



Home Office

Detention Services Order 01/2022

Assessment Care in Detention and Teamwork (ACDT)

February 2026



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Contents

Contains Mandatory Instructions	5
Instruction	6
Introduction	6
Purpose	7
Policy background	7
Risks and triggers	7
Safer Detention and Suicide/Self-harm Prevention Strategy	9
Safer Detention Teams	9
Procedures	11
The ACDT plan	11
Opening an ACDT Plan	11
The concern form	12
The ACDT assessor	12
The ACDT Case Co-ordinator	13
Responsibilities of duty operations/residential management team members	13
Responsibilities of healthcare practitioners	15
Use of professional interpretation services	16
The Immediate Action Plan (IAP)	16
The ACDT Assessment	16
Case reviews and attendees	18
Considerations during a review	19
Frequency of case reviews	22
Actions following a case review	23
Day-to-day management of the ACDT plan	24
Detained individual placement within the centre	26
Location in separated accommodation	26
Constant supervision	28
Initiating constant supervision	29

Emergency Access Plan	31
Case reviews under constant supervision	31
Interaction	33
Access to regime activities under constant supervision	33
Ending constant supervision	34
Transfers	34
Discharge from detention and post-release care	36
Closing an ACDT	37
Post-closure reviews	38
Re-opening an ACDT	39
Monthly reporting	39
Quality assurance and audits	40
Training	41
Self-audit	41
Revision history	41

Document Details

Process: This guidance aims to provide information for staff and contracted service providers (CSP) on the processes affecting those in detention managed under Assessment Care in Detention and Teamwork (ACDT) and their care. It implements an integrated approach to self-harm and suicide prevention within the broader context of decency and safety.

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Contains Mandatory Instructions

For Action: All Home Office and CSP staff operating in immigration removal centres (IRC), pre-departure accommodation and residential short-term holding facilities (RSTHF) and escorting CSP staff.

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Processes Affected: Management and safe detention of individuals at risk of harm to self, to others and from others.

Assumptions: Both CSP and Home Office staff have completed mandatory ACDT training to supplement the requirements of this Detention Services Order (DSO).

Instruction

Introduction

1. This Detention Services Order (DSO) provides operational guidance for all Home Office, CSP and healthcare staff working in immigration removal centres (IRCs), pre-departure accommodation (PDA), residential short-term holding facilities (RSTHFs) and escorting staff procedures on the care and management of individuals under the Assessment Care in Detention and Teamwork (ACDT) processes.
2. Please note, within the PDA, the process is referred to as Assessment Care in Residence and Teamwork (ACRT), but the following guidance still applies and should be followed.
3. All references in this DSO to “centre” include IRCs, RSTHFs and PDA. Facilities in RSTHFs tend to be more limited than those in IRCs, however this guidance should be followed as far as possible.
4. This guidance does not apply to non-residential STHFs and Residential Holding Rooms (RHRs) due to the inherently short- term nature of detention in such circumstances. If there are significant and obvious indicators to suggest that an individual detained at a STHF is at risk of suicide or self-harm, staff must immediately notify DEPMU duty manager who will liaise with the responsible caseworker and, when necessary, arrange for a transfer to a suitable location as soon as possible, if detention remains appropriate.
5. For those being held in the prison estate under immigration powers, Prison Service Orders (PSOs), Prison Service Instructions (PSIs) and HMPPS Policy Frameworks will apply.
6. Two different Home Office teams operate in IRCs:
 - Detention Services 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 **DET**s interact with detained individuals face-to-face on behalf of responsible officers within the removal centres. They focus on communicating and engaging with people detained at IRCs, helping them to understand their cases and detention.

There are no DETs at RSTHFs, or the Gatwick PDA. Some of the functions which are the responsibility of the DET in IRCs, are instead carried out by the CSP and

overseen by the International and Returns Services (IRS) Escorting Operations (Escorting Ops) in RSTHFs. In the Gatwick PDA, the local Compliance team covers the role of detained individual engagement.

Purpose

7. This DSO provides instruction and guidance for identifying and supporting detained individuals who may be at risk of self-harm and/or suicide, setting out the subsequent care and support required for the individuals, and guidance for the staff who care for them.
8. Any individual identified as at risk of suicide or self-harm must be managed using the ACDT procedures. ACDT is a detained individual centred, flexible care-planning system which, when used effectively, can reduce the distress of those in detention and mitigate the risk of self-harm or suicide.

Policy background

9. The ACDT process should only be used to manage detained individuals who are identified to be at risk of suicide or self-harm. The management of those in detention with other identified vulnerabilities must follow the procedures set out in [DSO 08/2016 'Management of Adults at Risk in Detention'](#) and [DSO 04/2020 'Mental Vulnerability and Immigration Detention'](#). Although an individual considered to be an adult at risk may need to be managed under the ACDT process, a detained individual identified as at risk of suicide or self-harm should not automatically be deemed an adult at risk within the meaning of that policy. However, in all cases in which an individual is managed under the ACDT process, consideration should be given to whether they meet one of the indicators of risk set out in the adults at risk policy. If they already fall within the policy, staff must ensure they are placed in the correct level of evidence-based risk, given the latest information emerging from the ACDT.
10. The management of those in detention refusing food or fluids must follow the procedures set out in [DSO 03/2017 'Care and management of detained individuals refusing food and/or fluid.'](#) Those in detention refusing food or fluids should only be managed under the ACDT process when such refusal is also assessed to be a risk of suicide or self-harm.

Risks and triggers

11. An individual's risk (or likelihood) of self-harm and/or suicide may increase in certain circumstances. This section identifies potential risks and triggers which can increase that likelihood, although the existence of a trigger does not always mean this is the case. Some triggers are more identifiable (e.g. an immigration decision)

than others (e.g. the anniversary of the death of a relative), and it is vital that staff remain alert to potential changes in an individual's level of risk and act when appropriate.

This list is not exhaustive.

- Childhood adversity
- Family illnesses and/or bereavement of family or close friends, including exposure to suicide
- Death of a fellow detained individual in any IRC, or staff member in the same IRC
- Relationship breakdowns
- Anniversaries and key dates for example the death of a child or other relative
- Mental illness and/or family history of mental illness and/or suicide
- Physical illness, especially chronic conditions, and/or those associated with pain and functional impairment
- Substance misuse or detoxification, including alcohol
- Previous incidents of deliberate self-harm (especially with high suicide intent)
- Early days/first time in a detained environment
- Segregation
- Experiences of torture or inhuman treatment
- Experiences of trafficking
- Experiences of trauma, including violence
- Change in status such as the services of documentation relating to removal from the UK, asylum decisions and appeal outcomes.

12. Foreign National Offenders (FNOs) have been identified as a group who are more likely to self-harm. It is recognised that self-harm and suicide can be triggered when an FNO is held (or is about to be) on an IS91 or is close to deportation. It is important that staff are aware of these triggers and consider whether an ACDT is required for FNOs who have been transferred into an IRC in preparation for their removal.

Safer Detention and Suicide/Self-harm Prevention Strategy

13. Local suicide prevention and self-harm management strategies and their related protocols and instructions must be agreed with the Home Office Service Delivery Manager (or Head of Escorting Performance for RSTHFs) responsible for the detention or escorting contract. The local strategy for prevention of self-harm must be displayed publicly within the centre. This document must be made available on request to all staff and those in detention in a language they can understand. The implementation of local ACDT and self-harm prevention the CSPs, centre management team or contract director must annually review strategies, policies and procedures.
14. Although all centres must have a team of specifically trained, dedicated officers to manage the ACDT process, the identification of detained individuals at risk of suicide and/or self-harm is the responsibility of all staff. An integral factor to reducing the risk of suicide and self-harm is healthy, professional engagement/interaction between staff and detained individuals. Other factors which are fundamental to reducing risk include regular participation in regime activities, positive peer relationships, and referral to relevant specialist services such as mental health services, where available and appropriate.

