Log Number

_____

_____

Ministry of JUSTICE

National Offender Management Service

BD008
ACCT V.5

ACCT PLAN

(Assessment, Care in Custody and Teamwork)

Forename(s):	
Surname:	
Prison Number (if appropriate):	DOB:
Establishment:	Location:
Date opened:	Time:
Date closed:	Time:
CASE MANAGER:	CSRA Level:
Date of Post Closure Interview:	
Name: Signed:	

Turn to inside front cover for examples of triggers/warning signs that should prompt an immediate review

Date of assessment interview: ..... **Name of Assessor:**	
Required frequency (day and night) **of conversations and observations and the recording requirements.**	
EXAMPLE: Number x conversations and frequency of recording am / pm / evening duty Number x observations and frequency of recording am / pm / evening duty	
Date of next case Review	

Photo

Location Changes

Date	Wing	Landing	Cell

Triggers/warning signs to prompt immediate review and person/department to be called:
(To be considered as part of each Case Review)

It is important to recognise that some triggers are more identifiable and predictable than others, e.g. sentencing, but staff need to be alert to the hidden triggers, e.g. anniversary of the death of a child.

EXAMPLE: Court Appearances, especially start of trial, sentencing, anniversary of a significant event
1.
2.
3.
4.
5.
6.
7.

AGREEMENT TO SHARING OF INFORMATION
(Note: This form is to be completed by the Assessor and prisoner/young person at the beginning of the Assessment Interview).

I understand that the Prison Service has a duty of care to me while I am in custody. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my ACCT Plan will be shared, and that detailed information contained within my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me may be shared between staff within the prison and others concerned with my care and welfare in order to think about how best I may be supported.

Person at risk's signature: …….

PRINT NAME: ……Date: ……..

Member of staff's signature: ……..

PRINT NAME: ……Date: ……..

Where permission is withheld, share only information that relates to the risk and how to reduce the risk.

INITIAL
NEXT OF KIN/PERSONAL DETAILS:

Name:……

Relationship:…….

Contact details

Address:……

Telephone numbers:……

DATE:

UPDATE/CHANGE OF
NEXT OF KIN/PERSONAL DETAILS:

Name:……

Relationship:…….

Contact details

Address:……

Telephone numbers:……

DATE:

UPDATE/CHANGE OF
NEXT OF KIN/PERSONAL DETAILS:

Name:……

Relationship:…….

Contact details

Address:……

Telephone numbers:……

DATE:

ACCT Quality Assurance - Check sheet

Example of Quality Assurance checks that might be undertaken in the first 24 hours of ACCT being opened (**Once completed no need to revisit**)

1	**Front Cover**
☐	Is the planned frequency of staff conversations and observations noted?
☐	Has the date of next Case Review been entered?
2	**Inside Front Cover**
☐	Is a photograph of the prisoner attached?
☐	Are trigger / warning signs entered?
☐	Has the prisoner signed the Agreement to Sharing of Information, if not, has that been recorded?
☐	Has the Agreement to Sharing of Information been signed by the Assessor?
☐	Next of Kin/Personal Contact Details
☐	Have the next of kin details been completed?
3	**Concern and Keep Safe Form**
☐	Has it been signed and dated?
☐	Have the concerns been completed satisfactorily?
4	**Immediate Action Plan**
☐	Has it been signed and dated?
☐	Have actions been completed satisfactorily and recorded as having been completed?
☐	Have the 'four tasks' been completed before going off duty?
☐	Has it been completed within the **1 hour** time limit?
5	**Assessment Interview**
☐	Was it completed within the 24hr time limit?
☐	Was the assessment signed and dated?
6	**Action Following Assessment**
☐	Was the first review completed within the 24hr time limit?
☐	Has the next review date been set and relevant departments invited to attend?
7	**CAREMAP**
☐	Have issues been identified and goals set?
☐	Have particular people/departments been made responsible for the action and date set?
☐	Has the Case Manager signed the CAREMAP?
☐	Has the prisoner signed the CAREMAP and been given a copy of it?
☐	Have the actions been completed on time?
	☐ Sections 8 & 9 – to be checked when subsequent Management Checks are carried out. NON-COMPLIANCE MUST BE CHALLENGED
8	**Records of Case Review**
☐	Was the last review carried out on the day stated on the front cover?
☐	Was it chaired by appointed Case Manager?
☐	If frequency of observations has changed have they been noted on front cover?
☐	Have any changed plans been updated on the CAREMAP?
☐	Has it been signed and dated?
☐	Has the next review been set and noted on front cover?
9	**On-Going Record**
☐	Do the minimum frequency of observations and conversations correspond with that stipulated on the front cover?
☐	Do the entries relate to good interactions with the prisoner and record mood and demeanour?
☐	Are entries signed and annotated clearly with the officer's name?
☐	Are handovers to/from night staff recorded?

