDT Plans;
- All staff with detainees on open ACDT Plans in their unit are made aware of the Trigger box and CAREMAPs' contents; and
- All staff are clearly briefed at hand-over points, including other contractors taking responsibility for a detainee's care.

2. The Duty Manager/Shift Manager must audit the quality of ACDT Plans at least twice a week, draw deficiencies to the attention of the Centre Manager and line managers, monitor the response, and record that they have made these checks.

Transfers and court movements

Where a detainee is on an open ACDT and is leaving a place of detention, the following must occur:

1. The dispatching establishment must:

- Ensure that DEPMU has been notified in advance of the transfer of the ACDT Plan;
- Ensure the escorting staff are fully briefed on the ACDT Plan, and update the Detainee Transferable Document to reflect the fact that the briefing has occurred, including a signature and printed name from the escorting DCOs; and
- Ensure that the ACDT Plan accompanies the detainee. Escorting staff are to decline transfers where the ACDT Plan is absent.

2. The receiving escorting staff must:

- Ensure they are aware of the contents of the ACDT Plan and maintain its content;
- Decline to escort detainees on an open ACDT Plan where the Plan is absent; and
- Fully brief the receiving reception staff of detainees on an open ACDT Plan, and update the Detainee Transferable Document to reflect the fact that the briefing has occurred, including a signature and printed name from the receiving DCOs.

Discharge from detention – Preparing post-release care

The aim is to ensure the discharged at-risk detainee receives at least comparable support to that they have received in the establishment. Staff from agencies (and others) that will be involved in the care of the detainee post-release should be invited to input to the Case Reviews prior to discharge. The pre-release CAREMAP should include action to link the detainee to external organisations that provide support after release. The CAREMAP should also reflect the provision of information to the detainee about how to obtain support from outside organisations such as Samaritans.

If closure of the ACDT Plan is because the detainee is being discharged from detention, the Case Manager must update the CAREMAP to reflect the care they will require in the community.

Discharge from detention – Transfer of risk information

The UK Border Agency has a legal duty to inform other relevant agencies of the self-harm or suicide risk that a detainee presents. That duty comes from the ordinary law of negligence, and can be paraphrased as the duty of care to take reasonable steps to avoid reasonably foreseeable risks. The duty also comes from Article 2 of the European Convention on Human Rights, the duty to protect the life of those in the State's detention, which includes information sharing. (The Protection and Use of Confidential Health Information in Prisons and Inter-agency Information Sharing).

Transfer of risk information to Police

The police (so as to be better able to care for and support any previous at-risk detainee who returns to their detention) can be informed through the Police National Computer (PNC) of any history of self-harm by the detainee during this period in detention. Direct inputting to the PNC is not currently available to the UK Borders Agency removal centres; detainees should be handed over to the police with their active ACDT document**.

Audit and monitoring

All contractors, service providers and UK Border Agency offices must put in place systems to enable compliance with the mandatory actions set out in this DSO.

Audits will comply with the Audit Compliance and Self-Audit Standard.

Contractors may continue to use the existing standards until such time as the Suicide and Self Harm Prevention Standard has been updated.

Advice and Information

Any queries regarding matters relating to this procedure should be made to the Detention Services Suicide Prevention Coordinator

ACDT Training Courses		
ACDT Foundation Course	Case Managers Course	ACDT Assessors Course
Module 1: Introduction to ACDT, Self-harm and suicide	Module 1 Same as Modules 1 & 2 of Foundation course	Part 1: Mental Health Awareness Role of ACDT Assessor Mental Disorders Substance dependence Self injury
Module 2 : ACDT process & documentation	Module 2 Estimating & managing immediate risk of suicide (levels of risk, mental disorder, substances)	Part 2 : Communication skills Assessing suicide risk Familiarisation with Assessment Skills based training package
Module3: Case Study: Using ACDT to plane care	Module 3 Care planning-case study	Part 3 : Scenarios (doing an ACDT Assessment) Practice using tools and training provided
Foundation Refresher Suicide and Self-harm awareness ACDT Process	Case Manager Refresher Case study Scenarios Managing suicide and self-harm risk Reviews Caremaps	Assessor Training Refresher; Mental health awareness refresher Scenarios Communication skills Assessing suicide risk

