Home Office

Detention Services Order 08/2016

Management of Adults at Risk in Immigration Detention

August 2022

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Contents

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

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Contains Mandatory Instructions

For Action: All Home Office staff and contracted suppliers operating in Immigration Removal Centres (IRC), Gatwick Pre-departure Accommodation (PDA), Residential Short-term Holding Facilities (RSTHFs), Short – Term Holding Facilities (STHFs) and Escorting Suppliers.

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Processes Affected: This DSO sets out instructions on the care and management of adults deemed to be adults at risk while in immigration detention.

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

Notes: This guidance supplements the Adults at Risk in Immigration Detention Policy, DSO 01/2019 Detainee Escort Records, DSO 03/2016 'Consideration of Detainee Placement in the Detention Estate', DSO 11/2012 'Care and Management of Transsexual Detainees', DSO 05/2016 'Care and Management of Pregnant Detainees', DSO 12/2012 'Room Sharing Risk Assessment', and DSO 04/2020 'Mental Vulnerability and Immigration Detention: Non Clinical Guidance'. See also linked guidance DSO 06/2013 Reception and Induction Checklist and Supplementary Guidance, DSO 09/2016 Detention Centre Rule 35 and Short-Term Holding Facility Rule 32 and DSO 01/2016 Medical Information Sharing.

Instruction

Introduction

1. This Detention Services Order (DSO) provides operational guidance for all Home Office staff and contracted suppliers operating in Immigration Removal Centres (IRC), Gatwick Pre-departure Accommodation (PDA), Short-term Holding Facilities (residential and non-residential) and Escorting Staff on the care and management of adults in detention who are identified as being at risk in line with Adults at Risk in Immigration Detention Policy.

2. This DSO does not apply to those detained under immigration powers in prisons. For those being held in the Prison estate under Immigration Powers, Prison Service Orders (PSO's), Prison Service Instructions (PSI's) and Policy Frameworks will apply.

3. For the purpose of this guidance, "centre" refers to IRCs, Short-term Holding Facilities (residential and non-residential) and the Gatwick PDA. Facilities in RSTHFs and STHFs tend to be more limited than those in IRCs; however, this guidance should be followed as far as reasonably practicable.

4. Two different Home Office teams operate in IRCs:

   - Immigration Enforcement Compliance team (Compliance team)
   - Immigration Enforcement Detention Engagement team (DET)

   The **Compliance team** are responsible for all on-site commercial and contract monitoring work. The **DETs** interact with detained individuals face-to-face within the IRCs, on behalf of responsible officers, such as caseworkers. They focus on communicating and engaging with people detained at IRCs, helping them to understand their cases and reasons for detention.

5. There are no DETs at RSTHFs, STHFs or the Gatwick PDA. Functions which are the responsibility of the DET in RSTHFs are carried out by the contracted supplier and overseen by the Escorting Contract Monitoring Team (ECMT). In the Gatwick PDA the role of engagement with detained individuals is covered by the local Compliance Team.

Purpose

6. This DSO will ensure that all staff working with detained individuals who have been identified as adults at risk, are aware of the particular risks and needs of those detained individuals. It sets out instructions on the care and management of adults at risk in detention.

Legislative and Policy Framework

7. The Adults at Risk in Immigration Detention Policy (AaR) provides a framework for determining whether an individual would be particularly vulnerable to harm in immigration detention and, if so, whether or not they should be detained. The AaR policy must be read in conjunction with this DSO 08/2016 'Management of Adults at Risk in Immigration Detention'. This DSO and the AaR policy applies to all cases in which consideration is being given to detaining an individual in order to remove them and those who are already in detention though, in those cases, the consideration will be about whether continued detention is appropriate.

8. The Adults at Risk policy strengthens the presumption that detention will not be appropriate for those who are particularly vulnerable to harm in detention, and that, on a case-by-case basis, detention will only become appropriate when immigration control considerations outweigh the presumption of release. Although there is no statutory time limit on immigration detention in the UK, it is not lawfully possible to detain people indefinitely.

9. In all cases in which an individual is being considered for immigration detention in order to facilitate their removal, an assessment must first be made of whether the individual is an 'adult at risk' and, if so, the level of available evidence indicating the level of the policy into which they fall. If the individual is considered to be at risk, a further assessment will be made of whether the immigration considerations outweigh any risk identified. Only when they do will the individual be detained. If the evidence suggests that the length of detention is likely to have a harmful effect on the individual, they should not be detained unless there are public interest concerns which outweigh any risk identified.

Definition of an Adult at Risk

10. In accordance with the AaR policy, an individual will be regarded as being an adult 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

- a caseworker considering or reviewing detention becomes aware of medical or other professional 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, whether or not the individual has highlighted this themselves.

- observations from members of staff lead to a belief that the individual is at risk, in the absence of a self-declaration or other evidence.

11. On the basis of the available evidence, the Home Office caseworker 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

12. There are a number of factors or experiences which will indicate that an individual may be particularly vulnerable to harm in detention. These include, but are not limited to:

- suffering from a mental health condition or impairment (this may include more serious learning difficulties, psychiatric illness or clinical depression, depending on the nature and seriousness of the condition). Please refer to DSO 04/2020 ‘Mental Vulnerability and Immigration Detention: Non Clinical Guidance’ for more information on individuals who lack decision making capacity, those with disability arising from mental impairment and those who have a mental health condition; and that, for those with a disability, adjustments are made to support the individual whilst in immigration detention.