Issues that might be considered:
Management checks are often undertaken as a matter of routine by a number of different staff, but they fail to record what was found, the action needed to be taken and actions that were subsequently taken or reviewed to ensure weaknesses have been resolved. Auditors have reported on cases were deficiencies highlighted during audit scrutiny have not previously been identified; in other cases weaknesses have been identified but not resolved.

SECTION ONE

Concern and Keep Safe Form

Immediate Action Plan

Guidance

1. The ACCT process is a means whereby staff can work together to provide individual care to prisoners/young people who are in distress in order to:

• help defuse a potentially suicidal crisis or
• help individuals with long-term needs (such as those with a pattern of repetitive self injury)
• to better manage and reduce their distress.

2. Anyone working in a prison who has concerns about a prisoner/young person they are in contact with must talk to the person about their concern, listen to what they have to say and, if still concerned, open an ACCT Plan.

3. Start the ACCT process before the risk of self-harm becomes acute. Use it as a means of tackling problems before a crisis develops.

4. Tell the person at risk that you are starting the ACCT process and what will happen next.

5. Care for prisoners/young people at risk must be multi-disciplinary, using the skills of all staff from different disciplines, depending on the needs and wishes of the person at risk.

6. Information about a person's problems must be treated sensitively and professionally by all staff. If prisoners/young people are to share information with staff, and different groups of staff are to share information with each other, they need to trust that no one will treat the information inappropriately – for example, discussing things in front of other prisoners/young people or using the information in a derogatory way.

7. Information sharing is key to delivering safer custody that is coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, to promote the prisoner's well-being and for wider public protection. Information sharing is a vital element in improving outcomes for all. Chapter 2 of PSI 64/2011 gives more detail on how information sharing should be managed.

CONCERN AND KEEP SAFE FORM

If you consider the risk of a suicide to be imminent, or if the individual is acutely distressed, take action immediately and do not leave the person alone. Continue filling out this form as soon as possible after the emergency has been dealt with.

What are the concerns?

Ask the individual open questions and determine what the main problems are. Tick all relevant boxes and give details in the open box below.		
1. Suicide attempt or statement of intent to take own life		**Please describe why you are concerned. Summarise: any recent events, behaviour or information received that gives cause for concern about what the person themself said about their situation.**
2. Self injury or statement to self-harm		
3. Unusual behaviour or talk		
4. Very low mood (e.g. withdrawn, slowed down)		
5. Problems related to drug/alcohol withdrawal		
6. Other concerns including vulnerability due to age or immaturity		

Action required by initiating member of staff:
Now give this report to the person responsible for deciding the immediate action to be taken to keep the person safe. This will usually be the manager of the unit/NOO on which the individual is, or is to be located. Where the ACCT Plan is opened in reception, intial decisions about care might be made by health reception staff, in conjunction with the manager of the receiving unit.

Details of initiating member of staff:

Print Name:	Signature:
Date:	Time:

IMMEDIATE ACTION PLAN

This action plan <u>must</u> be completed by the Unit manager/NOO within one hour of the concern and keep safe being raised.

The purpose of the Immediate Action Plan is to consider and record the most appropriate environment and regime required to support the person at risk prior to the first Case Review.
The Unit Manager will usually be responsible for making these decisions, after consulting with the individual concerned and other staff where appropriate.

Immediate action required	Action	Name and Signature	Date Completed
Location: (Discuss with individual where they feel safe. Consider CSRA level when considering location, particularly shared accommodation, safer cell, referral to healthcare)			
Frequency of staff support: (conversations and/or observations)			
Medical Intervention: Mental health referral, use local systems to refer. In possession medication the prisoner/ young person may have, or have access to			
Phone access: (state whether Samaritans or phone call to family or other)			
Listener access:			
Other immediate interventions:			

The four tasks below must be completed before going off duty (within 12 hours if concern raised during the night)

Referral made for assessment & case review organised: ☐	Staff briefed & entry made in Unit Observation Book: ☐	Log number obtained & entered on ACCT cover: ☐	Where act of self-harm has led to opening of form, F213SH completed: ☐
Time:	Time:	Time:	Time
Where individual is under 18 inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible		Child Protection Co-ordinator informed: ☐ Time: Name of person informed:	

Immediate Action Plan (IAP) Agreed

Unit Manager/NOO Name:	Name of Prisoner:
Date:	Date:
Signature:	Signature:
Others:	
Signature:	

SECTION TWO

Suicide/Self-Harm Risk Guidance

Assessment interview

Guidance

The Duty Assessor must be notified (according to local protocols) that the ACCT Plan has been opened and a trained Assessor must interview the prisoner within 24 hours of the Concern and Keep Safe form being opened.

Every effort must be made to engage with the prisoner. However, if the prisoner refuses to be interviewed or is unable to participate in the interview, the ACCT assessor must undertake the assessment based on all available information e.g. pre-sentence reports, OASys, health care information, NOMIS case notes and previous ACCT documents.

Where prisoners do not speak English, ACCT assessments must be undertaken with the assistance or involvement of an interpreter, or appropriate translation service.

