



HM Prison &
Probation Service

**Assessment, Care in
Custody and Teamwork**

ACCT

ACCT Case
Co-ordinator
Quick Guide



SAFETY TOOLKIT

June 2021

The role of the Case Co-ordinator

ACCT Case Co-ordinators must have undertaken the relevant training and be a minimum of an Operational Band 4 HMPPS member of staff (or equivalent for contracted prisons and healthcare staff).

Any new ACCT Case Co-ordinators will need to complete Case Review Team training module. Existing Case Co-ordinators should access it within a year from roll-out of ACCT v6 (covid dependent – it is recognised that there may be circumstances in which face to face training is paused and this timeframe would therefore need to be extended).

The role of the Case Co-ordinator is to work with the multi-disciplinary case review team to identify the individuals risks and associated support needs and take action to address these. The case review team must assess the level of risk presented by the person requiring support and set observation and conversation levels to reflect this.

It is good practice to consider which Case Co-ordinator is best placed to co-ordinate support for each Resident, taking into account who they may feel most comfortable engaging with and trust to coordinate their care.

Individuals who are supported through both ACCT and a Challenge, Support and Intervention Plan (CSIP), must have the same staff member acting as both their CSIP Case Manager and their ACCT Case Co-ordinator, apart from in exceptional circumstances (i.e. the persons CSIP Co-ordinator is not in Establishment when first case review is completed).

The Case Co-ordinator is responsible for:

- Arranging and co-ordinating the multi-disciplinary case reviews
- Ensuring that those in attendance are relevant and specific to supporting the Resident and their needs.
- Completing Record of Case Review Forms and the Care Plan section of the document, Including Updating the risks, triggers and protective factors form, Discussing the Sources of Support plan
- Updating the front page of the document following case reviews - detailing the required levels of observations and conversations.
- Organising and carrying out the post-closure review(s) when an ACCT document has been closed.
- Making a record of case reviews on NOMIS and amending alerts accordingly.

Case reviews must involve the Resident themselves. The ethos surrounding ACCT should always be “**nothing about me, without me**”. They should also involve their external Sources of Support unless consent is not granted, or contact is not appropriate.

The Multi-disciplinary team

In order to effectively support people at risk of self-harm, effective multi-disciplinary working is essential. Having a range of relevant views and perspectives helps to provide a wider insight and ensure that support is holistic and fully considered.

Any staff member relevant to supporting the person must be invited to and attend case reviews. This would be any member of staff (operational or non-operational) that the person is engaging with regularly, specifically supported by, has an ongoing and positive relationship with, or the Resident requests to be present.

Each service/ department will have their own specialism and be working with the Resident in different environments so they will have different insights into support measures that could be helpful.

Who is invited to each case review may change based on identified risk, progress with support actions or at staff or Resident request, however the Case Co-ordinator must remain consistent. It is important to only have people at reviews who are relevant to supporting the Resident and who can contribute to the review in a meaningful way.

Consistency among other members of the case review team is also important in providing effective support. If a usual team member cannot attend a case review it is important to consider if this person can provide a written contribution. It may be more valuable to have a written contribution from someone who is actively working with the Resident, than physical attendance from someone who may not know the Resident.

The Sources of Support Form should be discussed and completed within case reviews. Family members, significant others, and internal staff or peer support should also be considered and be involved where it is appropriate to do so. A flexible approach may need to be taken as to how these parties can contribute to case reviews, which may include written contributions or dialling in on the phone where possible.

It is important to ask the Resident who they would like present at each review and for the team to consider these requests appropriately to ensure the Resident feels comfortable and an active part of the process.

The first case review

- This **must** be completed **within 25 hours** of the Concern form **being raised** and must follow the ACCT assessment.
- The Assessor **must** attend the first case review, unless there are exceptional circumstances – if they cannot attend, the reason should be recorded in the Record of Case Review Form by the Case Co-ordinator.
- It is important that the Assessor attends the first case review to ensure that all the Residents' concerns are highlighted effectively to the case review team, but also to make sure the Resident has an advocate present to ensure that they have a

voice throughout the review and to help them communicate their views effectively. The Assessor will help them to understand the process and play an active part in discussions around their needs and the support required within the case review.