- 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. Caseworkers responsible for the consideration of such potential victims in detention should also refer to the Adults at Risk: Detention of Potential or Confirmed Victims of Modern Slavery guidance.

- 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.

13. 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. More information can be found in the AaR policy.

14. Identification of vulnerabilities in detention is the responsibility of anyone who has contact with the case or the detained individual, including the caseworkers, the Detention Gatekeeper, Detention and Escorting Services (DES) staff, DETs, contracted suppliers for the detention facility, contracted escorting suppliers, IRC Healthcare staff, the Detained Medical Reports Team, or Arresting Officers.

15. All staff operating in an immigration removal facility should complete the most up to date AaR training, provided by DES in support of this DSO, to ensure colleagues are well informed and aware of any changes to the policy and guidance.

16. The nature and severity of a condition, as well as the available evidence of a condition or traumatic event can change over time. It is essential that caseworkers have the most up-to-date information about a person's condition in order to make appropriate decisions about whether or not an individual should be detained or remain in detention. This information is required each time a decision is made about placing someone into detention or continuing that detention.

17. The caseworker 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.

Assessing Risk: Weighing the Evidence

18. Once an individual has been identified as being at risk, by virtue of them exhibiting an indicator of risk, the caseworker or Detained Medical Reports Team will consider the level of evidence available 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:

19. **Level 1 -** A self-declaration (or a declaration made on behalf of an individual by a legal representative) of being an adult at risk should be afforded limited weight, even if the issues raised cannot be readily confirmed.

20. **Level 2** - Professional evidence (for example from a social worker, medical practitioner or non-government organisation (NGO)), or official documentary evidence, which indicates that the individual is (or may be) an adult at risk should be afforded greater weight. Such evidence should normally be accepted, and consideration given as to how this may be impacted by detention. Representations

from the individual's legal representative acting on their behalf in their immigration matter would not be regarded as professional evidence in this context.

21. **Level 3 -** Professional evidence (for example from a social worker, medical practitioner or NGO) stating that the individual is (or may be) at risk and that a period of detention would be likely to cause harm, for example, increase the severity of the symptoms or condition that have led to the individual being regarded as an adult at risk, should be afforded significant weight. Such evidence should normally be accepted, and any detention reviewed in light of the accepted evidence. Representations from the individual's legal representative acting on their behalf in their immigration matter would not be regarded as professional evidence in this context.

Medico-legal Reports

22. Evidence that an individual is a victim of torture may emerge from a Rule 35 (in relation to individuals in IRCs) or Rule 32 report (in relation to individuals RSTHFs) or a medico-legal report supplied by a reputable medico-legal report provider. More information can be found in the AaR policy.

Procedures

Initial detention in holding rooms (non-residential STHF)

23. The Home Office has a network of holding rooms across reporting centres and ports of entry to the UK. This can mark start of the detention journey and some people will subsequently be transferred to a further place of detention, such as an IRC. Contracted supplier staff in holding rooms may be the first to identify vulnerability and it is important that this information is recorded and shared with the subsequent custodian.

24. When a suspected or confirmed vulnerability is identified at a holding room or on an escorting journey, the contracted supplier must ensure that they open the 'Vulnerable Adult Warning Form' (Annex A) and the associated notes fields must be updated with details on the nature of the vulnerability and any subsequent action taken or planned. The observation log should be completed at appropriate intervals and all changes to vulnerabilities and handovers must be recorded here.

25. The IS91R (Reasons for detention) is a legal document which must be served on the individual. The IS91 Risk Assessment (RA) which is completed prior to the IS91R where possible, must include any indication of whether risk factors have been identified. The risk assessment process consists of two forms (IS91RA Part A: Risk Factors and IS91RA Part C: Supplementary Information).

26. The Detention Gatekeeper assess and authorise (or reject) any referral for entry into immigration detention. Details of any vulnerability must be highlighted on the Detention Gatekeeper referral form to ensure that the detention decision is made on the basis of full awareness of the facts of the case known at the time. Providing the case has been accepted by the Detention Gatekeeper and the IS91R has been served, the Detention Gatekeeper, caseworker or referring officer (out of hours) must make a referral to Detainee Escorting and Population Management Unit (DEPMU)/ECMT for a detention bed, providing details of the suspected or confirmed vulnerability. Acceptance for families into Gatwick PDA must be made through the Home Office Family Returns Unit (FRU).

27. The allocation of detention beds is based upon a number of criteria, which can be found in DSO 03/2016 'Consideration of Detainee Placement in the Detention Estate' . It is important that DEPMU Operations is fully informed of all potential risks associated with any individual coming into detention to ensure the appropriate management of a detained individual, including their health and welfare needs.

