



Home Office

Vulnerable Adult Care Plan

Version 1.3

Instructions

1. In accordance with Detention Services Order (DSO) 08/2016 Management of Adults at Risk in Immigration Detention, all Home Office staff, contracted service provider 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 transgender 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 INDIVIDUAL TRANSFERRED ON A VACP OR VAWF

Individual's Name			
ATLAS/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			
ATLAS/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 Case owner (DET only)	Date and Time

Insert individual's picture

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 ATLAS updated.

Individual's Name			
ATLAS/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 and DETs	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			
ATLAS/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 TRANSFERRED 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	
ATLAS/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 Care map – 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: _____

Obs: _____

Obs: _____

Obs: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

[illegible]

MANAGEMENT CHECKS

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

[illegible]

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