The purpose of the first case review is to:

- Review and discuss the ACCT assessment content with the Resident and case review team members.
- Review the persons triggers, underlying risks, and identify protective factors
- Agree ways the person will be supported, and by whom
- Agree any safeguards required to keep the person safe (e.g. moving cell location, increasing levels of observations/conversations)
- Review the level of conversation/observation levels (refer to ACCT user guide)
- Consider any referrals required (e.g. to mental health or substance misuse services, for bereavement counselling)
- Agree the date for next review and who should attend
- Establish a meaningful package of support for the individual. Support Actions should be Specific, Measurable, Achievable, Realistic and Timebound (SMART) actions aimed at reducing the person's risk of self-harm or suicide and helping them to develop resilience and healthy coping mechanisms. Support Actions must be personalised to the individual and responsive to their needs (guidance for this can be found in Section 3 of the ACCT document and ACCT user Guidance).

Case Co-ordinators must ensure that a member of healthcare staff is invited to attend the first case review, as well as any subsequent reviews where they are relevant to supporting the resident. If, after the first case review, it's felt by the multidisciplinary team that there is no requirement for further attendance at case reviews at that time, this should be recorded in the ACCT case review with the reasons why.

It is essential that discussions and decisions made in all Case Reviews are clearly documented by the Case Co-ordinator in the Record of Case Review Form and that they reflect input from all members of the case review team. Attendance at case reviews must be driven by the individual's specific needs and support required. This will ensure consistency and continuity of care for the Resident as the case review team work together to drive meaningful outcomes and take ownership for their assigned Support Actions.

For team members identified and invited to attend reviews attendance is **always** preferable, however if a team member cannot attend on any occasion, they should input to case reviews using the Written Contribution Form.

The case review team should also seek feedback from the Resident on the care provided and usefulness of support actions established. This will inform discussion

around further support required for the Resident and prompt the case co-ordinator to discuss/ address any issues identified with those responsible for actions if necessary.

It is important that we do not make pre-determined decisions prior to the case review or without input from the Resident, so that they don't feel judged and feel an active part of the process.

Things to consider:

- Location and whether any possessions need to be removed or returned. Any action must be explained to the individual so they understand why action is being taken and when they may return to their original location or have their items returned. Any decisions around removal or retuning of medication must involve healthcare. Such decisions should be defensible and must be recorded within the Record of Case Review Form.
- Potential ongoing or new sources of support for the Resident.
This may include staff members (such as chaplaincy or keyworkers), peer support, or outside support (such as family, friends or significant others). It is important that any available support is reflected in the Support Actions. For example, if chaplaincy support is a protective factor for someone, then the person should continue to engage with them, and this should be reflected in their Support Actions. It doesn't have to be purely 'new' support. The support actions form should provide a record of the overall package of care being provided.
- How identified sources of support will be involved in the ACCT process, (where this complies with guidance relating to safeguarding, public protection and maintaining security). Confirm whether the person receiving support consents to this and the sharing of information prior to making any contact. Revisit this decision regularly in case the Resident's views or circumstances change.
- For some people requiring support, contact with family or significant others may not be appropriate and/or could increase their risk of self-harm and suicide. Some people requiring support may have no family to support them, or their family may not wish to be involved. In these cases, consider whether other sources of support may be available. For example, support could also be provided by:
 - A close friend
 - A guardian
 - Listeners, other peer support workers and Samaritans (via telephone or letter)
 - Childline or Barnardo's (in the youth estate)
 - Prison Visitors and the Prison Penfriend scheme
 - Chaplains
 - Any professionals with which the individual has an ongoing and trusted relationship
 - Key worker or CuSP worker (in the youth estate)

- Local authority (e.g. for care leavers)
- Advocacy services (particularly for Residents of minority or protected characteristic groups).