Ask the prisoner to sign the agreement to sharing information' on the inside front cover, and (assuming the prisoner has agreed) complete that form. If the prisoner does not wish to sign this or is unable to due to a lack of mental capacity, share only information that relates to the risk and how to reduce the risk.

Record the outcome of the interview in the ACCT Plan on the Assessment Interview sheet.

Attend, whenever possible (if they cannot attend they must meet with the Unit/Case Manager/NOO prior to the first case review and give a detailed summary of the assessment discussions and key issues), but not chair, the first case review with the at risk prisoner.

ASSESSMENT INTERVIEW

(**Complete within 24 hours of concern and keep safe form being raised**, unless circumstances are exceptional, e.g. prisoner/young person admitted to outside hospital and too ill to be interviewed)

Before the interview, gather risk-pertinent information:

- From the core record/wing file/wing staff/OASys/NOMIS/etc.
- Ask health staff if they are aware of risk factors (e.g. current or recent psychiatric treatment, drug/alcohol dependence, painful or terminal physical illness)

Forename(s):	Surname:
Prison Number:	Location:

In the interview, gather risk pertinent information in your own style using general interviewing skills. The questions below are a reminder of areas to be covered only. Explain that the information will be made available to the Case Review team to help plan their care.

1. Individual's perception of the problems related to current distress

Ask person to describe in their own words what they believe their problems to be. Once all problems mentioned have been explored, check the following have been mentioned: relationship problems and practical problems outside and inside prison, including isolation, violence, bereavement, other loss, guilt re offence.

2. If recent act of self-harm

Ask person to describe events, thoughts and feelings over 48 hours leading to act. What precipitated incident? Was it an attempt at suicide and how lethal was the attempt? Was it planned and what attempts were made to avoid detection? Did person expect to die? Did they write/leave a note and will they share it with you? How do they feel about being alive now? If no suicidal intent, what was the act related to? How was the act helpful to them?

3. Previous acts of self harm/suicide attempts

Ask them ‘Have you ever tried to harm yourself before?’ Explore what they did, when and in what circumstances - what was the intention. Look for similarities between past and present. Ask if they know others (friends, family) who have tried to kill themselves. If self-injury without suicidal intent, explore how the self-injury was helpful to them. Have they sometimes been able to manage those situations/feelings without harming themselves? What helped them to do that?

4. Current mental state

Ask an open question e.g. ‘And how are you feeling now?’ Inquire about depression (persistent low mood, loss of interest in work, association etc, increased fatigue, disturbed sleep, loss of appetite, difficulty in concentrating, loss of confidence, feelings of hopelessness and thoughts of death). Explore symptoms of anxiety (worry and physical symptoms of anxiety, panic, unpleasant thoughts going through mind, recurrent nightmares). How long? How persistent? Ask about unusual experiences and ideas. Look out for unusual behaviours, manner of speech, evidence of hearing voices or evidence of suffering from addictions.

5. Current suicidal thoughts and intentions

Ask about current thoughts of taking own life and any plans/ preparation, e.g. ‘Do you want to be dead?’ ‘Have you planned how you will do it?’

6. Reasons for living and coping resources

Is there anything that the person feels might prevent them from carrying out plans? How has s/he managed to cope until now? What is it that keeps them going right now? Does s/he have support from friends or family?

7. Any other areas of discussion

Note down any other relevant issues that have come up in the discussion or any points not covered above that you wish to ensure are available to the Case Review team.

8. Agree what is to happen now with the interviewee

Discuss with the individual what they think might help them now. Note down possible ideas for the Case review and anything else relevant. Explain what is to happen now.

Summary / bullet points of key issues

Interviewer's details

Print name:	Signature:
Date:	Time:

FIRST CASE REVIEW FOLLOWING ASSESSMENT

Guidance

The first Case Review must be held within 24 hours of the concern and keep safe form being opened, ideally immediately after the Assessment interview.

It will be attended and chaired by the Unit Manager/NOO, or equivalent and/or the Case Manager (if different), the Assessor, whenever possible, a member of staff who knows the prisoner e.g. wing officer, the person who raised the initial concern, Healthcare, and any other member of staff who has or will have contact with the at-risk prisoner and who can contribute to their support and care e.g. staff from Probation, Education, CARATS, Psychology, etc.

The review should be timely and not unduly delayed to ensure full attendance. If invited participants cannot attend in person, exceptionally, they can provide a written account of their input.

The review should be attended by the prisoner unless there are specific reasons why this would not be possible or appropriate. The reason for non-attendance must be documented in the summary of the case review. When the prisoner does attend, they must be encouraged to participate in the review process.

Appoint a Case Manager of minimum grade of Senior Officer or Band 5 Nurse.

Identify the prisoner's most pressing needs and level of risk to themselves and identify appropriate actions to address these needs.

Agree how the prisoner will be supported and complete the CAREMAP giving detailed and time-bound actions aimed at reducing the risk posed by the prisoner.

Agree the frequency of, and recording of, conversations, observations and support day and night as the night requirements may be different. These decisions must be set out in clear, plain language on the front of the ACCT document.