Safer Detention Teams

15. The centre CSP management team and contract directors of escorting services must ensure that all ACDT related posts in custodial or management grades are occupied, and that when vacancies occur, systems are in place to ensure they are immediately filled.
16. Each centre must have a Safer Detention Team (SDT) who will have responsibility for the implementation and development of safer detention policy. Their role is to provide assurance on all safer detention issues affecting the centre. Membership of the SDT will vary between centres depending on its size, function, and the risk profile of the population. In the PDA this team is referred to as the “Safe Stay Committee.”
17. CSP (including escorting services) must appoint to the Safer Detention Team a Safer Detention and Suicide Prevention Team Leader from the Senior Management Team and a Safer Detention (ACDT) Co-ordinator from the management team.
18. The Safer Detention and Suicide Prevention Team Leader is responsible for devising and implementing a local policy/strategy statement, instructions and protocols, which set out a multi-disciplinary, multi-agency approach to suicide and self-harm prevention in line with this DSO. This instruction must include a

comprehensive list of the centre's resources available to staff to draw upon in addressing specific issues identified during the ACDT process. This might include assisted living accommodation or supported living facilities, enhanced care units and/ or other dedicated residential areas, activities, welfare and wellbeing or counselling services. This policy must be reviewed on an annual basis.

19. The Safer Detention (ACDT) Co-ordinator will provide support to staff undertaking any safer detention roles as part of the safer detention team and ensure continuous improvement in the delivery of safer custody procedures by way of training, data monitoring and ensuring policy compliance.
20. Safer Detention (ACDT) Co-ordinators must be trained to at least ACDT Case Co-ordinator level and maintain a contemporary knowledge of safer detention good practice and policy.

The Safer Detention Meeting

21. The Safer Detention and Suicide Prevention Team Leader will chair the Safer Detention Meeting to examine self-harm prevention procedures and any current local trends. This should be a multidisciplinary meeting including representatives from key areas of the centre and from a range of disciplines such as the local Compliance Team or Escorting Ops (for RSTHF), local DET, Independent Monitoring Board (IMB), healthcare, chaplaincy, welfare, and activities. The Safer Detention Meeting will:
 - Monitor the quality of open and recently closed ACDT plans and plan a response to any deficiencies, trends identified, and any lessons learned from relevant self-harm incidents.
 - Review the local preventative strategy, continuous improvement plan (to deliver long term strategic aims and meet short term objectives) and the local use of self-harm interventions.
 - Monitor compliance with the local ACDT training schedule.
 - Review peer support, including contact with external organisations such as Samaritans.
22. The frequency of the Safer Detention Meeting will depend on the size and risk profile of the population of the centre, but it must happen at least once every calendar month.

Procedures

The ACDT plan

23. Detention Services via local Compliance teams will provide CSPs with blank ACDT plans and guidance documentation in appropriate volumes to meet the centre's needs. At RSTHF, Escorting Ops will provide these documents.
24. The ACDT plan comprises of:
 - Key information,
 - A Care plan,
 - A Concern form,
 - An Immediate Action Plan,
 - ACDT Assessment forms (including Key information, interview, assessment),
 - A Record of Case Review,
 - An Ongoing Record,
 - Post Closure booklet, and;
 - Annexes.

Opening an ACDT Plan

25. An ACDT plan can be opened by any member of the Home Office, CSP or healthcare staff that receives information or observes behaviour which may indicate an individual may be at risk of self-harm or suicide. This information may come from a variety of sources, including but not limited to, family members, other residents, external agencies, other stakeholders (such as legal representatives or the responsible caseworker) or directly from the detained individual. If the responsible caseworker receives information, they should immediately notify the DET, who will review the information and contact the Unit/Duty Manager to ensure the individual is safeguarded. The DET staff member can then initiate ACDT procedures if required.
26. If self-harm or suicide concerns are identified, an ACDT plan must be initiated immediately by completing the Concern form and handing it in person, as soon as possible, to the appropriate member of the CSPs management team of the unit where the detained individual is located or a member of the CSPs

Management team on shift. When there is a concern that the individual may be at imminent risk of self-harm/suicide, a member of the CSP must always remain with the detained individual, until an immediate action plan (IAP) is completed.

The concern form

27. The Concern form is the first step in opening the ACDT plan. It must be completed **immediately** by the member of staff who either observed or was made aware of information which may indicate an individual is at risk of suicide or self-harm. The form must **only** be completed by a member of staff who has received the appropriate training.

The form must:

- Fully identify the detained individual and the person raising the concerns.
- Clearly set out the reasons why the detained individual is at risk, providing as much detail as possible.
- Include relevant background information gained from knowledge of, or engagement with, the individual.
- Be signed and dated.

28. The completed Concern form must be physically handed to a member of the CSP management team or Duty Operations/Residential management team member on shift as soon as possible to ensure an IAP is completed.

29. Contingencies must be put in place to keep the detained individual safe whilst a member of the management team reviews the Concern form. Where possible, these contingencies must be documented by the individual completing the IAP form in the detained individual's unit records. Where the staff member considers the risk of harm to be imminent, action to keep the individual safe and under supervision will take priority, and the Concern form completed once the immediate risk has been mitigated.

The ACDT assessor

30. Every time an ACDT plan is opened for a detained individual at risk of suicide or self-harm, an ACDT Assessor will be designated to gather information and identify risks, triggers and protective factors within 24 hours of the plan being opened. The ACDT Assessor will also attend or contribute to the first case review see paragraphs 51 to 57.

31. Centres must ensure they have a rota of trained ACDT Assessors in place to ensure the needs of those in detention are always met; appropriate numbers of assessors will vary between centres. ACDT Assessors should be supported in their roles and be freed from other duties to conduct their role confidently, with authority and without compromise. They must be provided time to review the available risk information prior to the assessment interview.
32. The ACDT Assessors rota must be part of the DCO profile/detail and be contained in the management self-audit checks. This information must be made available to members of the HO Compliance Team or Escorting Contract Monitor (for RSTHF) on request.
33. Centres must have an administrative system in place to inform the assessors team every time an ACDT plan (Concern form) has been opened and to ensure a IS91 RA Part C is completed and sent to DEPMU and both the local Compliance team and DET. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. There are no DETs at the Gatwick PDA or residential STHFs, therefore it is the responsibility of Escorting Operations to carry out these actions in the RSTHF and local Compliance teams in the Gatwick PDA.

The ACDT Case Co-ordinator

34. The ACDT Case Co-ordinator is responsible for coordinating and documenting multi-disciplinary ACDT case reviews; ensuring the Care Plan is progressed and a Post-closure Review completed. Centres must ensure they have sufficient trained ACDT Case Co-ordinators to cover the detained individuals' needs and conduct all necessary ongoing reviews.
35. Administrative systems must be put in place by the CSP to enable the ACDT Case Co-ordinator role to be conducted, exceptionally, in the absence of a particular named individual. All trained ACDT Case Co-ordinators should be given access to all documents and information necessary to progress any ACDT review in the planned or unplanned absence of the named ACDT Case Co-ordinator, however, this should not be a regular occurrence and ACDT Case Co-ordinators are expected to arrange reviews to ensure their attendance.

Responsibilities of duty operations/residential management team members

36. Within an hour of a Concern form being completed, the Duty Operations/Residential management team member must:

- Meet with the detained individual, (unless they are asleep) to check on their wellbeing and complete the Immediate Action Plan (IAP) (see paragraph 43-44) to ensure the detained individual is safe from harm. This includes consideration of any interventions to mitigate the risk of self-harm, such as the individual's location or removal of items from their possession. If there are concerns that the resident may be concealing items (with an intention to self-harm); a level A, B or full search of the detained individual should be considered along with a search of the detained individuals' room/possessions.
- Ensure that the detained individual has been offered, as appropriate, the opportunity to talk to:
 - A Healthcare Practitioner (See Paragraph 39 - Rule 35 reports)
 - The DET on-site.
 - The welfare team.
 - The IMB.
 - The chaplaincy team.
 - Wellbeing or support groups such as the Samaritans.
- Notify Healthcare so that the opening of the ACDT plan can be recorded in the clinical record and request any relevant information from healthcare staff which will contribute to the assessment and subsequent risk management of the detained individual. This will help inform the content of the IAP.
- Inform the Safer Detention (ACDT) Co-ordinator and arrange for an ACDT assessment to take place as soon as possible and within 24 hours of a Concern form being completed. If the ACDT assessment is completed later than the permitted 24 hours, the onsite Compliance Team must be notified via email, setting out the reasons for the delay. Confirmation the assessment has been completed, or details of when it is expected to be completed must be included. 'Any delay beyond 24 hours must be kept to an absolute minimum and should be for exceptional reasons.'
- Organise the first ACDT case review.