For individuals supported through both ACCT and CSIP, Support and Intervention Plans must also be considered when developing Support Actions to ensure that all relevant information has been considered and to ensure that the plans do not contradict one another.

CSIP and ACCT are, however, two different approaches to supporting individuals at risk and must not be substituted for the other. Documentation for each must be completed fully.

Observation and Conversation levels

Someone being supported via ACCT should always have the observations and conversation levels set separately. The frequency of observations and conversations will be agreed by the multi-disciplinary team and the decision-making process must be fully documented within the Record of Case Review Form. The frequency of conversations and observations required must reflect the assessed risk and will vary depending on the needs of the Resident. They must be documented clearly on the front page of the ACCT. Those with a high risk of suicide or serious self-harm are likely to require a high frequency of conversations and observations (up to and including constant supervision if necessary).

Understanding the level of risk that someone presents is essential to ensuring the level of conversations and observations are set appropriately. Observations must always be carried out at irregular intervals and the level of observations set must be balanced against the impact that frequent observations can have on wellbeing, particularly at night.

Recording conversations are an important part of the ACCT process and assist with future reviews. They must be recorded by any member of staff engaging with the individual (of any discipline) in the Ongoing Record section of the ACCT document. Alongside Residential staff, this could include; a member of healthcare staff if the person has an appointment, their workplace supervisor or a member of the chaplaincy staff if a service is attended.

Consideration should be given to the frequency of conversations and observations at night as requirements may be different.

The Care Plan

The Care Plan is located towards the front of the document in recognition that it should be the key thread that binds all sections of the document and steers positive outcomes for the Resident.

This is one of the most important parts of the document, and it consists of:

The Resident Contribution Form- This form allows the Resident to provide their views in an alternative format if they feel more comfortable doing so. Attendance at reviews is always preferable and should be encouraged, however there may be situations when this is not possible or where the resident is happy to attend but doesn't feel comfortable verbally contributing. In which case, the Resident Contribution Form can be used to gain an insight into how that person is feeling, ensure they have a voice and still play an active part in decisions around their care. It is the Case Co-ordinators responsibility to ensure that the Resident Contribution Form is given to the Resident prior to a review, and that once completed it is placed in the ACCT document alongside the Record of Case Review Form.

It is important that the persons views are present in the document as it shows that the Resident has been able to make a meaningful contribution to the review, will help them feel that they have some control over their situation and that their input is valued.

It is the responsibility of the Case Co-ordinator to engage with the Resident after the review to update them on discussion and outcomes from the review as well as encourage them to play an active part in the support action established.

Sources of Support Form- The Sources of Support form is used to document the support networks a Resident has that help to keep them safe. This may include of staff members (such as chaplaincy or key workers), peer support, or support from outside prison (such as family and friends). This page also includes a consent box for the Resident to sign if they agree to external sources of support to be involved in the ACCT process (where appropriate) and outline what information can be shared. Once engaged, Sources of Support may be involved in case review discussions, helping to develop Support Actions, input into the Resident's Care Plan, supporting completion of the Wellbeing Plan, or any other action deemed appropriate.

Maintaining strong relationships with family and loved ones can be a really important factor in driving good outcomes for people in prison, including their wellbeing and rehabilitation.

As the Resident's Case Co-ordinator, this should be explored in the initial case review and any subsequent reviews as a Resident's decision and circumstances may change as to whether they approve or withdraw consent to this source of support being involved in their care.

Remember: Relationships with families and significant others are often very complex and care must also be taken to ensure that the selected contacts are appropriate in

supporting the Resident at risk. Therefore, we must recognise the significance of support offered by someone that understands an individual's position and has lived of being in custody. Informal support from peers can be a particularly important part of someone's support networks.

Peer support for an individual may be a friend (where appropriate) or a trusted peer worker such as a Safer Custody representative or a Resident ACCT champion. Resident ACCT champions are important because this peer will provide Residents with key information about ACCT and what to expect. Peer champions, alongside staff can provide enhanced support to Residents by delivering key messages about ACCT to help influence positive cultural change, signpost the individual to further support such as listeners or distraction packs where required, or just provide someone to talk to that understands how it feels to be in prison.

