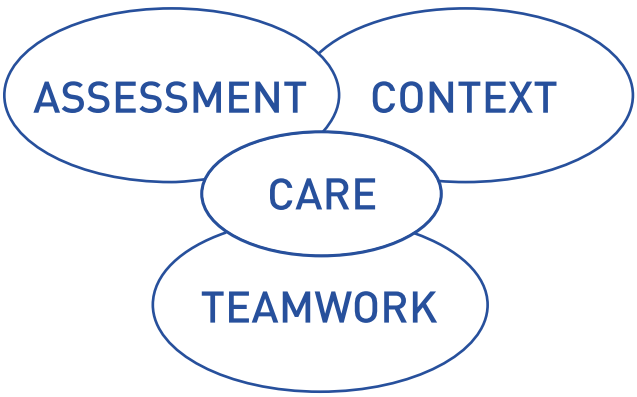
ACT 2 Care

Suicide Risk Management Strategy

(Revised 2005)



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INTRODUCTION

Act & Care appears to be working.

- There has been a reduction in the numbers of suicides in SPS over recent years against a backdrop of increased rates Scotland-wide and in the UK over the same period. (see Annex A)

- SPS is now more focused towards **care** from the earliest moments of an individual's reception into custody. The ACT multi-disciplinary Case Conference process has been a major success in changing working practice and case conferencing is a standard approach in managing highly dependent and vulnerable prisoners.

- There has been a high commitment to staff training in the ACT Strategy and it is encouraging to note that prisoner listener schemes are operating successfully in nearly every establishment.

The prevention of suicide remains **everyone's business** and all staff are committed to ensuring the best possible care for those within prison.

- **Care** is a key element of our vision and mission.

- The preservation of life and the care of those in distress is a responsibility that is fundamental to everything that we do in our prisons.

- Care is at the centre of the way we work and taking time to listen is our first response.

But there is still more to do.

Act & Care was introduced into SPS in 1998 and was evaluated by an external team led by Professor Kevin Power. This evaluation, "Act and Care: Evaluation of the revised SPS Suicide Risk Management Strategy" was published as an Occasional Paper (Occasional Paper Series 01/2003) in 2003. It commented positively on the impact that the strategy was having in SPS. It also highlighted some pointers for SPS to consider.

Also in 2003, SPS held a seminar with the Scottish Executive to begin to **integrate** ACT & Care with the Scotland-wide Strategy for Suicide Prevention, Choose Life.

Integration is a key component in the advancement of our care agenda. This requires internal integration between our Positive Mental Health and ACT & Care strategies and external integration with Choose Life and the National Programme for Improving Mental Health and Well-Being.

Review of ACT & Care

This revision has been produced in response to the above and as part of the process of on-going review. It builds on existing good practice both in SPS and in other services.

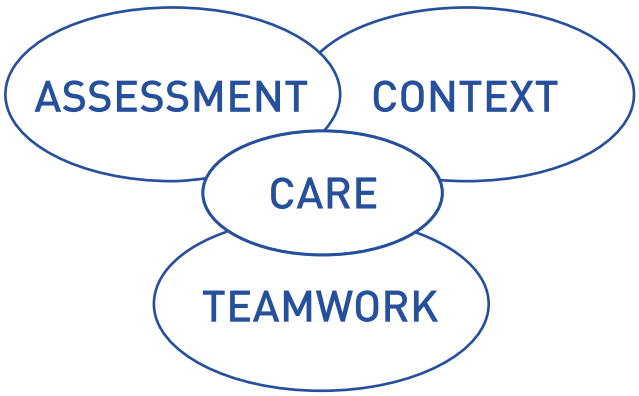
The 1998 Suicide Risk Management Strategy (Act & Care) and its key principles remain as **valid today** as when they were introduced 5 years ago.

However, the **key thrusts** of this revised strategy drive forward some of the principles that were not fully implemented since 1998. Notwithstanding the importance of the other key principles, with this revised strategy SPS particularly wishes to encourage:

- improved family involvement;
- improved 'care-planning' and communication;
- less dependence on 'anti-ligature' clothing and accommodation;
- improved recognition of a "safe environment";
- more use of 'daycare' and other out-of-cell activities; and
- improved culture of 'contact' and 'support';

This policy moves SPS forward towards an improved person centred care approach.

1. THE ACT 2 Care MODEL AND KEY PRINCIPLES OF THE STRATEGY



Key Aims: To assume a shared responsibility for the Care of those 'at risk' of self-harm or suicide. To work together to provide a person centred caring environment based on individual assessed need where prisoners who are in distress can ask for help to avert a crisis. To identify and offer assistance in advance, during and after a crisis.

The Key Principles of the ACT 2 Care Model are:

- Care is central to everything we do and can only be achieved through effective multi-disciplinary teamwork.
- Residential teams manage the care process with specialist providers in partnership and support, both internal and external.
- Multi-disciplinary working and sharing of information are essential.
- All members of the prison community must take immediate action when risk is identified.
- Decisions about 'at risk' prisoners should be made by teams, not individuals.
- Case conferences and care plans are the means by which support is organised and reflect the assessed prisoner's needs and level of risk.