37. Where the detained individual move's location within the IRC/RSTHF during this first hour, a full handover must be made to a member of the Residential Management team of the receiving unit, highlighting all risks identified so far.

38. Within an hour of a Concern form being completed, a member of the Duty Operations/Residential management team and DCOM (for RSTHFs) or other members of staff from the Safer Detention Team must:

- Complete the box on the front cover of the ACDT plan with a log number, in line with local practice and procedures.
- Record the opening of the ACDT on the local detained individual management systems and the detained individual unit records, giving a summary of the relevant issues.
- Complete form IS91 RA Part C with the details of the ACDT being opened and send this information to DEPMU and both the local Compliance team and DET. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. There are no DETs at the Gatwick PDA or residential STHFs, therefore it is the responsibility of Escorting Operations to carry out these actions in the RSTHF and local Compliance teams in the Gatwick PDA.

Responsibilities of healthcare practitioners

39. Healthcare staff should note the opening of the ACDT plan in the clinical record and provide any relevant information which will contribute to the assessment and subsequent risk management of the detained individual. Consideration must be made as to whether the information is appropriate to trigger a DC Rule 35/32 report. However, given that an individual may be subject to ACDT for several reasons, being subject to ACDT does not equate automatically to a need to raise a DC rule 35(2) report (or RSTHF 32(2)).
40. [DSO 09/2016 'Detention Centre Rule 35 and Short-Term Holding Facility Rule 32'](#) states a medical practitioner (the centre's GP) must issue a rule 35(2) report when they have concerns about suicidal intent. This applies whether those concerns are based on first-hand examination or are based on what they know from current management of the detained individual under the ACDT process (for example, the extent of the risk is not sufficiently recognised). If the concern is from first-hand examination and there has been no ACDT process, it will be appropriate for the doctor to open the process. Rule 32 reports are the equivalent of Rule 35 reports for residential STHFs but because day-to-day healthcare in RSTHFs is provided by nurses such reports may be completed either by a GP or registered nurse.
41. Rule 35(2)/Rule 32(2) reports need to state the reasons for suspecting suicidal intentions, whether the detained individual is subject to the ACDT process and whether the suicide risk can be managed and/or reduced satisfactorily through ACDT or other measures.

Use of professional interpretation services

42. Where the individual does not speak English professional interpretation services must be used in line with DSO [02/2022 Interpretation Services and use of Translation Devices](#) throughout the ACDT process. If English is not the individual's first language professional interpretation services must be used as the individual may find more complex discussions around self-harm and suicide difficult to understand. It is important that during all interactions time is taken to check the individual understands what is being explained and is comfortable saying if they do not understand something. When interpretation services are used, the individual using the interpretation service must record the language used and the ID reference of the interpreter on the ACDT form.

The Immediate Action Plan (IAP)

43. The IAP must be used to detail all immediate actions necessary to keep the detained individual safe from the moment the risk of self-harm or suicide is identified until a formal assessment can be conducted by an ACDT Assessor (see paragraphs 45-50 - ACDT assessment).

44. The IAP will be completed by the Unit Supervisor or Manager for every ACDT plan opened within 1 hour of the Concern form being raised. The manager must consider the appropriate location of the detained individual, level of staff support, frequency of observations as well as any other immediate issues that can be addressed before the assessment.

The ACDT Assessment

45. Following referral to the Duty Operations/Residential manager a trained ACDT Assessor must conduct an assessment interview with the at-risk detained individual within 24 hours of the Concern form being opened. If the ACDT assessment is completed later than the permitted 24 hours, the onsite Compliance Team must be notified via email, setting out the reasons for the delay. Confirmation the assessment has been completed, or details of when it is expected to be completed must be included. Delays beyond the permitted 24-hour time limit must be kept to an absolute minimum. When assessing the detained individual, assessors should refer to DSO 04/2020 '[Mental vulnerability and immigration detention](#) for instructions on how to identify individuals who may fall within this policy and apply the policy to them.

46. Every effort must be made to engage with the detained individual. However, if they refuse to be interviewed or are unable to participate in the assessment, the ACDT assessor should consider whether it is possible to undertake the interview at another time, providing this is no later than 24 hours after the Concern form

has been raised, or whether the individual may be willing to provide a written contribution. If this is not possible the assessor must undertake a review based on all available evidence such as intelligence reports completed in detention, health care information and any previous ACDT plans contained in the detained individual escort records. The sources of information used must be recorded alongside the reasons why the individual was unwilling to take part in the assessment interview.

47. Ahead of the initial assessment (or review if the detained individual refuses/is unable to comply with the assessment interview), the ACDT Assessor should obtain all relevant available information from the local DET. The DET must update the assessor of any developments with the detained individual's current immigration case that might affect his/her mood or demeanour, such as impending removal directions, immigration decisions served, outcome of hearings or interviews. At RSTHF, the ACDT Assessor must contact Escorting Operations for the information detailed above.
48. It is important the individual is aware of how the information gathered as part of the assessment is used. The Assessor must therefore explain that the information discussed and gathered as part of the assessment will be made available to the case review team to help plan and inform their support.
49. The detained individual should be encouraged to assist in the completion of the personal information details as required by the ACDT plan. The sharing of information statement must be read out to the detained individual. Only information that is relevant for the mitigation of any risks can be shared with other agencies, such as the Home Office or NHS commissioned services. The individual must be made aware that some information relating to risk will need to be shared to ensure their safety.
50. The ACDT Assessor must record the findings and outcome of the assessment interview (or review if the detained individual refuses or is unable to comply with the interview) and any actions discussed that need to be fed into the ACDT Care Plan. It is essential that the assessor records all avenues of support discussed during the assessment so this can be considered by the case review team. All background information checked as part of the assessment must also be recorded on the ACDT Assessment Key Information form. Any risk identified that may impact the detained individual's suitability for being detained or transferred under escort must be communicated as soon as possible to CSP staff, DEPMU and both the local Compliance team and DET by completing an IS91 RA Part C. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. There are no DETs at the Gatwick PDA or residential STHFs, therefore it is the responsibility of Escorting Operations to

carry out these actions in the RSTHF and local Compliance teams in the Gatwick PDA.

Case reviews and attendees

51. A trained ACDT Case Coordinator must be appointed prior to the first case review.
52. The first case review must be held within 25 hours of the Concern form being raised, ideally immediately after the Assessment interview and it is the responsibility of the Duty Operations/Residential Manager to ensure this is progressed. The review must be attended and chaired by the Duty Operations/Residential manager, and/or the ACDT Case Co-ordinator (if different). The initial ACDT Assessor should attend the first case review but must not chair the meeting. If they are unable to attend, they should provide written input (using Annex H – ACDT plan) however, this should only be in exceptional circumstances. The Assessor should provide the chair with full documentation from the ACDT assessment, highlighting any areas of risk discussed as part of the assessment and factors to help mitigate the risk, prior to the review. The chair must take time to familiarise themselves with the documentation ahead of the meeting. If the Assessor is unable to attend the first case review the chair must confirm whether they have any questions about the content of the assessment prior to the case review taking place and the assessor should make the Chair aware of any further views they would like to be included in the review.
53. The following people must also be invited to attend case reviews (the panel):
 - The initial ACDT Assessor (for the first case review).
 - The person who raised the initial concern (for the first case review).
 - The detained individual (all case reviews).
 - Healthcare (all case reviews).
 - A member of the DET (all case reviews, unless the chair considers it would not be beneficial to the individual)
 - Where possible, a member of staff who knows the detained individual well and/or has developed a positive relationship with them. e.g., unit, education, or wellbeing staff.
 - Any other member of staff who has or will have contact with the at-risk detained individual and who can contribute to their support and care e.g., staff from chaplaincy or welfare.