PSI 64/2011, chapters 3 & 5 give more information about the identification of risk and requirements of the first case review.

NOTE:

The case review team can decide to close the Plan at the first case review if they believe it is safe to do so and where all issues identified during the assessment interview have been resolved and the results of any referrals are known.

The reason for closure at this time must be clearly documented in the ACCT Plan.

A post closure interview must take place.

SUICIDE/SELF-HARM RISK GUIDANCE

RISK IS LOW	**When** • Suicidal thoughts are fleeting and soon dismissed • No plan • No/few symptoms of depression • No psychotic mental illness • No self-harming behaviour • Situation experienced as painful but not unbearable **Action** • Ease emotional distress as far as possible (allow expression of emotion) • CAREMAP addressing identified social/custodial problems • Link to resources (friends, family, listeners) • Review care at agreed intervals
RISK IS RAISED	**When** • Suicidal ideas are frequent but generally fleeting • No specific plan/immediate intent • Evidence of mental disorder (e.g. depression, psychosis, panic attacks) acute or ongoing • Situation experienced as painful but no impending crisis • Previous, especially recent suicide attempts • Current, self-harming behaviour **Action** • Ease emotional distress as far as possible (allow expressions of emotion) • CAREMAP addressing identified social/custodial problems • Ensure safety - consider location, frequency of conversation and observation and occupation
RISK IS HIGH	**When** • Frequent suicidal ideas not easily dismissed • Specific plan with likely access to lethal methods • Evidence of mental illness, acute or ongoing • Significant alcohol or drug abuse • Situation experienced as causing unbearable pain • Escalating pattern of self-harm - increased frequency and/or lethality of methods **Action** • Ease emotional distress as far as possible (allow expression of emotion) • Ensure safety - consider admission to healthcare centre • Increase levels of support and therapeutic interventions • CAREMAP addressing identified social/custodial problems • Refer urgently for mental health assessment • Review immediately after assessment and at agreed intervals thereafter

Note: This is a guide only. Decisions will be made on an individual basis by the multi-disciplinary team depending on the combination of risk factors that the individual-at-risk is displaying.

Factors for the case review to consider - these are not exhaustive

CAREMAP considerations		Comments/Remarks	Signature and date
Cell share (subject to CSRA level see front cover)	Yes -- No		
How will the at-risk prisoner interact with wing staff	Yes -- No		
Peer support, Insiders, wing reps	Yes -- No		
Listeners	Yes -- No		
Samaritan phone	Yes -- No		
Chaplaincy	Yes -- No		
Other agencies, e.g. Carats, Psychology, In-reach/healthcare	Yes -- No		
Foreign National Co-ordinator	Yes -- No		
Accommodation	Yes -- No		
Counselling	Yes -- No		
Wing move	Yes -- No		
Gym	Yes -- No		
Change of labour	Yes -- No		
Wing activities, e.g. pool, table tennis, board games	Yes -- No		
Education/Work including courses	Yes -- No		
Relaxation classes	Yes -- No		
Family contact	Yes -- No		

This page is to be kept in front of the CAREMAP in the ACCT document. Ensure that the prisoner/young person has signed the CAREMAP.

FIRST CASE REVIEW FOLLOWING ASSESSMENT

ACTION FOLLOWING ASSESSMENT

(**to be completed within 24 hours of concern and keep safe form being raised**)

Details of case review, date, time and location must be completed in every case

Date:	Time:	Location:

Names of people attending case Review or otherwise consulted following Assessment:

Name	**Designation**
	Unit Manager
	Prisoner/Young person
	Assessor (if not attending state in record below how they contributed to the review)
	Case Manager (if different to Unit Manager)
	Other(s) (specify role(s))

Record summary of Case Review and Assesor's summary of findings

Initial assessment of risk of harm to self?	Low ☐	Raised ☐	High ☐
Current likelihood of further risk behaviours?	Low ☐	Raised ☐	High ☐
Where there is identified risk what action is to be taken?			

If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assessment and care as per local protocols and with consideration to the level of risk

Now produce a CAREMAP and liaise with appropriate staff and support agencies. Note any known triggers/warning signs on the inside front cover.

If ACCT remains open **Next review:** (also note on front cover) **Date:** **Additionally to invite:**	**If ACCT closed** (see guidance on inside back cover) **Post closure interview:** **Date:** (also note on front cover) **Member of staff who will conduct follow-up interview:**

Unit or case manager's signature:	Date:

CAREMAP

Named Case Manager.....