28. It is essential that centres and escorts are notified in advance of any detained individual 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 individual

records (Person Escort Record; Movement Order; IS91RA Part A: Risk Factors; and where appropriate, the VAWF) are fully updated as soon as possible. When a suspected or confirmed vulnerability is identified, the caseworker must ensure that they open the 'adult at risk' special condition on the Casework Information Database (CID) and in Atlas under person alerts. The associated notes field must be updated with details on the nature of the vulnerability and any evidence provided to confirm vulnerability. Only one 'adults at risk' special condition on CID and person notes on ATLAS should be open at any one time, it is therefore important to check that any previous flags are closed.

Transfer to Place of Detention

29. 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 detained individual and must be kept updated following detention.

30. When planning the transfer of a detained individual identified as an adult at risk the contracted escorting supplier must ensure that the wellbeing of the detained individual is specifically considered in light of the relevant risk factors at all stages of the journey and that any particular needs of the detained individual are appropriately considered. The contracted escorting supplier must establish whether there are medical issues to be considered arising from the proposed transfer arrangements. In doing so, they must outline the planned course of action – such as the timing of the journey, the type of transport to be used etc, in accordance with DSO 01/2016 'Medical Information Sharing'. Where possible, inter-centre transfers at night should be avoided unless it is in the best interests of the detained individual.

IRC Reception/DET Induction Process

31. As outlined in DSO 06/2013 'Reception, Induction and Discharge Checklist and Supplementary Guidance', the contracted IRC supplier and DET team must prioritise adults at risk within their induction processes and ensure they are inducted as soon as possible. Individuals who enter detention should be inducted by the DET team within 48 hours of arrival at an IRC, with families being seen within 24 hours. This process must take into account the identified level of risk of the detained individual – prioritising first Level 3 adults at risk, then Level 2 and finally Level 1.

Where the detained individual has transferred from one IRC to another and a full induction was completed by the DET in the previous IRC, a lighter touch 'mini' induction will be undertaken to avoid unnecessary duplication of questions.

32. Any potential vulnerabilities identified in the detained individual's escort records or by reception staff must be reported to the centre's Duty Manager in order to determine how the individual's needs can be met within the centre e.g. by opening an ACDT (see DSO 06/2008 'Assessment Care in Detention and Teamwork') or Vulnerable Adult Care Plan (VACP).

33. Centre staff and Healthcare staff must jointly undertake a new risk assessment (see DSO 12/2012 'Room Sharing Risk Assessment') of the detained individual within 24 hours of arrival.

34. Any new potential vulnerabilities discovered during the reception or induction processes must be communicated to the local Compliance team and DET staff, DEPMU and the 'Detained AAR Part C' Inbox by way of an IS91RA Part C, clearly highlighting that the update relates to vulnerability, through the inclusion of the reference '**adults at risk'** on the first line of the form. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox If additional support is required, the supplier must contact the onsite DET who will offer a priority appointment for a Home Office Induction to be conducted.

35. In line with the procedures in place for all detained individuals (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 Detained individuals') all staff, both Home Office and contracted supplier, must ensure that any specific risks are considered when undertaking the induction process and/or the room sharing risk assessment.

Healthcare Reception

36. In accordance with the Detention Services Operating Standards Manual, Rule 30 of the Short-Term Holding Facility Rules 2018 and DSO 06/2013 'Reception, Induction and Discharge Checklist and Supplementary Guidance', all detained individuals must be screened by a Healthcare professional (in practice, usually a nurse) within 2 hours of their admission to the centre, subject to the consent of the individual. Healthcare staff must advise detained individuals that they may request an appointment with a medical professional of the same sex as themselves. If a Healthcare professional of the same sex is not immediately available, then one must be available as soon as practicable.

37. In accordance with Rule 34 of the Detention Centre Rules 2001, every detained individual, regardless of whether they are identified as an adult at risk, must be given a medical examination (mental and physical) by the Medical Practitioner (a General Practitioner) within 24 hours of their admission into an IRC. The medical

examination is subject to the consent of the individual. Extra support should be given to the individual, if required, to ensure that they understand when and where their medical appointment will be held to reduce the likelihood of the individual missing their appointment.

38. If a detained individual has a pre-existing external medical appointment(s), Healthcare staff must notify the contracted IRC supplier staff and the procedures set out in DSO 07/2012 'Medical Appointments Outside of the Detention Estate' followed.

39. In accordance with Short-term Holding Facility Rule 31, if an individual in a RSTHFs becomes ill or sustains an injury whilst they remain detained, they must be provided with prompt access to a Healthcare professional, who can be either a Doctor or Nurse. Information resulting from medical interventions in detention can be made known to the Home Office through the use of a report under Rule 35 of the Detention Centre Rules 2001 or Rule 32 of the Short-term Holding Facility Rules where appropriate, or where the circumstances do not prompt a report under Rule 32, through the use of an updated IS91RA Part C. Where an IS91RA Part C is used to communicate an illness or injury in a RSTHF, the Part C form should be sent to DEPMU and the Detained AAR Part C Inbox. DEPMU should forward the IS91RA Part C by email to the relevant dedicated casework generic inbox.

Care and Management During General Stay

40. Any changes to the physical or mental health of a detained individual, 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 responsible caseworker as a matter of urgency (usually within 24 hours) to enable them to undertake a review of the appropriateness of the individual's continued detention at the earliest opportunity.