54. If they cannot attend in person a written account must be provided using the written contribution form (Annex H – ACDT plan), however this is only acceptable ahead of the first case review when there are exceptional circumstances why they cannot attend. Case reviews should not be unnecessarily delayed because of required attendees being unable to attend in person. Where representatives attending the meeting (those from healthcare) should have knowledge of the detained individual.
55. The ACDT process will operate more effectively if there is continuity in those who attend the case review meetings and every effort should be made to ensure the same members of staff attend.
56. The detained individual should attend case reviews unless there are specific reasons why this would not be possible or appropriate, or they are unwilling to do so. If they do not attend the reasons must be documented in the summary of the case review. The detained individual must be encouraged and supported to participate in the review process, which includes being given the option of providing written input ahead of the meeting using the resident contribution form, particularly if unwilling or unable to attend in person. The individual must be given the opportunity to raise any additional points for the case review team to consider. If English is not the individual's first language professional interpretation services must be used so the detained individual can participate in the review process or provide reasons as to why they do not want to. The use of interpretation services must be documented and include the language used and the interpreter's ID reference.
57. Where the detained individual does not attend a case review, they must be updated on the outcome, including any agreed actions, as soon as possible by the Duty Operations/Residential manager, and/or the ACDT Case Co-ordinator (if different).

Considerations during a review

58. As set out in paragraphs 59 to 66, during each case review the team must undertake the following considerations. Some elements will only require consideration at the first case review.

Discuss the ACDT assessment in detail (first case review only)

59. This includes all identified risks and triggers for self-harm/and or suicide, and any factors which would help to mitigate those risks. This includes any developments that have occurred since the ACDT assessment interview, especially if the first case review has not been held immediately after the ACDT assessment

interview. The detained individual must be given the chance to raise any additional points they wish the case review team to consider.

Set and review support actions

60. At the first case review the team should identify the detained individual's most urgent needs and the most appropriate support actions to address the issues identified in the ACDT assessment to reduce risk of any suicidal ideation or self-harming behaviour. All available sources of information must be taken into consideration to assess the level of risk posed by the detained individual to themselves.
61. At every review meeting the team must discuss risk information, including the level of risk (frequency, method and details of any attempted or actual self-harm which occurred since the last review), what events/signs will be monitored and which ones will trigger further action or an immediate ACDT case review. Any support actions that have been put in place and the effectiveness of these as well as if anything else may be required or could be provided to support the individual. The case review team must discuss with the detained individual the reasons for any acts of self-harm and options for alternative coping strategies.
62. All decisions and reasoning behind them must be fully documented using the ACDT document. All actions must have an action owner and be timebound. Where it is not possible to meet a deadline/time limit the ACDT Case Co-ordinator must be informed, the reasons why this was not possible recorded and a new date for completing the action and/or new action owner agreed. The Case Co-ordinator must consider any potential heightened risk this delay may cause, and actions must not be allowed to roll over indefinitely. The Home Office compliance team must be informed of any heightened risk concerns where action deadlines are missed. This allows compliance teams to check that all ACDT case management tasks are done as quickly as possible.

Set appropriate levels of observations and conversations

63. Observation and conversation levels will need to be tailored to reflect the assessed risk and needs of the detained individual and must be recorded on the first page of the ACDT document. There is no set approach or recommended level of observations and conversations as this will depend on individual circumstances.
64. Consideration should be given to differentiating between day and night support and association times as the requirements may vary. These decisions must be set out in clear, plain language on the front of the ACDT document. Observations should be set and undertaken at unpredictable times, e.g., twice an hour as opposed to every 30 minutes.

Discuss and identify sources of support

65. Sources of support can include any person or services that the individual can use and speak to, to help them keep safe. This may include staff members (such as chaplaincy), or outside support (such as family, friends or guardians).
66. Access to the gym and other regime activities as well as diversionary material (activities, education) may be of help to the individual. Access to the local DET, where appropriate, will ensure the detained individual is kept up to date and understands what progress is being made on their case and the reasons for their detention.

Discuss and agree how sources of support will be involved in the ACDT process

67. Where the individual has consented to their source of support being involved with their care, it is for the Duty Operations/Residential manager, and/or the ACDT Case Co-ordinator (if different) to make reasonable efforts to engage them within the ACDT process.
68. If the individual does not consent to involve identified sources of support, or if these do not comply with guidance relating to safeguarding, public protection and maintaining security, then the decision not to involve them must be fully documented and explained.

Consider possessions which may need to be removed

69. As a safeguarding measure to prevent items being used for self-harm, some possessions may need to be removed from the detained individual. This may include, but is not limited to items such as scarves, shoelaces, wires or toiletry items.
70. Standard/long mobile phone chargers should be removed from detained individuals' possession and replaced with short charging cables to minimise the risk of charging cables being used by detained individuals to self-harm.
71. The removal of items for an individual's safety should be carefully considered and reviewed regularly, alongside the fact that removing personal items can also negatively impact the individual's wellbeing. Removal of items should never be automatic and should be kept to a minimum wherever possible.
72. Decisions relating to the removal of items must be fully explained and recorded in the ACDT plan at the point the decision is taken (for example on the IAP or ongoing record if the decision is taken outside the case review) indicating when these items may be returned, or any review period. The explanation should

include what the risk is and why the removal of those items for the anticipated time limit is necessary to mitigate the risk.

73. Healthcare must always be consulted on decisions relating to removing in-possession medicines.
74. The panel should also consider whether any items that have been removed from the detained individual can now be returned, clearly stating how risk has been mitigated.
75. Likewise, if a decision is made to move the individual to a different location this must be fully defensible and documented within the record of case review form as this may impact wellbeing. Consideration should be given to room sharing risk assessments, transfer to assisted living accommodation, supported living facilities or enhanced care unit.

Consider whether a mental health referral is needed

76. If the detained individual is not already under the care of the mental health team, and/or in the process of being referred for a mental health assessment or to drug/alcohol services the case review team must consider if this is required. The mental health referral form (annex G) should be used to make a mental health referral. Details of the referral being made must be documented in the care plan.
77. Agree the frequency of subsequent case reviews and who should attend these as per para 51-57.

Frequency of case reviews

78. The frequency of subsequent case reviews will be dependent on the detained individual's level of risk but should occur regularly and with appropriate frequency. The panel (see paragraph 53) from each review will decide on the timing of the next review and who should attend. Wherever possible, case review teams should agree the time and date of the next planned case review during the present one to ensure attendance. Subsequent case reviews should happen periodically, with a frequency reflective of the individual's level of risk. This should be clearly recorded on the case review form.
79. Attendance at case reviews will be driven by the agreed support actions and staff members or individuals relevant to those. If a referral to healthcare has been made, they must be invited and continue to attend ongoing case reviews.
80. An urgent review will need to occur as soon as possible if the risks are likely to have increased between planned reviews. This list is not exhaustive, but an

example of the changing circumstances that would trigger an urgent review may be:

- A change in behaviour that causes concern. This might include a change in the method, frequency or lethality of self-harm, choosing to isolate from others or warning signs such as giving away possessions.
- A self-harm trigger is activated, for example the service of removal directions.
- Where a traumatic event occurs such as the death of another detained individual or transfer between establishments.
- Where other information is received to suggest increased risk (this could be from family/friends or external sources), a new trigger is identified which is not currently recorded and mitigated against on the care plan, or a decision has been made to remove an individual's possessions outside of the case review setting.
- A relocation to the Care and Separation Unit.

Every case review will consider whether another subsequent case review is required.