It is important to invest the time to ask someone who is being supported using ACCT whether they would like a family member, friend or other source of support to be involved in their care to boost the support available to them.

Assessors are prompted to initially explore sources of support during the Assessment Interview; however completion of the Sources of Support form is the responsibility of the Case Co-ordinator. They should use this to steer discussion around input of internal and external sources of support that may be helpful to the Resident (where appropriate) within the case review.

Support Actions Form- This was previously known as a care map and has been enhanced to include useful prompts of things case co-ordinators should consider when creating a care plan for an individual.

Support Actions should be responsive to all risks and triggers identified and aim to strengthen a Resident's protective factors through meaningful action. Any action taken to mitigate a particular risk before the first case review took place can be included.

This is to be completed by the Case Co-ordinator following input from the Resident and case review team at the first case review and updated at subsequent reviews and/or when there are changes to action status. Support Actions should be reviewed whenever there is a change in circumstances that may have caused risk to change or affected any part of the Resident's care. All action established must be agreed with the Resident and the case review team.

Support Actions must always be completed, even if the ACCT document is closed at the First case Review.

Risks, Triggers and Protective Factors Form- We know that risk can be dynamic. If someone is reporting feeling fine during a case review, then this may be genuine. However, we need to consider what it was that concerned staff to a level that the ACCT was opened in the first place, or whether their current presentation is in line with behaviour leading up to the review. Effective record-keeping in the ACCT document and having the right people present to contribute at case reviews will be key to this.

For people thinking of suicide, we know that they may not always appear to be outwardly distressed. People considering suicide may come across as calm, almost at peace, as they feel reassured by their thoughts or plans to end their life.

This isn't to say that we should consider everyone who presents as fine to be high risk, but for the reasons outlined above, it is important that we do not over-rely on an individual's presentation alone. We must always consider this alongside other available evidence for us to make an informed assessment of risk.

There are many other established specific risk factors for suicide within prison populations, and these must be borne in mind when considering strategies at establishment level. The **Understanding Risk Guide** and **Self-Harm Guide for staff** can be found on the Safety Support pages on the HMPPS intranet and provides more detailed information on risk.

After the ACCT Assessment

The ACCT Assessor must document the findings and outcome of their assessment by completing the following:

- ACCT Assessment Key information form (Page 21- prior to interview)
- Assessment Interview form (Page 23-25)
- Risks, Triggers and Protective Factors form (Pages 7 and 8)
- ACCT Assessor's Assessment form (Page 27-28).

The Assessor must then explain to the resident what will happen next, what they can expect and the purpose of the first case review.

The first case review

The Case Co-ordinator will ensure that the ACCT Assessor is invited to the first case review and they should attend wherever possible. In all cases, the Case Co-ordinator must be provided with full documentation from the ACCT Assessment prior to the first case review. This must highlight any areas of risk discussed as part of the assessment, and any protective or mitigating factors identified.

The Case Co-ordinator will familiarise themselves with the ACCT assessment documentation prior to the first case review. If the ACCT Assessor is unable to attend the first case review, the Case Coordinator should confirm whether they have any questions about the content of the assessment prior to the first case review taking place and discuss them with the ACCT Assessor.

The resident may find it daunting or tiring in a review having just spoken to an Assessor, especially if the case review follows soon after the assessment. It is the Assessor's role to encourage attendance at the case review and to support and advocate for the resident in the review if they feel unable to contribute directly.

The importance of effective risk identification

The gathering of information on risks, triggers and protective factors will allow Assessors to pass on this key information so that risk can be effectively assessed by the Case Review Team and individualised support that addresses these can be put in place. However, if the Assessor is concerned that the risk of harm is imminent, then steps should be taken to address this immediately.

For an ACCT to be effective in supporting someone, it needs to be specific to the resident and their circumstances. To ensure this, we need to understand the persons risks and triggers, as well as any protective factors that help them to cope. Identifying these will help us to understand them, make a balanced assessment of risk and provide appropriate and effective support to them to improve wellbeing and reduce their risk.