41. If a detained individual informs centre staff that they are vulnerable, or if a member of contracted IRC supplier staff, IMB member or visitor (whether social or a member of an independent visitors group) believes the detained individual to be at risk, the member of staff to whom the vulnerability has been raised should notify Healthcare staff and the DET team as soon as possible. This should include any wider vulnerabilities such as care and support for a disabled detained individual. In the case of a RSTHF the contracted escort supplier must notify DEPMU Operations and ECMT.

42. Where a vulnerability has been identified, the contracted 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 Operations, 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. The DET 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 caseworker will open an 'adult at risk' special condition on CID and person alerts on ATLAS, where appropriate. Outside of office hours (after 18.00hrs until 09.00hrs, and at weekends/bank holidays) the DET team will notify the caseworker by 10.00hrs the following working 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.

43. All IS91RA Part C forms must be legible and use clear and easily understood language so that the caseworker can understand the significance of any evidence provided and is able to make an informed decision when reviewing detention.

44. On receipt of the IS91RA Part C form, the caseworker should review the detail in the form. Where the detail of the Part C form represents a significant or material change in the circumstances, such as a new risk factor, or a change in an existing risk in line with the AaR policy, there should be a formal review of the case including consideration of the appropriateness of ongoing detention.

45. In some cases, the caseworker may respond that the IS91RA 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 caseworker contacts the DET requesting further information from Healthcare they must request this information from Healthcare within 24 hours of the initial request. The request for further information from Healthcare should be specific in accordance with UK's Data Protection Regulations and in accordance with DSO 01/2016 'Medical Information Sharing'. The DET team must then forward this additional information to the caseworker within 24 hours of receipt from Healthcare.

Vulnerable Adult Care Plan

46. 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 specific care plan is required for the individual. This assessment should consider whether the individual has a condition that may affect them on a daily basis, whether the individual requires additional support to carry out day to day activities and whether the condition will exclude the individual from any activities or from accessing any part of the removal centre regime.

47. To ensure that the wellbeing of detained individuals identified as a AaR Level 3 is safeguarded, a Vulnerable Adult Care Plan (VACP) (Annex B) must be put in place by the contracted IRC supplier staff, in conjunction with Healthcare, as soon as possible. Consideration must also be given as to whether a VACP is required for individuals who are identified as a AaR Level 2. If the decision is made that the AaR Level 2 individual does not require a VACP, then this should be a collective decision

of the supplier and Healthcare teams. Healthcare staff should record this decision not to open a VACP on the detained individual's health records. A VACP may be opened at any time thereafter, should changes to the individual's circumstances require it. Where detained individuals who are identified as an AaR Level 2 are transferred from another IRC, the receiving IRC must conduct an assessment as to whether the detained individual should be placed on the VACP.

48. Staff must ensure the VACP covers the specific needs of the individual and must not adopt a generalised approach to the needs of those who are identified as adults at risk.

49. The detail of any adjustments, any newly identified vulnerability, or changes to the nature or severity of vulnerabilities must be submitted on an IS91RA Part C to DEPMU, who will update CID/Atlas accordingly, and a copy must be provided electronically to both the on-site Compliance team and DET. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox to ensure any new information is taken into consideration when reviewing detention and suitability for future removal.

50. Extra support or reasonable adjustments must be provided to those detained individuals with identified vulnerabilities. Examples of adjustments may include (but are not limited to): decisions regarding location, obtaining mobility or other assistance aids (e.g. hearing loop, incontinence pads, large print books, audio newspapers), increased one-to-one monitoring or assistance, providing access to lifts (not normally accessible to detained individuals), modifying regime activities to take account of the detained individual's disability, assistance with medication or attending medical appointments, regular observations or any other reasonable adjustment that, by itself or in conjunction with others, is aimed to assist the detained individual in overcoming the impact that such vulnerabilities may have on their experience of detention.

51. The Immediate Action Plan must be completed by a contracted supplier manager in the first 24 hours upon notification of a VACP being open and should involve a multi-disciplinary approach, working in conjunction with healthcare. This will determine any actions required and the correct level of support for the detained individual. A case review sheet must be completed, and the CARE MAP updated at each review. The contracted supplier manager must check the booklet daily to ensure the appropriate level of support is being maintained. When closing the document, the front cover of the document must be completed, a IS91RA Part C completed and notified to other relevant contacts as set out in paragraph 49, and the detained individual's file and CID/Atlas must be updated.

52. In multi-disciplinary case reviews, where possible, a multi-disciplinary approach should be taken to agreeing the actions of the VACP. The parties involved in the multi-disciplinary approach will be dependent on the circumstances and needs of the individual and may include, for example, the contracted supplier, caseworker,

DET, Compliance team, the Faith team, Healthcare, Welfare staff and the detained individual. A verbal contribution may be obtained over telephone when a representative from a relevant party is not available to attend.

53. The VACP should record:

    - the nature of the limitation;
    - the adjustments and/or interventions agreed including consideration of suitable placement within the IRC;
    - appropriate communication methods to ensure the detained individual's understanding and the date the individual actions are completed.