Actions following a case review

81. As soon as possible following the case review the Duty Operations/Residential manager, and/or the ACDT Case Co-ordinator (if different) must:

- Record the case review team's view on whether the individual is at immediate risk of suicide or self-harm.
- Update the Risk, Triggers and Protective Factors form with any added information.
- Complete the Record of case review form to reflect what was discussed during the meeting. This includes detailing any areas of risk, decisions made and the reasoning for the conclusions reached and the detained individual's views. Attendees will need to sign the form to confirm that support actions and timescales have been agreed and that the notes are a true reflection of the discussion.
- Complete the Care Plan. This includes:
 - Completing the Support Actions page with SMART (Specific, Measurable, Achievable, Relevant, Time-bound), meaningful actions, agreed by the

review team, adapted to meet the individual's needs to mitigate risk of harm.

- Completing the Sources of Support page, with identified sources of support. Decisions for not involving sources of support must be detailed on the form.

82. The detained individual must sign and date the Support Actions Form and be offered a copy to keep themselves. If they refuse this should be documented by the Duty Operations/Residential manager, and/or the ACDT Case Co-ordinator (if different).

Day-to-day management of the ACDT plan

83. All centre staff (including Home Office, CSP and those working for other contractors i.e. healthcare services, education, religious affairs, escorting officers etc) must be aware of which detained individuals in their care are on an open ACDT plan every time they come on duty. Both local Home Office teams must have access to a list of detained individuals under ACDT; this list must be updated and disseminated daily by CSP staff.

84. CSP staff responsible for observing at-risk detained individuals will need to ensure they are familiar with the requirements in that individual's ACDT plan. Whenever staff hand over the care/responsibility of detained individuals on an open ACDT plan, they must always brief the receiving member of staff taking responsibility for the care of the individual.

85. The ACDT Ongoing Record must be completed daily, with observations and conversations, conducted in line with the frequency levels set by case review teams (as documented on the first page of the ACDT plan). All staff working directly with individuals on open ACDT care plans must ensure they carefully review the trigger boxes (including those under post closure).

86. It is the responsibility of all centre staff (including Home Office, CSP and those working for other contractors i.e. healthcare services, education, religious affairs, escorting officers etc) who come into contact with the resident to complete a written summary in the ongoing record as required (and as soon as practicable/immediately after the interaction).

87. It is not necessary to record a conversation word-for-word, so long as the content is described fully enough to allow others to know what was said/discussed. Updates should be made in accordance with instructions set out in this DSO.

88. When conducting observations, these must be conducted at irregular intervals (not at the same time every hour) so as not to be predictable and in the least obtrusive manner possible. This is particularly important at night given the importance of sleep for wellbeing.
89. Everyday interactions can have a positive effect, and it is important that set conversations are meaningful. It is therefore important that staff undertaking observations and conversations are aware of the content of the individual's ACDT plan to understand the context of any conversations undertaken. Likewise, written summaries of these conversations also need to be meaningful and sufficiently detailed to effectively convey the key elements of what was discussed.
90. Staff must actively engage with detained individuals being managed under ACDT. This includes taking the time to introduce themselves and explain that the purpose of their observations is to help keep them safe and monitor their wellbeing. They should be encouraged to talk and participate in activities where appropriate. The conversations and interactions between staff and detained individuals must be recorded accurately in the ongoing record. The ACDT plan must contain sufficient information about the progress and well-being of the detained individual to ensure that the risk is being managed appropriately, and the Care Plan remains relevant.
91. When a detained individual being managed under ACDT is likely to receive 'adverse information' (e.g. needs to be seen by a DET officer for the service of documents or HO interviews, legal/personal visits) or where information to be given would give rise to an increased risk (e.g., negative casework decision, removal directions etc), the responsible officer must notify the CSP Duty Operations/Residential manager. The Duty Operations/Residential manager must assess the potential negative impact this interaction may have on the detained individual and consider, with the support of the ACDT Case Co-ordinator whether additional support is required. This might include conducting the interview under the supervision of an officer, following the interview with an immediate case review, or increased observations following the interview. When deemed necessary by the CSP Duty Operations/Residential manager, or ACDT Case Co-ordinator, an official visit or interview may be postponed allowing for a case review to take place and assess and mitigate any identified risks.
92. The details of any open ACDT must be accessible to all centre staff. Staff must familiarise themselves with all open ACDT cases either at the daily management briefing, through the local detained individual IT management systems or by regular updates to the detained individual's unit file. It is essential that areas such as, but not limited to, activities, education, welfare or cultural kitchen, are

provided daily with an updated list of all open ACDT cases. There may be instances, such as Home Office interviews, legal/personal visits where the individual may receive news which may increase their risk, where the file should be taken with the individual.

93. For individuals subjected to constant supervision (see para's 103-106) the ACDT must always accompany them (i.e. in possession of the responsible officer)
94. Documentation interviews and other case related reviews, for example, service of removal directions, a failed bail hearing, or a monthly report, or further charges or police interview may increase a detained individual's risk of harm to themselves. Where communication of these is within the control of HOIE/DET staff, it is important that onsite HOIE/DET teams are aware of detained individuals on ACDTs so that communication of such news can be appropriately managed by the CSP. In such circumstances, it could be necessary to consider/review the location of any possessions which might be used to self-harm and may need to be removed from the individual, and residents on ACDTs and particularly those on frequent observations should have the personal possessions reviewed to access if risk of self-harm can be reduced (See Para 64).

Detained individual placement within the centre

95. Consideration must be given to the most appropriate location for the management of a detained individual under ACDT. All transfers between units and their potential impact on the detained individual must be considered by the Case Co-ordinator and documented on the ACDT plan. If there are concerns that the resident may be concealing items (with an intention to self-harm); a room/possessions search should be considered.

Location in separated accommodation

96. Detained individuals at risk of suicide or self-harm should be kept in association wherever possible as segregation can have a negative impact on mental wellbeing. In line with DSO 02/2017 Removal from association and temporary confinement, the use of Detention Centre Rule 40 and 42 (or STHF Rule 35/37) to manage individuals, if they pose a risk to their own safety or the safety of others, should be exceptional, for the shortest possible time and as a last resort after all other alternatives have been considered. Reasons for doing so must be clearly justified in Annex E of the detained individual's ACDT plan.
97. If a detained individual is transferred to a care suite or a supported living environment or the Enhanced Care Unit, or, exceptionally into Rule 40 (Removal

from Association) or Rule 42 (Temporary Confinement) accommodation for IRCs and under Rule 35/37 for RSTHF, they cannot return to a normal residential area without a full case review being held. A case review should be expedited to ensure the individual's period away from the normal residential area is not extended.

98. Under Rule 40 and 42 (or STHF Rule 35/37) an ACDT case review must be undertaken in line with the procedures set out in paragraphs 51-57 and within 24 hours of the individual being placed under Rule 40 and 42 (or STHF Rule 35/37) using Annex C of the detained individual's ACDT plan. The case review team will need to consider the impact of segregation on the risk of the individual and how this can be mitigated.
99. Healthcare staff should also be invited to the case review, with consideration given as to whether an urgent mental health referral is required. Agreed actions to mitigate risk and support the individual should be recorded in the Support Actions as normal. In line with [DSO 04/2020 'Mental Vulnerability and Immigration Detention'](#), if a detained individual is assessed as requiring treatment/assessment in an appropriate or secure mental health service outside of the IRC, this transfer should take place as soon as possible.
100. The type and level of support required and the frequency of any conversations or observations must be maintained at least as originally detailed on the ACDT care map. Where possible, ACDT observations of any detained individual located in R40/42 or STHF Rule 35/37 accommodation should be set at a minimum of five times per hour at irregular and unpredictable times (so not, for example, always on the hour or at quarter past the hour). Where observations exceed these minimum requirements, they should be at least as frequent as they would be if the detained individual's ACDT was being monitored in normal association.
101. When a move from R40/42 or STHF Rule 35/37 accommodation back to normal association is planned, a pre-discharge case review (Annex C - ACDT plan) must take place on the same day as this decision. If timing means that a full multi- disciplinary case review cannot take place on the same day (for example if the decision to end temporary confinement is made outside of the core day when some members of the case review team are not available), then an additional, full, multi- disciplinary case review will need to take place as soon as possible the next day.
102. When the pre-discharge review is chaired by the Case Co-ordinator, the Duty Operations manager or Residential manager from the receiving residential unit must be invited to the review. If this is not possible, a representative from the residential unit must attend to ensure that all relevant information and risk is

shared and understood. The chair of the review must complete Annex F of DSO 02/2017 [Removal from association and temporary confinement](#) (Detention Centre Rule 40 and 42) highlighting any further support required and update the Care Plan, frequency of conversations and observations and trigger factors on the ACDT plan. The team will need to consider any risks presented by the move and how these can be mitigated.