You should consider the following areas when preparing this CAREMAP:

- ☐ Action to disable any suicide plan
- ☐ Action to link the person to people who can provide support
- ☐ Action to build on any strengths or interests the person may have
- ☐ Action to encourage alternatives to self injury
- ☐ Action to reduce emotional pain caused by practical problems
- ☐ Action to reduce vulnerability because of mental health problems
- ☐ Action to reduce vulnerability because of drug/alcohol problems

You must note: Known factors that indicate higher risk in triggers/warnings box inside front cover.
Required frequency of conversations, observations and recording on the front cover

From Case Review	**Issues** (problems, resources, risk)	**Action Required**	**By whom and when**	**Status of action** e.g. awaiting appointment (always date entry)	**Action completed**	**Signature and date**

Prisoner/Young person	**Case Manager**	
Signature:	Signature:	Date:
Print name:	Print name:	Date:

CAREMAP

Named Case Manager.....

You should consider the following areas when preparing this CAREMAP:

- ☐ Action to disable any suicide plan
- ☐ Action to link the person to people who can provide support
- ☐ Action to build on any strengths or interests the person may have
- ☐ Action to encourage alternatives to self injury
- ☐ Action to reduce emotional pain caused by practical problems
- ☐ Action to reduce vulnerability because of mental health problems
- ☐ Action to reduce vulnerability because of drug/alcohol problems

You must note: Known factors that indicate higher risk in triggers/warnings box inside front cover.
Required frequency of conversations, observations and recording on the front cover

From Case Review	**Issues** (problems, resources, risk)	**Action Required**	**By whom and when**	**Status of action** e.g. awaiting appointment (always date entry)	**Action completed**	**Signature and date**

Prisoner/Young person	**Case Manager**	
Signature:	Signature:	Date:
Print name:	Print name:	Date:

CAREMAP

Named Case Manager.....

You should consider the following areas when preparing this CAREMAP:

- ☐ Action to disable any suicide plan
- ☐ Action to link the person to people who can provide support
- ☐ Action to build on any strengths or interests the person may have
- ☐ Action to encourage alternatives to self injury
- ☐ Action to reduce emotional pain caused by practical problems
- ☐ Action to reduce vulnerability because of mental health problems
- ☐ Action to reduce vulnerability because of drug/alcohol problems

You must note: Known factors that indicate higher risk in triggers/warnings box inside front cover.
Required frequency of conversations, observations and recording on the front cover

From Case Review	**Issues** (problems, resources, risk)	**Action Required**	**By whom and when**	**Status of action** e.g. awaiting appointment (always date entry)	**Action completed**	**Signature and date**

Prisoner/Young person	**Case Manager**	
Signature:	Signature:	Date:
Print name:	Print name:	Date:

Section Three

Care and Management Plan (CAREMAP) and Case Reviews
Pre-discharge from Healthcare/CASU Case Review
File CAREMAP and most recent Case Review on top

Additional blank Case Review forms should be copied locally as needed and inserted in the ACCT Plan. Where more writing space is required in the Case Review 'Summary of review' box, use a blank sheet and insert in the ACCT Plan.

The Case Review brings together the multi-disciplinary team in order to consider the needs of the individual and the care required. The Care and Management Plan (CAREMAP) sets out how the support and care to address those needs is to be delivered.

Ideas to help defuse a crisis and address problems

Has suicide plan	→	Disable the plan
Practical problem triggering plan	→	Neutralise pain/help solve problem
Mental health or withdrawal problems	→	Refer to health worker
Alone	→	Link to social support (e.g. family, friend, Listener, Staff)
Feels low	→	Help get more active, involve in regime
Pattern of self injury	→	Distraction, comfort, alternatives
Known factors that indicate higher risk	→	Note in triggers box & monitor for these occurring

AGREE ACTION WITH PERSON AT RISK

An effective CAREMAP

- Engages the person at risk
- Identifies the most urgent and pressing issues

'Issues' means:

Problems that are causing the person at risk most pain.
Resources or strengths that have most potential to support the person at risk.
Level of risk, including suicidal intent or plan

- Sets a small number of realistic, achievable goals
- States clearly who will do which action
- Is put into action
- Is reviewed and changed over time

To identify problems/issues:

- Start from the person at risk's perspective
- Describe problems; don't prescribe solutions

An effective Case Review:

- Involves the person at risk
- Has the same Case Manager present, wherever possible
- Is quite and calm – no phone interruptions
- Uses first names
- Involves the key people who know the person at risk or are involved in his/her care (ensuring inclusion of those 'off' the wing who may also be in contact with the prisoner/young person, such as the chaplain, IMB, Samaritan, Instructional Officer or teacher)
- Introduces self and others to the person at risk
- Explains the purpose of the review
- Considers asking the individual if he/she wishes a relative/friend/Listener to attend the Case Review. If so, you must ensure that the individual (if an adult) has signed a consent form for the relative/friend/Listener to attend. For the under 18, it is good practice to involve the Child Protection Co-ordinator and YOT worker, and if appropriate, the parents/carer. Listeners are not used in the Juvenile Estate.
- Where a key member of staff is making a written or telephone report, ask them: Is the individual receiving some help/treatment, has it started to have an impact yet, if 'yes' how has it affected risk/need?