54. A Personal Emergency Evacuation Plan (PEEP) should also be put in place by IRC supplier staff, if required. Taking into account rostering, the plans should note the name(s) of the Detainee Custody Officer(s) responsible for overseeing the PEEP on a daily basis. The aim of a PEEP is to provide those who are unable to exit a building unaided during an emergency, with the necessary information to be able to manage their escape from the building. This will also provide the departments concerned with the necessary information to ensure that the correct level of assistance is always available.

55. The VACP must be reviewed by the contracted supplier, in conjunction with Healthcare and where necessary, the caseworker and the Compliance team, within the first 7 days after the plan is put in place. After 7 days, the VACP should be reviewed at a set frequency that will depend on the nature of the vulnerability (at least monthly) or once a change in the detained individual '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 detained individual is transferred to another IRC, a copy of the existing VACP must be sent to the receiving IRC for reference and to inform the development of a new VACP, where appropriate.

56. The local Compliance team must ensure that all VACP's are being appropriately completed.

57. If a VACP is not considered necessary, the welfare of the detained individual should continue to be regularly monitored by the contracted supplier staff and Healthcare staff. A VACP should be opened at any time thereafter, should changes to the individual's circumstances require it.

Release/Removal

Release to the Community

58. Once a decision has been made by the caseworker to release a detained individual, a Release Order (IS106) is sent by the caseworker to the IRC. All release paperwork should be sent before 3pm. Unless release is unconditional, the IS106 should be accompanied by a BAIL 201 (Notification of Grant/Variation of Immigration Bail) and any other paperwork for service. The local DET team will forward the IS106 and BAIL 201 to the service provider for processing the release and CID/Atlas must be updated confirming release. If an applicant is granted bail by the First Tier Tribunal (FTT) the FTT will send the Grant of Bail paperwork to Appeals Litigation and Admin Review (ALAR) who will then triage and forward to the relevant Detained Casework team. The Detained Casework team will check for any relevant conditions and/or actions before preparing the release paperwork which will be sent to the IRC to action.

59. Once release documents are served on the detained individual, any continued detention of the detained individual would be unlawful. There is no basis on which a detained individual can remain in detention after the release order has been served. The contracted supplier cannot maintain custodial responsibility once the Home Office has formally served the authority to release.

60. The decision to release an individual identified as at risk in line with the AaR policy must follow the same authorisation process as other releases. Once a decision has been taken to release a vulnerable individual from immigration detention, the caseworker should refer to the Detention and Case Progression Review to ensure that actions are taken in line with the contingency plan noted in the review. The impact of any identified vulnerabilities on the release process must be fully considered before release is authorised. If further direction or advice is required, or if the circumstances of vulnerability have changed so that the contingency plans in the most recent review are no longer suitable, caseworkers must refer the case to the appropriate local Home Office Safeguarding Lead for advice on how to successfully manage and safeguard a timely release.

61. When it is necessary to release a vulnerable person, their detention must not be prolonged unduly whilst arrangements are made for safe release. Immigration detention cannot lawfully be used solely for safeguarding purposes. Releases should be facilitated during the day wherever possible, taking into account the journey to the final destination to avoid arrival late at night unless they are being collected from the place of detention by friends or family or, if there are other significant operational reasons that would mean release at other times would be unavoidable.

62. In cases where IRC or Healthcare staff have significant concerns about planned releases who are considered to be at risk, for example if the detained individual 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 to avoid any impact on release timings. The attendees to this multi-disciplinary meeting will depend on the circumstances and needs of the individual, as an example, attendees might include representatives from the local DET team, Compliance team, Foreign National Offender Senior Caseworker, National Removal Command Senior Caseworker, Border Force Caseworker, contracted supplier staff and Healthcare staff. The list is not exhaustive and any team that can positively contribute to these meetings are welcome to attend, for example representatives from the Mental Health Team in IRCs where there are severe mental health concerns or Returns Logistics. The multi-disciplinary meetings must have formal minutes which will be written and stored locally by DET staff. In the case of a detained individual in a RSTHF, any necessary multi-disciplinary meeting is likely to involve the contracted escort supplier, Healthcare, ECMT with the responsible caseworker. This should include consideration of any safeguarding issues that may arise following release.

63. In cases where the detained individual 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 Gatwick PDA. The contracted supplier or local DET team should assist the caseworker with signposting for local services wherever possible.

64. In the case of release to the community, the IRC Healthcare provider will inform the relevant Healthcare provider in the community (where known) to ensure continuity of care, and records, including any onward care plan, will be forwarded as appropriate on release. A detained individual should also be provided with a copy of their medical record and any onward care plan, on release.

Removal

65. All removals involving an adult at risk Level 3 should be treated as a complex removal. Adults at risk Level 1 and Level 2 may be treated as a complex removal depending on their circumstances and care needs and therefore the same procedures would apply. Complex cases should be managed on a case-by-case approach and based on the individual needs i.e. where a condition prompts the need for a medical escort or additional support for the duration of the flight. This would likely include the need to provide support or administer medication throughout the journey, to avoid any deterioration in the individual's condition.

66. In order to plan a safe and successful complex removal, the contracted IRC supplier of the centre from which the detained individual will be removed should hold a multi-disciplinary meeting to agree the removal plan and risk assessment. In certain cases, for example, 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 'Medical Information Sharing' should be followed in respect of procedures on whether a detained individual is fit to be removed/fly.