Constant supervision

103. Constant supervision in the detention setting is defined as a period of one-to-one observation of a resident, who has been identified to be at serious risk of carrying out acts of self-harm or other behaviours which could lead to that resident accidentally or intentionally killing themselves, and which has been implemented in order to reduce this risk and intervene in the case of an emergency. Both the resident and CSP member of staff conducting Constant Supervision must be supported by a multi-disciplinary case review team as part of the ACDT process.
104. An individual subject to constant supervision is observed and supported by designated CSP staff (i.e. in the likelihood or imminency of an act of self-harm, double supervision, e.g. 2 officers may be appropriate) who always remain within eyesight, and within a suitable distance to enable them to physically intervene in an emergency. It must be used as an opportunity to engage with the individual and support them to address their difficulties constructively (e.g. through sitting, chatting, encouraging/supporting people to participate in activities, to relax, to talk about any concerns). Constant supervision is not simply watching an individual requiring support and, for this reason, the terms 'constant watch' must be avoided.
105. When authorising constant supervision, the Duty Manager, or Night Duty Manager will also need to consider the most appropriate location for someone supported through constant supervision to be located during time in room. Gated/Glass panelled door rooms must be used wherever available. If this is not an option, then consider other locations which may be suitable (e.g. is the residents own room suitable? Is there a quieter unit where the environment may be more calming? Is there a care suite facility that may be more suitable?). This will depend on the individual circumstances of both the resident themselves, with consideration given to known risks, triggers and protective factors, and the resources available within the Centre.
106. CSPs are required to produce their own guidance to (include as a minimum):

- Provide direction on which items already in the room should be removed in view of the individual's circumstances.
- When using discretion, how risk is to be balanced with the individual's circumstances.
- ensure appropriate breaks are allocated to avoid fatigue for staff conducting constant supervisions.
- Where possible, consider length of service and/or experience for staff members conducting constant supervision ensuring appropriate support mechanisms are in place prior, during and after the supervision.
- ensure staff understand their responsibilities when conducting ACDT observations, including that they:
 - Obtain a clear visual sighting of the resident using a torch if necessary; and
 - Accurately record the time of the check once they have completed it.

Initiating constant supervision

107. A detained individual under ACDT may require constant supervision to reduce a serious risk of them conducting acts of self-harm or other behaviours which could lead to them accidentally or intentionally killing themselves. These acts and behaviours include:

- Serious attempts and/or compelling preparations for suicide e.g., making a ligature, hoarding medication and/or writing a suicide note.
- Credible expression of a wish to die.
- A recent and credible attempt to take own life e.g., in the centre, under escort or recently prior to detention.

108. Constant supervision in the detention setting is defined as a period of one-to-one observation of a detained individual, who has been identified to be at serious risk of carrying out acts of self-harm or other behaviours which could lead to that detained individual accidentally or intentionally killing themselves, and which has been implemented in order to reduce this risk and intervene in the case of an emergency. Staff conducting and supporting constant supervision must maintain accurate records of events during the period of supervision to accurately record progress and inform care planning. This means ensuring the following pages in the ACDT document are completed:

- Ongoing record
- Constant Supervision Handover and Daily Visits Recording (Annex I - ACDT plan)
- Emergency Access Plan (Annex J - ACDT plan)
- Risks, Triggers & Protective Factors form updated if any new risks, triggers or protective factors are identified

109. It is important the least intrusive level of constant supervision appropriate to the situation is adopted and thought given to how the individual's privacy can be respected, and distress minimised as far as is practicably possible. The decision to put in place constant supervision should usually be taken by the case review panel and not made in isolation by any one person unless they are responding to an emergency (see paragraph 103).

110. Constant supervision can be initiated by any member of staff who assesses a detained individual as in immediate risk of suicide or serious self-harm. When a staff member initiates a spontaneous use of constant supervision, the supervision level must be reviewed and authorised by a Duty Operations Manager as soon as possible after its start. The decision to maintain or reduce constant supervision must be fully documented in the ACDT plan.

111. Constant supervision may be considered for planned non-continuous periods. For example, a detained individual could be placed on constant supervision overnight and on less frequent observation during the day.

112. A case management review must be arranged by the authorising manager as soon as operationally possible after a detained individual is placed under constant supervision and must be attended by healthcare.

113. A detained individual must be seen by a doctor as soon as possible following the start of constant supervision (or Nurse in the case of RSTHF's) and at least once in every 24-hour period following the initial medical assessment. This must be documented in Annex I - ACDT plan.

114. Officers conducting constant supervisions should, wherever possible, be of the same sex as the detained individual being monitored (in line with DSO 06/2016 [Women in the immigration removal estate](#)). If this is operationally impossible, for reasons of safety or security, the details for this decision must be fully documented by the duty manager on the ACDT plan. The local Compliance Team Manager, or Escorting Ops at RSTHFs, must be notified when the use of a same sex officer is assessed as unsuitable for reasons of safety or security of

both staff and the detained individual. A notification must also be sent via email to the Compliance Team inbox or Escorting Ops North Holding Rooms inbox.

115. Both the individual and staff undertaking constant supervision must be supported by the case review panel as part of the ACDT process. This includes ensuring staff undertaking constant supervision have access to all relevant information, that this is up to date and recorded in the ACDT plan, including all risk, triggers and protective factors. The supervising staff member must be provided with the Emergency Access Plan (see paragraphs 119-120) and made aware of how they can draw on immediate support from other staff if needed.
116. The supervising staff member must ensure they familiarise themselves with the contents of the ACDT and be located where they are able to see and talk with the individual and gain access immediately in the event of an emergency.
117. To ensure staff do not become desensitised systems must be in place to ensure that no member of staff conducting constant supervision does so for prolonged periods of time. Ideally periods of supervision should be one hour but must be no longer than two hours at a time and sufficient breaks must be provided.
118. Handovers between staff undertaking constant supervision need to be comprehensive and staff must consult the full ACDT plan of taking over.

Emergency Access Plan

119. The Emergency Access Plan (Annex J – ACDT plan) sets out what must happen if an individual supported through constant supervision engages in serious acts of self-harm or other behaviours which could lead to that individual accidentally or intentionally killing themselves.
120. The plan must be tailored to the layout of each centre and the individual circumstances of each case. It must set out precisely what the supervising staff member must do, including: how to raise the alarm, entering the room during the day and night, use of force to prevent self-harm and the provision of Personal Protection Equipment (PPE). The plan must be reviewed at each subsequent case review whilst constant supervision remains in place.

Case reviews under constant supervision

121. The use of constant supervision must be regularly reviewed and carefully considered, as levels of risk can change. Reviews will need to balance the potentially negative effect of constant supervision against the risk of self-harm.