Centre Manager/Contract Directors must ensure that:

- a) The local suicide prevention and self-harm management strategy and related protocols and instructions (e.g. Centre Manager/Contract Directors Orders or Operating Procedures), and all other local policies that affect the care of detainees/trainees, including those relating to training plans and to the availability of staff to support ACDT processes, are amended to reflect the changes herein.
- b) All staff and volunteers (e.g. IMB, Samaritans) in contact with detainees are aware of the contents of this DSO and that the change from the F2052SH system to ACDT has taken place.
- c) All staff in contact with detainees (i.e. not only residential/discipline staff, but other staff such as chaplaincy team, resettlement, education and training, catering, healthcare, substance misuse and mental health in-reach) are familiar with ACDT, i.e. trained to at least ACDT Foundation level (see Appendix A), and are aware of their role in the practice of ACDT. This will also require that there are systems in place to ensure that new staff joining the establishment receive ACDT training.
- d) There is an accessible up-to-date database (or a published and easily maintained list) of named individuals who have received training, e.g. Assessors, Case Managers, for which ACDT role and where they work within the establishment – with contact details.
- e) All detainees are aware of what ACDT is.
- f) All ACDT Assessors have received the appropriate training (see Appendix A).
- g) There is an appropriate number of ACDT Assessors to cover the needs of the establishment, and a system in place, e.g. a rota, to ensure there are always ACDT Assessors available.
- h) There is a system of administrative support (e.g. using an ACDT Administrative Support Officer) to support (or manage) the above Assessor system, and to support Case Managers in the arranging and preparation of Case Reviews.
- i) There is a system in place to inform the Assessor Team when an ACDT Plan has been opened, e.g. by the Unit Manager/Night Orderly Officer or ACDT Administrative Support Officer.
- j) There is a network of support to enable Assessors to carry out their role confidently, with authority and without compromise. Examples include:
 - Mentorship by a mental health professional with direct access.
 - Peer support. New Assessors to carry out initial assessment interviews in pairs.
 - Regular Assessor Team meetings to discuss and reflect upon practice, facilitated by a mental health in-reach member or member of psychology staff.

- k) All ACDT Case Managers have received the appropriate training (see Appendix A).
- l) A system is in place to enable the Case Manager role to be carried out in the absence of a particular named individual. This refers to preparing for those exceptional circumstances where the named Case Manager is not available for this duty; it is not intended that this should be a regular occurrence.
- m) ACDT Plans and guidance documentation are available in appropriate volume to meet the establishment's needs, i.e. taking into account level of risk and numbers of detainees and staff.
- n) There are local protocols to ensure that escort staff are adequately briefed when being given detention of a detainee on an open ACDT Plan.
- o) There is a comprehensive list of establishment resources for staff to draw upon in addressing specific problems/conditions in the CAREMAP that is easily available.
- p) Those responsible for commissioning the establishment's health and mental health services (e.g. local Primary Care Trust) are involved, and the roles of healthcare staff and communications and referral protocols are agreed. In England NIMHE Regional Development Centres are responsible for supporting this process, in Wales this will be the Prison Health Lead at the National Assembly. In Scotland this will be the responsibility of the NHS who commission services.
- q) These referral protocols (see above) must make clear to whom detainees who need a mental health assessment will be referred (e.g. healthcare staff, mental health in-reach) and include specifications regarding 'urgent' and 'routine' assessments.
- r) Healthcare reception screeners must be aware of the 'care pathways' that start at reception.
- s) There are local protocols to ensure that the Case Manager (or Unit Manager if the detainee has moved location) is informed when a post closure interview is due.
- t) There are local protocols to ensure that where at-risk detainees are to be discharged from detention, staff participate (preferably by attending in person) in the final Case Review and in updating the CAREMAP to reflect the care required in the community (including that relating to risks associated with drugs overdoses).
- u) There are local procedures in place to ensure that where any detainee is to be discharged from detention, CID is consulted to check for a history of self-harm during this period in detention to allow risk information to be shared with other agencies (e.g. the police through the local PNC Bureau).