When the person at risk is an in-patient in healthcare:

- The Healthcare Manager becomes the responsible ACCT Case Manager
- The ACCT Assessment should take place within 24 hours, or as soon as the individual is well enough to be interviewed
- The CAREMAP should be actioned and, where required, reviewed and up-dated
- The on-going record of significant events and support should be maintained
- ACCT Plans may only be closed in the healthcare centre when the individual is a long term patient whose return to the wing is not imminent and when risk is judged to have reduced sufficiently to allow closure
- A pre-discharge Case Review involving a representative of the receiving unit or establishment should take place before the person at risk is returned to ordinary location

NOTE:

Identified actions noted on the CAREMAP must be assigned to named individuals and not groups/units

Case Review No.

RECORD OF CASE REVIEW

Details of case review

Date:	Time:	Location:

Details of those invited

Name	**Role** (When case manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	**How Contributed** (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.

Name:	**Could not attend** **Report submitted: YES/NO**

At this review

Level of risk reviewed and is now:	**Low** ☐	**Raised** ☐	**High** ☐	**No Change** ☐
Problems identified reviewed	Yes ☐			
CAREMAP reviewed	Yes ☐			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes ☐			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why)

CAREMAP Updated:

If ACCT remains open **Next review:** (also note on front cover) **Date:**	**If ACCT closed** (see guidance on inside back cover) **Post-closure interview:** **Date:** (also note on front cover)

Unit or Case Manager's signature:	Date:

Case Review No.

RECORD OF CASE REVIEW

Details of case review

Date:	Time:	Location:

Details of those invited

Name	**Role** (When Case Manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	**How Contributed** (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.

Name:	**Could not attend** **Report submitted: YES/NO**

At this review

Level of risk reviewed and is now:	**Low** ☐	**Raised** ☐	**High** ☐	**No Change** ☐
Problems identified reviewed	Yes ☐			
CAREMAP reviewed	Yes ☐			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes ☐			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why)

CAREMAP Updated:

If ACCT remains open **Next review:** (also note on front cover) **Date:**	**If ACCT closed** (see guidance on inside back cover) **Post closure interview:** **Date:** (also note on front cover)

Unit or Case Manager's signature:	Date:

Case Review No.

RECORD OF CASE REVIEW

Details of case review

Date:	Time:	Location:

Details of those invited

Name	**Role** (When Case Manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	**How Contributed** (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.

Name:	**Could not attend** **Report submitted: YES/NO**

At this review

Level of risk reviewed and is now:	**Low** ☐	**Raised** ☐	**High** ☐	**No Change** ☐
Problems identified reviewed	Yes ☐			
CAREMAP reviewed	Yes ☐			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes ☐			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why)

CAREMAP Updated:

If ACCT remains open **Next review:** (also note on front cover) **Date:**	**If ACCT closed** (see guidance on inside back cover) **Post closure interview:** **Date:** (also note on front cover)

Unit or Case Manager's signature:	Date:

Case Review No.

RECORD OF CASE REVIEW

Details of case review

Date:	Time:	Location:

Details of those invited

Name	**Role** (When Case Manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	**How Contributed** (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.

Name:	**Could not attend** **Report submitted: YES/NO**

At this review

Level of risk reviewed and is now:	**Low** ☐	**Raised** ☐	**High** ☐	**No Change** ☐
Problems identified reviewed	Yes ☐			
CAREMAP reviewed	Yes ☐			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes ☐			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why)

CAREMAP Updated:

If ACCT remains open **Next review:** (also note on front cover) **Date:**	**If ACCT closed** (see guidance on inside back cover) **Post closure interview:** **Date:** (also note on front cover)

Unit or Case Manager's signature:	Date:

Case Review No.

REVIEW PRIOR TO DISCHARGE FROM HEALTHCARE

Details of case review:

Date:	Time:	Location:

Details of those attending:

Name	**Role** (When Case Manager cannot attend, they must explain to the prisoner/young person who is to take their place at the review)	**How contributed** (e.g. attended, submitted written report, sent deputy, gave information by phone). State if no contribution

At this review

Level of risk reviewed and is now:	**Low** ☐ **Raised** ☐ **High** ☐ **No Change** ☐
Problems identified reviewed	Yes ☐
CAREMAP Reviewed	Yes ☐
Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes ☐
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (Including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP	
Location on discharge from Healthcare:	

Summary of review, including significant risk pertinent events during in-patient stay

CAREMAP Updated:

Arrange follow-up healthcare appointment within agreed time-span:
Date of appointment: Staff responsible:

Case Manager's Signature:	**Date:**

Case Review No.