67. Upon discharge of an adult at risk from the centre – for release or removal, the onsite DET team and DEPMU Operations for cases at RSTHFs must update CID/Atlas case notes outlining any relevant discharge information, such as ongoing support from medical professionals, relatives or other community groups and the location of any VACP in place for the detained individual (see paragraph 46). The caseworker must close any open 'adults at risk' special condition flag on CID/Atlas with the date of discharge from the centre as the 'closed date'. Failure to do so will mean that the detention period cannot be closed on the case.

Annual Self-audit

68. An annual self-audit of this DSO is required by contracted suppliers to ensure that the processes are being followed. This audit should be made available to the Home Office on request.

69. Both the DET and Compliance Teams must also conduct annual audits against their respective responsibilities stated within this DSO for the same purpose.

Revision History

Review date	Reviewed by	Review outcome	Next review
July 2018	Jose Domingos	Amended to include the roll out of DET teams and individual responsibilities	July 2020
July 2019	Shadia Ali	Amended to include further guidance on updating CID	July 2020
August 2022	Amar Dhariwal	Amended to include changes from the term ‘detainee’ to ‘detained individual’. HO teams updated. DSO’s linked. ATLAS changes updated. Policy framework amended and AaR levels inserted. Introduction of standardised VACP across all the estates. Updated VAWFs for use in STHFs and on escort.	August 2024

Vulnerable Adult Warning Form

Detained Individual Assessment

Detained Individual Name		Detained Individual DOB	
Gender		Port / Atlas CEPR Number	
Site		Any Other Care Plan? e.g. SSHWF / ACDT / VACP *(circle)* YES ☐ NO ☐ ***If yes, attach a copy to this form***	
DCO Name			
Date & Time			
Part C completed? *(circle)* YES ☐ NO ☐			

First Language: _____ **English Proficiency** *(circle)* None / Few Words / Basic Understanding / Good Understanding / Fluent	Interpreter required YES ☐ NO ☐ Provide Details: Date / Time / Issues etc. _____ _____

Presenting Issue(s): What are the detained individual's current / historical issues? (consider risk factors to include alcohol/substance misuse, suffering from a mental health condition; having been a victim of torture, sexual violence or modern slavery; suffering from PTSD; being pregnant; being aged 70 or over; suffering from a serious physical health condition or disability; or being a transsexual or intersex person) ***This list is not exhaustive.***

Notes / expand the rationale in full (include any medication needs):

Immediate actions or adjustments required/ taken	
Any Further Relevant Information Any specific **Safeguarding** or **Trafficking** concerns *(must include actions take, e.g. NRM referral)*	
Any further action required? ***(All VAWFs should be reviewed if the individual's time in a holding room has exceeded 24 hours.)***	

Level of observation required: Observations are to be recorded on the reverse side	Constant ☐ Frequent Observation *(not timed)* ☐ Other ☐
Outcome / Handover details: Intended Destination is: …… Receiving DSO Name(s) …… Date & Time of Collection ……	

Managers Quality Audit.
I have reviewed and verify the contents of the VAWF.

Name:……
Date:……

ALL OBSERVATIONS TO BE RECORDED HERE		
DATE	TIME	OBSERVATIONS / STAFF HANDOVERS/ COMMENTS / INTERACTION NOTED **All handovers** between staff **MUST** be recorded and should include any incidents of self-harm/any change in circumstances that could affect the person's risk of suicide or self-harm? If yes to any, **please provide details below (including action taken to address it)**

Managers Quality Audit.
I have reviewed and verify the contents of the VAWF

Name:……
Date:……

Annex B

Home Office

Vulnerable Adult Care Plan

Version 1.2

Instructions

1. In accordance with Detention Services Order (DSO) 08/2016 Management of Adults at Risk in Immigration Detention, all Home Office staff, Supplier and Healthcare staff working with detained individuals in Immigration Removal Centres (IRCs) or Residential Short Term Hold Facilities (RSTHF) must be alert to any changes to the physical or mental health of a detained individual , or a change in the nature or severity of any previously identified vulnerability.

2. At STHFs, any vulnerabilities identified and the immediate actions taken to mitigate them, must be documented in the Vulnerable Adult Warning Form (VAWF). When an individual is transferred, any VAWF completed at STHFs must travel with the individual as part of their transfer records and be fully considered by the receiving IRC.

3. At IRCs, any such vulnerabilities that may impact on the safety and wellbeing of an individual must be addressed and reasonable adjustments put in place and documented in a Vulnerable Adult Care Plan (VACP).

4. Any newly identified vulnerability or changes to their nature or severity must be notified to the Home Office by way of a IS91 RA Part C.

5. There are a number of factors or experiences which will indicate that an individual may be particularly vulnerable to harm in detention and may require extra support. These include risk factors such as suffering from a mental health condition; having been a victim of torture, sexual violence or modern slavery; suffering from PTSD; being pregnant; being elderly; suffering from a serious physical health condition or disability; or being a transsexual or intersex person.

6. By completing a VACP, you should identify any reasonable adjustments that can be made to mitigate any identified risks or vulnerabilities. Extra support provided to the individual can include assistance with mobility, assistance with medication or attending medical appointments, regular observations or any other adjustment that will help the individual overcome the impact that such vulnerabilities may have on his or her experience of detention.

