

Food and/or Fluid Refusals template**Part 1 – Case Notification**

The purpose of part 1 of this referral is to notify and update the Director of Casework and Returns of any individual in detention who is on food and/or fluid refusal with a red BRAG rating.

Identity:

Full name:	
Date of Birth:	
Nationality:	
Home Office reference:	
DMS reference:	
Business area:	[CC, DAC, TCU or NRC]

Black BRAG rating is when there is an imminent and immediate risk of developing/has developed healthcare needs that cannot be met within an Immigration Removal Centre.

Red BRAG rating is when there is a close threat of developing Healthcare needs that cannot be met within an Immigration Removal Centre in the next 3 to 5 days. This includes anyone causing concern but who may not require to be admitted to Healthcare or require 24 hour health care. Their observations may still be noted as normal as the results are within normal range however, they are in red as their observations are lower than their ones taken upon arrival.

Length of time on Food and/or fluid refusal:	[When did the individual start refusing foods and/or fluids]
Current BRAG rating:	
Length of time at current BRAG rating:	
Date of initial detention and length of detention:	

If notification of this individual has previously been sent to the Director of Casework and Returns, outline any developments and/or any change of circumstances since the previous notification:

Previous notification of individual sent on:

Change in circumstances/developments:

Give details of any changes to the individual's medical condition including any medical professionals prognosis for deterioration in health and the prospects of being able to maintain detention

Give details of the medical professional's prognosis for deterioration in health and whether the detainee's health can be managed within the IRC below:

This information may have come from the IRC doctor's medical assessment as set out on the food and/or fluid refusal assessment record or through a Part C, a Rule 35 report or merely via email. Include the level of cooperation received from the detainee with medical staff if appropriate.

Give details and timeframe of steps/progress taken since individual was identified as red BRAG rating:

Give an assessment of the appropriateness of maintaining detention in light of any identified vulnerabilities falling within the scope of the Adults at Risk policy at this point in time:

(If appropriate) Include the individuals Adult at Risk evidence level (including risk factors that inform the decision of someone being an adult at risk) and give a reasoned conclusion of suitability of detention in line with the adult at risk evidence level balancing negative immigration factors and public protection factors.

Include any current legal and/or other barriers preventing removal and give details of actions already taken to overcome any barriers to removal and give an timescale for removal explaining the steps that will need to be taken to enforce removal.

Is it likely a release recommendation will be sent to the Director of Casework and Returns?

Give details if the case/individual has been referred to the Food and Fluid Refusal tactical group and the outcome of the referral to the Food and Fluid Refusal tactical group:

Details of any additional relevant information:

Assistant Director of business area (individual overseeing the decision to review detention) comments:

[Please give details of reasons for escalation and likelihood of future release recommendation]

Assistant Director of business area:

Signed **Date**.....

Part 2 – Release referral

The purpose of part 2 of this form is to present the Director of Casework and Returns with a release recommendation of an individual on food and/or fluid refusal.

Identity:

Full name:	
Date of Birth:	
Nationality:	
Home Office reference:	
DMS reference:	
Business area:	<i>[CC, DAC, TCU or NRC]</i>

The follow assessments and associated information must be as comprehensive and precise as possible.

Immigration History

Date of initial detention and current length of detention:	
Brief immigration and compliance history:	<i>[Include: Applications (date applied for and date issued or refused, and whether there was a right of appeal against any refusal) Appeals (date lodged, date allowed / dismissed, date PTA refused / granted, ARE date) Incidences of non-compliance (e.g. disrupting removal, not co-operation with ETD process / bio data) Removal directions (current or previous) Previous bail applications and the outcome Date ETD issued / agreed Harm Matrix rating]</i>
Assessment of risk of absconding:	<i>[Give an assessment of risk of absconding based on the individual's Immigration and compliance history and previous absconding (the assessment should properly reflect the extent of any non compliance)]</i>

Removal

Any barriers to removal and actions taken to overcome/expedite removal barriers:	<i>[Include any current legal and/or other barriers preventing removal and give details of actions already taken to overcome any barriers to removal]</i>
Assessment of the likelihood and imminence of removal:	<i>[Give an timescale for removal explaining the steps that will need to be taken to enforce removal]</i>

Criminality

Give details of any criminal history: (if applicable):	<i>[Give details of criminal convictions, noting the offence and the sentence imposed]</i>
Is deportation being pursued?	<i>[Has a deportation order has been signed? Is a deportation order being proposed?]</i>

Assessment of risk of re-offending:	<i>[Please clearly set out what information this is based on and where this information is sourced from when making this assessment]</i>
Assessment of risk of harm to the public:	<i>[Please clearly set out what information this is based on and where this information is sourced from when making this assessment]</i>

Medical Information

Date since individual has been on the Food and Fluid refusal log and current BRAG rating:	
Any evidence or reasonable grounds for believing the individual to be eating or drinking from other sources:	<i>[Such as evidence of food or drink being consumed]</i>
Detail level of cooperation received from the detainee with medical staff, including if a Advanced Directive or Advance Decision been made by the individual:	<i>[Include whether the individual has been willing to undergo medical examinations, such as going to hospital for treatment and/or if the individual has withheld consent to their medical information being shared with the Home Office such as to determine whether a serious medical condition exists. Also include if the individual has the capacity to make an informed decision on this point]</i> <i>[An Advance Directive or Advance Decision enables someone aged 18 and over, while still capable, to refuse specified medical treatment, nutrition or hydration in future when they lack capacity to consent or refuse it.]</i>
IRC doctor's medical assessment as set out on the food and/or fluid refusal assessment record: (Include a copy of the IRC doctor's medical assessment with referral)	
What medical examinations have been made:	<i>[Give details of all medical examinations, when and by who]</i>
Outcomes of actual medical testing undertaken where permitted:	<i>[for example results of blood, urine, kidneys and any other testing]</i>
Medical professionals prognosis for deterioration in health and whether the detainee's health can be managed satisfactorily within the IRC:	<i>[Please provide the doctor's actual opinion rather than a synopsis. This opinion may have been received either through a Part C or a Rule 35 report or merely via email]</i>
Details of any independent medical reports or assessments: (if available)	<i>[Ensure any independent medical reports and assessments are detailed, when this occurred and who carried out the assessment or report]</i>

(If appropriate) Adult at Risk evidence level:	<i>[Include the individuals Adult at Risk evidence level and a reasoned conclusion of suitability of detention in line with the adult at risk evidence level. Include all risk factors that inform the decision of someone being an adult at risk including any serious medical conditions]</i>
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Comments

Senior Case Worker/AD comments and opinions on food and/or fluid refuser:	<i>[Include motivation for food and/or fluid refusal if known]</i>
Has this individual been referred to the Food and Fluid Refusal tactical group:	
Date of referral to the Food and Fluid Refusal tactical group:	
Outcome of the referral to the Food and Fluid Refusal tactical group:	

Release

Details of tactical release plan:	<i>[Give all details of how it is proposed to safely release this individual from Immigration detention including any healthcare/safeguarding referral that will need to be made]</i>
Release address:	
Date by which individual will be released:	<i>[Give date of proposed release and include reasons if any delay is proposed]</i>
Any proposed conditions of release:	

Details of any additional factors to be considered:

Assistant Director of business area reasons for escalation and clearance:

Signed Date.....

Director of Casework and Returns comments:

I agree to release this individual from detention

I do not agree to release this individual from detention

Signed Date.....

Director, Casework and Returns, Immigration Enforcement.