Centre Manager/Contract Directors must:

- Appoint a Suicide Prevention Team Leader (from the SMT)
- Appoint a Safer Detention/ACDT coordinator
- Monitor implementation of local policy and procedures, and review annually.
- Appoint Suicide Prevention Trainers

Centre Managers/Contract Directors must ensure that all ACDT related posts are occupied, and that when vacancies occur systems are in place to ensure they are immediately filled.

Centre Managers/Contract Directors must have in place systems to ensure the quality of ACDT procedures.

The Suicide Prevention Team Leader will have key responsibility for the implementation and development of the local suicide prevention strategy. Training is available for the Safer Detention Team Leader, who can be supported by a Suicide Prevention Co-ordinator. Each centre should have an established forum (Safer Detention Meeting SDM) to examine self harm procedures, this should continue with ACDT. The focus should be on a multi disciplinary approach to the make up of the forum, it should include representatives from key areas of the centre and from a range of disciplines. It should include:

- Suicide Prevention Team Leader, who will chair the meetings
- Suicide Prevention Co-ordinator
- Anti-bullying Co-ordinator
- Representative from health care
- Residential Unit representation
- The Head of Religious Affairs
- A representative from the local UK Border Agency team
- The Independent Monitoring Board may be invited
- Detainees representatives (according to local protocols)

The Safer detention group must have meetings at least every three months at which:

- Self-harm incidents are examined and monitored
- The quality of open ACDT Plans are monitored
- The local preventative strategy is reviewed and updated annually.

The meetings must be minuted and copied to the Senior Management Team and the Detention Services Suicide Prevention Coordinator.

The Safer Detention Team Leader (SDTL) has responsibility for the Safer Detention Team (SDT) and its continued development. The SDT leader must ensure SDT meetings review the continuous improvement plan (to deliver long term strategic aims and meet short term objectives) and the local use of self-harm interventions, and undertake an annual review of issues.

The SDT Leader must be trained to at least ACDT Case Manager level and should attend the SDT leader training course.

A Suicide Prevention Co-ordinator (SPC) should be in post. In Centres where the local Senior Management Team has conducted a risk assessment and recommended that the levels and risk of self-harm within their centre are low enough to not warrant a full-time SPC, the Centre Manager may approve this post being part-time. Such a decision, with the reasoning behind it, must be explained in the local strategy, and reconsidered each year. There is no specification about which member of staff can be a SPC, for example a Chaplain is a good example of staff other than uniform grades taking the role. Where the SPC is a uniform grade it is recommended that they are a minimum of Senior Officer. Suicide Prevention Coordinators must be trained to at least case Manager Level and should undertake regular refresher training in suicide and self-harm prevention, and maintain a contemporary knowledge of safer detention good practice and policy.

Unit Managers must be trained to at least Case Manager Level. Systems must be in place to ensure Unit Managers ensure that all staff on their unit (including night staff) know which detainees are on an ACDT Plan, what the Trigger box and CAREMAP contents are and what care is required from residential staff.

ACDT Case Managers must be minimum grade of Senior Officer or Nurse Grade E, and have successfully completed the training for ACDT Case Managers.

Unit Managers on each unit must check observation books and ACDT Plans daily and comment on their quality.

Unit Managers must adhere to the local system of post-closure monitoring, and review each closed case at least once after closure of the ACDT Plan (or as stipulated in the record of the closing case review).

Healthcare Managers must be trained to ACDT Case Manager level, and ensure all healthcare staff (agency or permanent employees, whether existing or new) and mental health in-reach teams are aware of, and are trained to ACDT foundation level.