122. One aim of case reviews is to progressively reduce the level of supervision required by finding alternative ways of support as the detained individual's condition improves if it is safe to do so.
123. The case review team must consider whether the individual requires a referral to the mental health team for assessment. If so, an urgent mental health assessment must take place as soon as possible, if it has not already.
124. For the first 72 hours of constant supervision being authorised, a case review must be held daily. The case management review should be attended by:
 - The Residential manager of the area where the detained individual usually resides.
 - A senior member of the Healthcare staff.
 - Representatives from the local DET and, where considered appropriate, the chaplaincy and welfare teams.Exceptionally, if unavailable, these departments must provide a written contribution (Annex H – ACDT plan) as a minimum.
125. Where more than one case review is necessary to manage a detained individual under constant supervision, all attempts should be made for the same representatives to attend all case management reviews to ensure continuity of care. Where a detained individual self-harms whilst on constant supervision, a case review must be completed to explore the reasons and methods for the act of self-harm and the items used to achieve this act. The case review panel must consider the items in the individual's possession, whether a relocation to a different area of the centre is appropriate and if additional support is required for the individual including additional staff for constant supervision. All these considerations must be documented.
126. Any case where a detained individual remains on constant supervision for longer than 72 hours must be communicated to the onsite Compliance Team who will ensure the Head of Detention Operations is notified at the earliest opportunity. A multi-disciplinary meeting must then be arranged as soon as operationally possible by the local CSPs Duty Operational Manager involving the attendees mentioned in paragraph 21 as well as the immigration responsible caseworker, and a representative from Escorting Operations. The multi-disciplinary team must assess any appropriate contingencies or adjustments that can be put in place to minimise the detained individual's distress and the immediate risk of self-harm or suicide. This must include consideration of any known concerns regarding their immigration case, the conditions of their detention, the detained

individual's location within the detention estate or any other matters considered conducive to the resolution of any grievances.

127. In some cases, the use of anti-ligature clothing and bedding may be appropriate to reduce the risk of self-harm/ suicide. Where this clothing/bedding is used, its continued use must be discussed during each case review to ensure it remains appropriate. Anti-ligature clothing/bedding should only be used where necessary and for a short as time as possible. The use of anti-ligature clothing/bedding must also be communicated to DEPMU, Escorting Operations and both the local Compliance team and DET via the IS91 RA Part C form. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. There are no DETs at the Gatwick PDA or residential STHFs, therefore it is the responsibility of Escorting Operations to carry out these actions in the RSTHF and local Compliance teams in the Gatwick PDA.
128. Staff conducting and supporting constant supervision must ensure accurate records are kept of events. Daily entries must be made within the ACDT plan, clearly setting out the justification for why continued supervision is needed.

Interaction

129. Positive relationships are important in supporting an individual's progress. Officers conducting constant supervision must positively engage with the detained individual, encouraging them to talk and participate in activities where appropriate. Talking, playing games, accompanying the detained individual to activities (subject to risk assessment) should all be considered.
130. Contact with home and the community may provide an important source of support and provide further information for staff. Wherever possible and appropriate, supervised social visits should be maintained and telephone contact with friends and family should be encouraged. Centres should also make every effort to encourage the use of local and national support services such as the Samaritans.
131. The case review team must record details of how the individual will engage with purposeful activity and maintain contact with family and friends in the individual's Care plan.

Access to regime activities under constant supervision

132. For the purposes of this section, regime activity refers to all activities available to all detained individuals, e.g., visits, chaplaincy, gym, shop, education, IT suite etc. Participation in regimes activities can significantly reduce a detained individual's risk of harm to themselves and should be encouraged.

133. Subject to a decision of the case review panel, and based on an individual's level of risk, the frequency of observations can be reduced during activities undertaken in association. For example, a detained individual may be subject to constant supervision whilst in the room, but the observations may be reduced to four times per hour during supervised regime activity, then returned to constant supervision when back in the room.
134. Detained individuals subject to constant supervision and who participate in regime activities must be subject to searching in line with DSO 09 2012 [Searching detainees at removal centres](#) and any other local security searching requirements.
135. When on an open ACDT, under any frequency of observations, items which a detained individual is not permitted to have must be agreed by the case review team, additionally, any staff supervision required for the use of items (e.g., razors) must be recorded. Where there is information that suggests a detained individual has or may have acquired items/objects with which they could harm themselves, which have not been agreed/risk assessed, they must be searched, and the items removed where necessary. Where items are removed this must also be recorded.

Ending constant supervision

136. The decision to end constant supervision is made by the case review team during case reviews. If the case review team decides that constant supervision should be discontinued, a plan to reduce the level of supervision progressively, substituting support from alternative sources as the individual's condition improves, must be formulated and documented in the ACDT Care Plan including the reason behind the decision to end constant supervision. This should include a local contingency plan for use if the risk escalates quickly (for example, agreeing the frequency of subsequent ACDT case reviews to effectively monitor risk, discussing how to raise any concerns of escalating risk and discussing under which circumstances an urgent ACDT case review may be required).
137. The ACDT process must then continue to be conducted in the usual way (i.e., with regular case reviews, welfare checks & support actions) until the case review team feel that sufficient support has been established and risk has reduced to a level where the ACDT process can be closed.

Transfers

138. Detained individuals under an open ACDT should not be transferred between centres unless there are exceptional circumstances. It is paramount that DEPMU is updated of any changes to all ACDT cases, so that any required

movements or transfers can be planned. Any change in the risk assessment of a detained individual being managed under an open ACDT must be communicated by the CSP to DEPMU, Escorting Ops and both the local Compliance team and DET by completing an IS91 RA Part C. The IS91 RA Part C must be annotated to clearly identify the individual as under ACDT monitoring. The DET team will then forward the IS91RA Part C by email to the relevant dedicated casework generic inbox. There are no DETs at the Gatwick PDA or residential STHFs, therefore it is the responsibility of Escorting Operations to carry out these actions in the RSTHF and local Compliance teams in the Gatwick PDA.

139. Current ACDT plans and those which have previously been closed form part of the detained individual's escort records and must always accompany them on any transfer. If a detained individual on an open ACDT is to be transferred between centres, for documentation exercises, court appearances or for removal directions, it is the responsibility of the centre to:

- Notify DEPMU in advance of the transfer of the ACDT plan
- Fully brief the escorting staff on the ACDT plan and update the Detained Individual Transferable Document to reflect the fact that the briefing has occurred, including a signature and printed name from the escorting DCOs
- Complete a Safer Detention referral in line with [Management of Adults at Risk in Immigration Detention](#) to the receiving IRC/RSTHF
- Ensure that the ACDT plan accompany the detained individual. Escorting staff are to decline transfers where the ACDT plan is absent, should this occur be absent the onsite Compliance Team are to be informed via email.

140. The receiving escorting staff must:

- Ensure they are fully aware of the contents of the ACDT plan and maintain its content.
- Decline to escort detained individuals on an open ACDT plan where the file is absent.
- Fully brief the receiving reception staff of detained individuals on an open ACDT plan and update the Detained Transferable Document (DTD) to reflect the fact that the briefing has occurred, including a signature and printed name from the receiving DCOs.

141. If the detained individual is taken to hospital, the ACDT plan must travel with the escorting staff. Staff on bed watches must include any pertinent observations in

the daily supervision and support record in the ACDT plan, including any information provided by specialist services at the hospital.

142. Escorting staff must make regular entries in the 'Ongoing Record' throughout the duration of any escort of a detained individual subject to an ACDT plan. Where specific tasks are assigned to escorting staff on the care plan, these must be completed where appropriate.
143. Where a detained individual is on an ACDT plan, no transfer can occur until the first case review has been conducted. In cases of planned transfers of detained individuals under ACDT, the care plan must reflect how the transfer may impact the detained individual's wellbeing.
144. If a detained individual is transferred on an open ACDT to the prison estate, a copy of the ACDT plan must be retained by the discharging IRC and an IS91 RA Part C must be completed notifying DEPMU that a copy of the ACDT plan was archived with the remaining detention records. In such cases, DEPMU must update the ACDT alert within Atlas with the details.