REVIEW PRIOR TO DISCHARGE FROM HEALTHCARE

Details of case review:

Date:	Time:	Location:

Details of those attending:

Name	**Role** (When Case Manager cannot attend, they must explain to the prisoner/young person who is to take their place at the review)	**How contributed** (e.g. attended, submitted written report, sent deputy, gave information by phone). State if no contribution

At this review

Level of risk reviewed and is now:	**Low** ☐ **Raised** ☐ **High** ☐ **No Change** ☐
Problems identified reviewed	Yes ☐
CAREMAP Reviewed	Yes ☐
Frequency of observations, conversations & recording requirements reviewed (If yes, explain reasoning below and state frequency on front cover)	Yes ☐
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (Including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP	
Location on discharge from Healthcare:	

Summary of review, including significant risk pertinent events during in-patient stay

CAREMAP Updated:

Arrange follow-up healthcare appointment within agreed time-span:
Date of appointment: Staff responsible:

Case Manager's Signature:	**Date:**

SECTION FOUR

ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

Providing ongoing support to the person at risk - 'Conversation' and 'Observations'

The primary purpose of requiring that staff talk more frequently to a distressed prisoner/young person is to demonstrate concern for them and provide companionship. Another purpose is to check that the CAREMAP is working and see if anything has occurred to make the person more or less distressed. To do this, you need to talk and listen to the person at risk. This is referred to as 'Conversations' in ACCT. Conversations may take place once a day, once a shift or more often.

What to say: It is not usually necessary or appropriate to ask about suicidal intentions during regular conversations with an at risk prisoner/young person. Ideas for things to say include: saying 'hello', explaining that you've just come on shift (if you have) and asking an open questions, such as 'How are things going?' or 'What's been happening with you while I've been off?'. Often people who are very low or self-harm find it hard to say how they feel and may be hard to engage in conversation. If something is happening on the wing/unit, you may be able to use that as a topic of conversation.
You can also check the individual's CAREMAP and ask how progress on actions is going. Observe how they seem in themselves as you converse with them.

Where a person is at very high risk of taking their own life and constant observation has been ordered, it is even more important that the staff doing the 'observing' understand that the purpose is to engage with the individual as mush as they will allow, explaining what is happening and providing companionship, as well as observing and intervening to prevent suicidal acts. Where possible and safe, the person at risk can take part in activities, such as education, accompanied by the observer.

The Case Review Team may also specify a number of 'observations', which checks to make sure the individual is all right. This will typically be when the individual is asleep or when the required frequency of conversations/observations is high. For example, if you are checking that the individual is alright 5 times an hour, you might be required to engage them in conversation on only one of those occasions. Although you may not be talking to the person every time you observe them, ensure that he or she understands why the checks are being made. In this way, they are more likely to experience the checks as caring.

The Unit Manager is responsible for ensuring that the specified conversations and observations take place.

Read the front cover, as that is where the frequency of conversations and observations (day and night) will be specified in accordance with the need of the individual prisoner/young person. The reasoning behind setting this frequency of conversations and observations will be explained in the Case Review.

Recording significant events, conversations with the person-at-risk and your observations of them

It is important that you provide meaningful comments on what has happened with the prisoner/young person during your time with them. This allows others who also care for this person to understand the situation better and how to care for them, and informs the discussions at the Case Review. Think about how what you write can contribute to the care of the person at risk. In particular record:

- **Mood Check** - Is he/she happy, sad, withdrawn, excitable, etc?
- **Conversations** - Have you spoken to the prisoner/young person?
  - What has he / she said about his / her situation?
- **Activities** - Is he/she engaging socially with others, participating in the regime, etc?
- **Sudden Change** - Has he/she been doing anything out of the ordinary?
- **Self Harm** - Has he/she self-injured?

ON-GOING RECORD
(OF SIGNIFICANT EVENTS AND OBSERVATIONS/CONVERSATIONS)

Staff must follow the level of observations and conversations as stated in the 'required frequency of conversations and observations' box on the front cover of the ACCT. These must be recorded immediately or as soon as practicable thereafter.

The purpose of this section is to record:

- Key events that may impact on the prisoner's ongoing risk
- Relevant information on the person's mood, behaviour and situation (e.g. changes in behaviour or mood, information about how s/he is coping with the actions in the CAREMAP, visit details, failure to receive a visit, court appearance - including via video link, receiving prescribed medication late or not at all)
- Ongoing conversations with the person at risk to support them or evaluate their progress and care (related to the CAREMAP).

The frequency of recording conversations and observations (day or night) will be specified on the front of ACCT plan.

All entries must be meaningful. Recording of 'no changes' etc is not acceptable. A good-quality, meaningful entry can communicate more than pages of meaningless comments, such as correct when checked. The requirements to record should not be so onerous that it reduces the care that staff are able to offer prisoners.

Date dd.mm.yy	**Time** 24hr clock	**Summary of events** Please write in black ink	**Print Name**	**Signature & date**

Time/Date of last entry

ON-GOING RECORD
(OF SIGNIFICANT EVENTS AND OBSERVATIONS/CONVERSATIONS)

Staff must follow the level of observations and conversations as stated in the 'required frequency of conversations and observations' box on the front cover of the ACCT. These must be recorded immediately or as soon as practicable thereafter.

The purpose of this section is to record:

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- Relevant information on the person's mood, behaviour and situation (e.g. changes in behaviour or mood, information about how s/he is coping with the actions in the CAREMAP, visit details, failure to receive a visit, court appearance - including via video link, receiving prescribed medication late or not at all)
- Ongoing conversations with the person at risk to support them or evaluate their progress and care (related to the CAREMAP).