Healthcare Managers must ensure all healthcare staff (as above) are aware of the importance of sharing risk and care information with staff from other disciplines, informed that this does not contradict professional guidelines, and do share such information with those managing individual detainees.

ACDT Trainers must have attended the ACDT Training for Trainers course and will need to maintain a contemporary knowledge of safer detention good practice and policy.

ACDT Assessors must be volunteers and must have successfully completed the training for ACDT Assessors. Grade/role is not important when selecting Assessors, it is their personal skills that matter; Centres can make good use of all staff available, for example, instructional and nurses, chaplain, and psychologists, as well as uniform grades.

Local protocols must be in place for Constant supervision. 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 (depending on local protocols).

Systems must be 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.

At-risk detainees should not normally be isolated and should be kept in association wherever possible.

Where a detainee is on an ACDT Plan, routine transfers must not occur until Case Review No1 has been carried out. The CAREMAP must reflect how a transfer will contribute to the detainee's wellbeing.

ACDT Plans should always move with the detainee on an internal transfer, or a move to another Centre, Prison or court.

Where third party information reflecting concern for a detainee who may be at risk of self-harm or suicide is received from outside the establishment, the concerns must be recorded,

e.g. in the open ACDT Plan, in the observation book and in the detainees record, along with the action taken.

In the event of any incident of self-harm or whenever a member of staff believes a detainee is at risk of suicide or self-harm, an ACDT Plan must (where there is not one open already) be opened.

Escort staff must all be trained in the ACDT Foundation level.

When receiving detainees with open ACDT documents staff should talk to the detainee and to escort staff, to check whether the risk is current or historical.

Any difficulties concerning information sharing and ACDT procedures in relation to contracted escort staff should be forwarded to the Safer Detention/ACDT coordinator, for discussion at the SDM and follow-up with the contractor and/or the appropriate member of DEPMU staff.

If the Detainee is taken to hospital, the ACDT must travel with them. Staff on bed watch should include any pertinent observations in the daily supervision and support record in the ACDT, including any information provided by specialist services at the hospital, e.g. the deliberate self-harm team.

Escorting staff must make regular entries in the 'On Going Record' throughout the duration of any escort of a detainee subject to an ACDT Plan.

It is essential that not only is the necessary equipment available to save lives, but that all staff are trained in its use. A variety of staff also need to know how to carry out resuscitation procedures. (see list of equipment below)

The manager of each unit must ensure that night staff are aware of the location of emergency equipment.

Staff in all residential areas must have ready access to a sealed pack containing the following:

- 1 pair paramedic shears (ligature scissors)
- 2 CPR face masks, with non-return valve (for resuscitation attempts) *
- 2 resuscitation aids with non-return valves
- 4 pairs rubber gloves (3 medium ** 1 large)
- 1 spillage kit
- 2 large Ambulance dressing (to stem large bleeds / wounds)

* It is for each establishment with their PCT to decide on the type/make of CPR face mask most appropriate to their needs; taking into account speed and ease of use, any training requirements and ability (space) to house in the boxes holding the emergency kits.

** At least one pair of which must be of the disposable semi-transparent powdered vinyl gloves variety (i.e. similar to a latex surgical pair) This is for those staff who are sensitised to natural rubber latex, and therefore use gloves made of a synthetic material, e.g. neoprene.

*** It is for each establishment with their PCT to decide on the type/make of AED most appropriate to their needs; taking into account speed and ease of use, and any training requirements.

Local protocols must be in place where the manager of each unit must carry out regular checks of the Emergency Response Kit on the unit, and ensure that it is replenished after use (checks should take place at least monthly, and be signed and dated as checked).

The on site UK Border Agency manager must notify Detention Services HQ of all detainees who have been on an opened ACDT document within any month and the total number of forms opened and closed in a month in their normal monthly monitors report and on the performance indicator reports.

** The use of the PNC will be examined and the method UKBA use to update it will be published as an amendment to this DSO.