Discharge from detention and post-release care

145. The Home Office (Collectively the DET, Responsible Case-working and Compliance Teams) has a legal duty to inform other relevant agencies as detailed in paragraphs 135-139 of a self-harm or suicide risk presented by a detained individual and to take reasonable steps to avoid foreseeable risks.
146. Where advanced notification of release is provided to CSP, the expectation lies with the CSPs Welfare Team to provide the detained individual with the relevant information for local support in the community prior to release, where advanced notice cannot be provided, the detained individual must be provided with national support organisations as a minimum.
147. When a detained individual on an open ACDT is to be released from detention, the final case review (Annex D – ACDT plan) must include input from the local DET following consultation with the immigration responsible caseworker and Healthcare. If the detained individual being released on an ACDT is also considered an Adult at Risk, then where appropriate and in line with DSO 08/2016 [Management of adults at risk in immigration detention](#), this review must consider what support can be offered in the community from other agencies and persons for example, Healthcare professionals and Social Services. Relevant information must be shared with the appropriate agencies where permissible. The ACDT Care Plan must be updated to reflect all relevant information regarding support after release and detail any specific care the detained individual will require in the community. The care plan should also reflect the

provision of information to the detained individual about how to obtain support from outside organisations such as the Samaritans.

148. In cases where IRC or healthcare staff have significant concerns about releasing a detained individual considered to be at risk of self-harm or suicide, a multi-disciplinary meeting (or teleconference if a physical meeting is not possible due to time constraints), must be arranged by the local DET to assist the caseworker in agreeing a plan to safely release the individual. This should be expedited to avoid any impact on release timings as the Home Office will use the outcome of the meeting to inform implementation of the release decision. Attendees should include, as a minimum, representatives from local DET, the detained case-working team and the non-detained casework team, representatives from IRC and escorting service provider staff and, if applicable, healthcare. In the case of a detained individual in a residential STHF the escort service provider, healthcare and Escorting Operations CMT should discuss release with the responsible caseworker. This should include consideration of any safeguarding issues that may arise following release.
149. The detained individual must be informed of the information that will be shared to enable continued support on their release.
150. In cases where the detained individual requires support and/or accommodation from the Local Authority, it is the responsibility of the responsible caseworker and, where allocated, the non-detained casework team, to arrange a Local Authority needs assessment prior to release. The local DET should assist the caseworker with signposting for local services wherever possible.

Closing an ACDT

151. The ACDT plan can only be closed once the risk of harm has been reduced to a level where it is no longer considered raised, and all the care plan actions have been completed with their intended outcomes. The decision to close an ACDT must be taken by the case review team and explained to the individual. It should be noted that some risks may be long term and may not be fully resolved when the decision is made to close the ACDT, however the ACDT can still be closed if risks have been sufficiently reduced and support established to help the individual manage them (Annex K – Post closure flowchart – ACDT plan).
152. ACDT plans must never be closed to facilitate a transfer to another IRC or within 72 hours of a planned transfer. Where a transfer takes place within the post-closure period, the receiving IRC must be informed about the recent ACDT and the need for them to undertake the post-closure review. All ACDT plans, open and closed, are part of the Detainee Transferable Document and must be retained with the rest of the individual detention records.

153. The Duty Operations/Residential manager must ensure that the following parties are notified whenever an ACDT plan is closed:

- Healthcare and other functions that have taken part in case reviews.
- Any staff undertaking ACDT specific safer custody administrative support duties.
- DEPMU, Escorting Operations, the local Compliance team and DET by completing an IS91 RA Part C.
- DEPMU will own the responsibility to upload the Part C onto Atlas, DET staff will share the Part C with the responsible caseworker team and email a copy to the casework generic inbox. There are no DETs at the Gatwick PDA or residential STHFs, therefore it is the responsibility of Escorting Operations to carry out these actions in the RSTHF and local Compliance teams in the Gatwick PDA.

Post-closure reviews

154. Following the closure of an ACDT, the 7-Day Post-Closure Monitoring Form must be completed for a minimum of 7 days to inform the post-closure review. The form will need to be completed up until the day the post-closure review takes place.

155. As soon as possible following this 7-day monitoring period the ACDT Case Coordinator must chair a post-closure review (on a date agreed during the ACDT Closed Case Review) after the ACDT is closed, reviewing the Support Actions and the progress made since the ACDT was closed. Attendance at the review will be based on individual circumstances and may include those to whom the individual feels most comfortable talking.

156. The post closure review should consider the following:

- Current feelings of the detained individual.
- Access to support (both formal and informal)
- Progress since closure.
- Whether further reviews are required and if so their frequency

157. The review including the outcome and discussion must be fully documented on the Post Closure Review Form.

158. When a detained individual has been transferred to a different centre during the post-closure phase, the receiving centre must allocate an ACDT Case Co-ordinator and arrange for the post-closure review to take place.
159. The closure of the ACDT plan must be recorded in the local IT detained individual management system, giving a summary of the relevant issues. The plan must remain on the individual's unit file until post closure reviews have been completed. When no further reviews are required the ACDT plan must be stored safely in the Detained Transferable Document.

Re-opening an ACDT

160. An ACDT plan can be re-opened to 6 weeks following the closure of the original one if the detained individual's risk to themselves is deemed to have increased. This is regardless of whether post-closure support is still being provided. The Case Co-ordinator must determine whether the circumstances for re-opening the plan are different from that of the original plan and whether a new ACDT plan and assessment needs to be undertaken. After 6 weeks a new ACDT will need to be opened. If the circumstances have changed a new assessment and case review must be completed within 24 hours of the decision to re-open the plan.
161. Wherever an ACDT is re-opened the reasoning for this must be documented on the 7-day Post Closure Monitoring Form. Additionally, the most recent observation records must also reflect the ACDT plan as being re-opened.
162. Initial levels of observations and conversations will need to be set by whoever raises concerns in consultation with the staff member that will be completing the IAP, as would happen when opening a new ACDT. An IAP should be completed within one hour of the decision to re-open the ACDT as set out in paragraph 42 and 43 and action taken to ensure the individual is kept safe until a case review can be held.
163. The ACDT process must then be managed in the usual way, as set out in this guidance.

Monthly reporting

164. Centre/RSTHF CSP are required to provide monthly Safer Detention Management Information to the on-Site Compliance Team, Escorting Ops and Detained Vulnerability Assurance Advice Team (DVAAT) inbox. The information is required no later than the 10th of each month, accounting for the previous month.
165. The information required is:

- Number of new ACDTs opened
- Number of ACDTs closed
- Number of Constant Supervision ACDTs
- Number of instances of actual self-harm
- Number of self-harm instances that required onsite medical treatment
- Number of self-harm instances that required offsite medical treatment
- Number of instances where medical treatment was declined (state whether on or off site)

Quality assurance and audits

166. A Duty Operations/Residential manager must check observation books and ACDT plans daily. These checks must be recorded in the CSP self-audit records and any 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 detained individuals 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 detained individual's care.

167. Responsibility for completing quality assurance of documents may be delegated to other staff members (for example, the Safer Detention team). Quality Assurance should be conducted by members of CSP staff with a good knowledge of ACDT principles. However, wherever possible, staff should avoid quality assuring documents for cases in which they were involved as Case Coordinators or ACDT Assessors.

168. 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/Contract Director and line managers, monitor the response, and record that they have made these checks. These checks must be recorded and made available to the local Compliance Team Manager on request.

Training

169. ACDT training courses should be undertaken by centre staff with the type of training being dependent on the staff members role and involvement with the ACDT process. Staff must be released to undertake initial and annual refresher training.
170. Both Home Office and CSP staff must keep a record of training attendance. CSPs must submit completion results for their staff to the DCO Training Oversight Team (DTOT) within one calendar month of training completion.

Self-audit

171. An annual self-audit of this DSO is required by CSPs to ensure that the processes are being followed. This audit should be made available to the Home Office on request.
172. The Compliance teams must 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
August 2022	R Clark T Gibbs	General update and reformat	August 2024
February 2026	R Clark T Gibbs	Full document – Amended ‘Suppliers’ to contracted supplier staff (CSP) Amended to clarify how stocks of ACDT’s are supplied Amended to clarify timescales around any delay in completing the assessment by ACDT Assessor Amended as the ACDT plan does not include personal details on the inside of the front cover.	February 2028

		<p>Amended to consider/review the appropriateness of possessions and their locations</p> <p>Amended to clarify who are meant by the HO.</p> <p>Amended Home Office self-audit requirements.</p>	
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