7. For families detained at Gatwick Pre Departure Accommodation (PDA), please refer to the specific support plan detailed at the PDA Operating Standards.

8. The VACP should be used to document additional support provided to adult individuals only. DSO 19/2012 – Safeguarding Children and DSO 14/2012 – Age Dispute Cases in Immigration Detention provide guidance on the safeguarding and wellbeing of children in detention.

Reasons for opening the Vulnerable Adult Care Plan

Why are you opening a VACP for this individual?

Is the individual suicidal or liable to self-harm?	**Open an ACDT,** not a VACP
Did the individual arrive with a VAWF?	Consider the need for a VACP. Keep the VAWF with the care plan and document the risks assessed. Contact the original centre if you need further information on any vulnerabilities.
Is the individual being bullied?	Refer the case under local Violence Reduction and Safer Detention policies. Do not open a VACP unless further vulnerabilities are identified.
Do you think the individual may have mental health problems?	Seek advice from the mental health team in healthcare or complete a referral, open a VACP if required and appropriate.
Do you think the individual may be under the influence of illicit substances?	Stay with the individual. Contact a manager & Healthcare and ask them to attend the scene. If Healthcare suspect the individual may be under the influence open a VACP, complete a Part C and IR. Notify the Home Office Intel Team.

ON RECEPTION OF DETAINED INDIVIDUALTRANSFERED ON A VACP OR VAWF

Individual's Name			
CID/HO Ref			
Previous Case Manager Name and contact details			
VACP / VAWF provided to centre and handover completed?			
Immediate actions or adjustments required			
Reception Officer Name and signature		**Escorting Officer Name and signature**	

VULNERABLE ADULT CARE PLAN

Plan REF Number (for local use only):				
Individual's Name				Insert individual's picture
CID/HO Ref				
Location. (if transferred please indicate dates and new location)	___ / ___ - ___ / ___ - ___ / ___ - ___ / ___ -			
Language/Comprehension of English				
English – Ability to speak/understand	Good	Some	None	
First Language				
Interpreter required	**NO**	**YES - Details:**		
Staff member opening the VACP		**Date and Time opened**		
CASE MANAGER Name and Grade				
Part C sent to DEPMU and DET?	**Date and Time**	Sent to Caseowner (DET only)	**Date and Time**	

Immediate Action Plan & CAREMAP completed	Duty Manager / Orderly Officer:	Date: / / Time: :
Required frequency (day & night) of conversations and observations		
1. From __ / __ / __		
2. From __ / __ / __		
3. From __ / __ / __		

Date of next Case Review:

1 ___ / ___ / ___ Signed _____	2 ___ / ___ / ___ Signed _____	3 ___ / ___ / ___ Signed _____	4 ___ / ___ / ___ Signed _____
5 ___ / ___ / ___ Signed _____	6 ___ / ___ / ___ Signed _____	7 ___ / ___ / ___ Signed _____	8 ___ / ___ / ___ Signed _____

INITIAL ASSESSMENT AND IMMEDIATE ACTION PLAN

The Immediate Action Plan must be completed by a Manager (Orderly Officer or Duty Manager) in the first 24h hours upon notification of a VACP being open and must involve a multi-disciplinary approach. This will determine any actions required and the correct level of support for the individual. A case review sheet must be completed, and the CARE MAP updated at each review. A manager must check the booklet daily to ensure the appropriate level of support is being maintained. When closing the document the front cover of the document must be completed, a part C completed and the individual file and CID/Atlas updated

Individual's Name			
CID/HO Ref		Location	
Case Manager:		Grade	
Date and Time		Signed	
Consulted:	Role	In person/Telephone/Email	
	Healthcare		
	Home Office		
	Activities		
	Other.....		
Vulnerabilities identified:			
On a daily basis how does the condition affect the individual?			
Will the issues identified exclude the individual from any of the centre's activities? (please specify)			

What kind of support does the individual need to carry out normal day to day activities? (e.g. access to the lift, Hearing Loop, new location, out of hours medication.)

CAREMAP completed? YES ☐ NO ☐ - If YES, a copy needs to be given to the individual
If NO, detail reasons why.

Does the Care Plan need to remain open? YES ☐ NO ☐
If YES, update front cover of Care Plan scheduling the next review, the individual file and local IT systems, complete a part C and make a note on the daily briefing.
If NO, detail reasons why.

Immediate care actions			
Room Share Risk Assessment Review	YES / NO	**Personal Emergency Evacuation Plan needed?**	YES / NO
Individual's location assessed and agreed	YES / NO	**Part C to DEPMU**	YES / NO
ACDT opened? Or review required?	YES / NO	**Other……**	
Individual's regime access agreed	YES / NO	**Other……**	
Special arrangements required (expand above)	YES / NO	**Other……**	

CLOSING THE CARE PLAN

Individual's Name			
CID/HO Ref		**Location**	
Case Manager:		**Grade**	
Date and Time		**Signed**	
Consulted:	**Role**	**In person/Telephone/Email**	
	Healthcare (mandatory)		
	Home Office		
	Other.....		
Details of why you are closing this Care Plan and contributions from those consulted.			