Risk factors are pre-existing, internal characteristics about a person that may increase their risk of self-harm or suicide.

There are some clear risk factors that make people more vulnerable to harming themselves, such as substance misuse or experiencing a traumatic event. Some of these may change over time. For example-a person may stop or start using drugs. However, often, the more risk factors someone has, the greater their risk of suicide and self-harm will be. It is therefore essential that we consider all known risk factors as well as presentation and situation when assessing a resident's level of risk.

Even if risk factors cannot be changed, they can often be mitigated through focus on providing support to help a person to develop coping mechanisms or utilise protective factors.

It is also important to note that the absence of risk factors, does not always mean an absence of risk.

A trigger is anything that gives someone the urge to harm themselves. It could be a situation, a person, a smell, a sight, an emotion. When people are able to recognise their triggers, it can help them find other ways of coping when experiencing feelings of distress. If triggers are recurring, such as the anniversary of a death, it is important to ensure that the trigger date is documented so that anyone supporting the resident will have this information available to them. Trigger dates will be considered during case review planning to ensure that effective support is provided to the resident during potential periods of increased distress.

Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) that help people deal more effectively with stressful events and lower the risk of self-harm. Some of the strongest protective factors are things aimed at reducing hopelessness such as social connections with friends and family, participating in support groups and access to purposeful activity such as work or education.

The Risk, Triggers and Protective Factors form should be updated regularly throughout the duration of the ACCT support provided. The person completing the

concern form, the Assessor and the Case Co-ordinator should all update this form during each respective part of their role within ACCT.

Individuals that present complex or challenging behaviour

Where a person's behaviour is particularly challenging for staff it is important to consider why this may be. All behaviour has a purpose and it is important to consider the underlying causes for this in order to help them to address it. Risks and triggers are important considerations when planning support, and protective factors may help someone to move away from challenging behaviour.

Protective factors will be different for everyone so it's important to get to know the person you are supporting to understand what will specifically help them. It is important to note that some people who deliberately harm themselves are not always able to identify a specific trigger.

Remember: Someone's risk of harm can fluctuate depending on the mix between their risk factors, triggers, protective factors and current circumstances. It's important that we don't think about someone's risk as always being the same, it can change.

The Well-Being Plan

The Wellbeing Plan is a resource containing tools that a resident can use when feeling distressed or during a period of crisis. It is for the resident to complete if they choose to. It is not mandatory, or exclusive to those supported via ACCT. They can complete as much or as little as they want at any given time.

It is good practice for the Wellbeing Plan to be offered and explained to the resident during the assessment, as another route through which they can consider their own needs and identify their own methods of coping.

Everyone is different, and the steps we need to take to support residents in prison will not be the same for everyone. For some, helpful steps may involve completing the Wellbeing Plan, but this may not work for everyone.

It is important to explain the benefits of the Wellbeing Plan and how it should focus on what the person can do (strength-based) to cope during a period of distress or crisis.

When in a period of crisis, it may not be practical or appropriate for the resident to complete the Wellbeing Plan as it will take them time to do and they may not be able to focus at that point. However, it should be offered and explored with the resident by the Assessor and subsequently by the Case Co-ordinator to ensure that the resident has the option to complete this at a point that they feel able to.

Additional ACCT Assessor considerations

External/Family Support: Assessors will help to establish external support available to the resident and the nature of their relationships with them. However, this will be further explored and actioned where appropriate by Case Co-ordinators.

Obtaining Consent to Share Information: The Assessor may establish what level of involvement the resident may like there to be and what information they are content to be shared, however this will be further explored and actioned where appropriate by Case Co-ordinators.

Peer support: Peer supporters have a lot more time than staff and peer support can complement and enhance staff engagement opportunities (if the person feels comfortable with peer support). It is important for the Assessor to identify if the resident would like appropriate peer support so that this can be discussed during the first case review.

Double-click here to edit the Header for odd-numbered pages