The frequency of recording conversations and observations (day or night) will be specified on the front ACCT plan.

All entries must be meaningful. Recording of 'no changes' etc is not acceptable. A good-quality, meaningful entry can communicate more than pages of meaningless comments, such as correct when checked. The requirements to record should not be so onerous that it reduces the care that staff are able to offer prisoners.

Date dd.mm.yy	**Time** 24hr clock	**Summary of events** Please write in black ink	**Print Name**	**Signature & date**

Time/Date of last entry

ON-GOING RECORD
(OF SIGNIFICANT EVENTS AND OBSERVATIONS/CONVERSATIONS)

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Date dd.mm.yy	**Time** 24hr clock	**Summary of events** Please write in black ink	**Print Name**	**Signature & date**

Time/Date of last entry

ON-GOING RECORD
(OF SIGNIFICANT EVENTS AND OBSERVATIONS/CONVERSATIONS)

Staff must follow the level of observations and conversations as stated in the 'required frequency of conversations and observations' box on the front cover of the ACCT. These must be recorded immediately or as soon as practicable thereafter.

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Date dd.mm.yy	**Time** 24hr clock	**Summary of events** Please write in black ink	**Print Name**	**Signature & date**

POST-CLOSURE INTERVIEW FORM

To be conducted by the Case Manager.
Please do not write yes/no answers. At least a sentence is required in each box.

Forename(s):	Surname:
Prison Number:	Location:
Date of Interview:	
Person conducting interview:	

Have the problems that caused the opening of the ACCT document been resolved and how, or are new issues present, if so what and how will they be dealt with?
Does the individual have family/friends support? Who would they turn to for support within the prison?
Does the individual have activity/work?
Does the individual have hobbies or use the gymnasium?
Does the individual have ongoing support on release? Prisoners signature: Date: Staff signature: Date:
Any other issues:

Further interview required? Y/N If yes, date:

Other Action: Re-open ACCT? Y/N

If yes record immediate actions to be taken (e.g. new assessment):

ACCT Procedure Questionnaire
(to be completed by prisoner)

1. Did you feel supported during the time that you were going to harm yourself

2. Were the issues that resulted in you considering harming yourself resolved?

3. How do you feel staff cared for you during this time?

4. How could we improve the way in which we assisted you?

Prisoner Signature:	Date:

This form must be issued by the Safer Custody Co-ordinator and returned to them with the closed ACCT plan.

To keep the person safe after closure

Note:

A significant number of people have taken their own life soon after coming off an ACCT.
To prevent this happening:

- Encourage the person-at-risk to build up their own support networks and coping strategies over the course of the reviews. Reduce levels of support gradually
- Close the ACCT plan at a Case Review, when the Case Review Team judges that the level of risk has sufficiently dropped and the individual's resources and ability to cope with remaining difficulties are adequate and all issues/actions identified in the CAREMAP have been completed.
- At the closing Case Review, check that:
  - The problems that caused the ACCT plan to be opened have been resolved or reduced in intensity.
  - The person has access to at least some resources that they find 'life-affirming.'

* Offer one, or possibly more, post-closure interviews. The timing will vary, e.g. a week and a month after closure may be appropriate but it is for the Case Review Team to agree this.
* At the post-closure interview(s) discuss:
  - How the individual is feeling now
  - How they are managing with the problems that led to their episode of distress
  - Whether they are now in contact with friends, family or some other support
  - Whether they have now got something in their lives that they feel positive about (e.g work, art, exercise, education, hobby, something they enjoy or gives them a sense of purpose).
  - Whether they can see alternative ways of dealing with a similar problem should it arise in the future.

<u>There must be at least one post-closure interview one week from the decision to close the ACCT plan with the prisoner/young person to discuss the above and decide if any other actions are required (including the need for further interviews).</u>

If the Case Review Team has gradually reduced the levels of support and helped the individual to build up his or her own resources and support network, the individual should be better able to cope post ACCT.

To keep the person safe after release

(Including temporary release such as intermittent custody)

Suicides following release are common. Where it is known that a person-at-risk is to be released Offender Managers should:

- Involve Resettlement, Offender Supervisors or Probation staff in Case Reviews
- Help the person-at-risk plan how they will deal with life on the outside
- Aim, where possible, to arrange comparable support outside as inside (e.g. as they won't have access to listeners in the community, ensure they have a local Samaritans telephone number)
- Aim, if possible:
  - Confirm that they have somewhere to live
  - Have someone (supportive friend, family or other) meeting them when they leave the establishment
  - Confirm that they have an emergency support number to contact (e.g. nation drugs helpline)
  - Confirm that they have a GP
  - Arrange for a mental health or drug/alcohol treatment to be maintained outside
  - Encourage them to use any sources of support (e.g. family, friends) that they do have
  - Share pre-release information with such agencies that will be able to offer continuing support on release

ACCT Flowchart