- Identify immediate risks, behaviours or triggers that can affect the individual after the Care Plan being closed
- Room sharing risk assessment.
- Record any action put in place to help the reintegration of the individual , where appropriate (e.g. when the individual was residing in a care suite or healthcare environment)
- Make individual aware of support available (welfare, chaplaincy, local Immigration team etc.).

Issues identified requiring ongoing support and type of support required	**Added by**	**Signed / dated**	**Date completed**

ON DISCHARGE OF AN INDIVIDUAL BEING TRANSFERED ON A VACP

Care plan provided to escorts and handover completed?			
Actions or adjustments agreed to facilitate transfer			
Details:			
Reception Officer Name and signature		**Escorting Officer Name and signature**	

VULNERABLE ADULT CARE PLAN – SUPPORT RECORD

You should consider the following areas when preparing the support record:

- Does this individual have a disability?
- Does the individual need medical advice or support?
- Is the individual at risk of self-harm?
- Why are they vulnerable or becoming vulnerable?
- Does the individual have friends or family to support them?
- Does the individual need faith support?
- Is the individual integrated into all activities within the centre?
- Does the individual have mobility Issues? Does he or she need a PEEP.

Case review	Issues	Actions required	By whom and when	Status	Date completed	Reviewing manager signature and date
Detainee:		**Case Manager:**				
Signature:		Signature:		Date:		
Print Name:		Print Name:		Date:		

Case review	Issues	Actions required	By whom and when	Status	Date completed	Reviewing manager signature and date
Detainee:		**Case Manager:**				
Signature:		Signature:		Date:		
Print Name:		Print Name:		Date:		

MULTIDISCIPLINARY CASE REVIEW No: ___

All departments who may be involved in supporting the individual must attend where possible, for example Home Office, the faith team, healthcare, welfare staff, activities and education etc. A verbal contribution may be obtained over telephone when they are not available to attend. If the review is conducted by a manager other than the Case Manager, the Case Manager must be updated as soon as possible to schedule the next case review or close the VACP.

Detainee's Name	
CID/HO Ref	
Case Manager	
Other Attendees/Contributors	
Date and Time	

Review how the individual is coping now, have there been any changes in their circumstances?		
Are they receiving the correct level of support?		
Complete/update Caremap – copy to be given to individual if requested		
Does the Vulnerable Adult Care Plan need to remain open? If YES, the Case Manager must schedule the next review, update front cover of Care Plan, the individual file and local IT systems, complete a part C and make a note on the daily briefing.		
Print Name: **Position:**	**Date and Time:**	**Signed:**

LEVEL/FREQUENCY OF OBSERVATIONS/CONVERSATIONS TO BE RECORDED:

Obs: _____ **Date: ___ / ____ / _____**	**Obs: _____** **Date: ___ / ____ / _____**	**Obs: _____** **Date: ___ / ____ / _____**	**Obs: _____** **Date: ___ / ____ / _____**

DATE/TIME:	Observations	Staff Name, Position and Signature

MANAGEMENT CHECKS

All actions and observations contained in this form must be audited daily by a Duty Manager / Orderly Officer.

DATE/TIME:	Form completed correctly?	Actions agreed implemented?	Observations timely and appropriate?	Manager's name and signature
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	
	YES / NO	YES / NO	YES / NO	

Vulnerable Adult Care Plan Toolkit

Condition & Disability	Issue or Problem:	Intervention:	Contact:
Reduced Mobility/ Reduced Physical Capacity	Risk of Falls Risk of COPD Risk of incontinence Deficits in addressing personal hygiene Risk of burns/scolds Risk of poor diet/fluid intake	Falls Prevention Equipment for easy access to toilets Equipment to support showering Assessment of need Weight/fluid monitoring	In all instances; Activities Staff Diversity Manager, Healthcare, Residential Manager
Learning Disabilities	Deficits in Social functioning & Poor coping skills Deficits understanding rules/requirements Immature emotional responses Challenging Behaviour/non-compliance Susceptible to Mental Health issues Processing difficulties Vulnerability Takes information literally Hyper-activity	Access to easy read information Access to education/paid work (specific to individual need) Access to Orderlies; Befrienders, Safer community and Diversity.	In all instances; Residential Manager, Activities team, Healthcare
Speech Impairment	Difficulty producing specific speech sounds Apraxia, Stutter or Dysarthria	Allow time to get message across Access to paper and pen/pencil.	All staff Healthcare
Hearing Impairment	Isolation Not hearing requests	Access to written information Access to pen and paper.	All staff
Dyslexia	Trying to avoid reading and writing Conceal difficulties that you have with reading and writing from other people Poor spelling Poor time management and organisational skills Relying on memory and verbal skills, rather than reading or writing	Allowing extra time for tasks that they find particularly difficult. Access to easy read information	In all instances; All staff Activities Team
Severe Disfigurement	Isolation, low mood/ depression or low self-esteem. Unwanted attention teasing/bullying. Requires specific equipment or requires assistance	Support engagement in association. Referral to mental health services Referral to disability nurse	Residential Staff and Manager, Diversity Manager Chaplaincy