- Isolation must be avoided, except when used as a last resort in very exceptional circumstances.

- After the first night in custody (or the period immediately following the identification of risk), safe cells should only then be used following decision at Case Conference. All options must be considered and the ACT 2 Care process fully adhered to before making such a decision and must be recorded. The appropriate manager must be involved in the decision.

- Prisoners experiencing crisis should not routinely be held in a safe cell during the daytime.

- ALL staff require to remain vigilant, and recognise that a prisoner in crisis and his/her behaviours, may unsettle other prisoners, particularly those who may be vulnerable themselves.

- The care of prisoners who are 'at risk' must involve supportive relationships and regimes. This care should be delivered, where possible, within appropriate day care facilities, which are safe, therapeutic and interactive.

- **Since assessment techniques alone are not enough to reduce suicides, the aim is to create a context where prisoners feel safe and confident to ask for help.**

- It is essential to generate an understanding amongst prisoners, which involves them and their families in the **CARE** process.

- The multi-disciplinary approach enables the whole prison community, including prisoners, to work together to identify vulnerable prisoners, share information and encourage those "at risk" to accept help and support.

- Post-incident care (including near misses) for both staff and prisoners should be a priority for local management.

2. CARE

Caring for vulnerable prisoners should not focus on **crisis** exclusively. Actual attempts at self-harm or suicide are usually a last resort after a period of distress, **even if this distress has not been obvious to others.** In addition, we need to recognise that suicidal crisis is episodic and temporary, with the acute phase generally being short-lived. **So early support and follow-up are crucial and just as important as managing the crisis. The more prisoners we can encourage to come forward, the more likely it is we can avert the crisis and help prisoners to cope with stress.**

It is not helpful to talk of behaviour as **manipulative or attention seeking**. If a prisoner is asking for help, s/he may have feelings of worthlessness and despair. **In almost all cases of self-harm, there is real distress and a genuine need for attention. If this is not acknowledged, the prisoner is likely to feel rejected and may be at greater risk**. Research shows that the best way to reduce 'acting out behaviour' of this kind is to take it seriously and be seen to take it seriously.

2.1 Key Issues in Care

- Wherever possible, the care of prisoners 'at risk' should be undertaken in agreement with them.

- The Strategy focuses on care and management, with multi disciplinary participation at case conferences being the heart of the process.

- Care of prisoners 'at risk' must involve inter-active supportive contact, not just observation.

- Care plans must be individualised and reflect the prisoner's needs and level of risk.

- Prisoners who are 'at risk' of suicide must be cared for in a safe environment. This does not automatically mean a "safe"cell and being stripped of own clothing and belongings. ACT 2 Care is about identifying an appropriate safe environment, ideally where a prisoner feels safe, comfortable, and relaxed. For example, this may mean remaining in his/her cell with access to all personal belongings. This must be a team decision.

- "At risk" prisoners should be offered appropriate day care facilities, with a therapeutic and interactive regime developed and available within all prisons.

- **Seclusion or isolation of any kind prior to first case conference should only be used as an absolute last resort and only for the minimum period (no longer than 24-hours).**

- In some cases, shared accommodation is preferable to a single cell.

Prisoners who are 'at risk' should be allowed to retain their personal belongings, although there may be circumstances where it is unsafe to do so. **This again is a team decision. The items not allowed in use must be specified.**

- ACT 2 Care documentation supports care and identifies key staff/roles to undertake specific actions.

3. ASSESSMENT

Assessing suicidal risk is not an exact science especially within the prison context, when many prisoners are admitted with a number of the predisposing factors, such as drug misuse and mental health problems, which are useful clues in the general community context.

Assessment is a dynamic process, where levels of risk often change, sometimes very quickly. All prisoners are vulnerable to some degree and often give clues when they are worried. Sometimes there are 'cues' in their personal histories (the predisposing factors) which can lead us to the view that they are especially vulnerable. These are outlined elsewhere in the Strategy. We need to be sensitive to these 'cues and clues' and risk assessment techniques can help us ask sensible questions, exploring with prisoners their needs, explaining the help available and how it can be obtained.

Good open **communication** is vital, between staff of all disciplines and all agencies to meet the needs of the individual. Vulnerable prisoners must be involved in decisions about their own care wherever possible. It is also very important to ensure that all information and any decisions made are properly recorded to demonstrate effective continuity of care.

Making it desirable to ask for support, instead of seeing it as a weakness, continues to be a main thrust of the strategy, and is an attitude we should promote amongst both prisoners and staff colleagues.

3.1 Key Issues in Assessment

- **It is easy to underestimate the risk associated with difficult, unco-operative individuals**. Not all prisoners who try to hurt themselves appear openly distressed. Difficult prisoners may still be 'at risk'; their behaviour may reflect severe despair and failure to cope through withdrawal from the company of others - they should be reviewed as objectively as possible.

- **All staff are responsible for suicide risk management. Those staff who interact with prisoners are in the best position to identify any risk. If you consider someone to be 'at risk' commence the ACT 2 Care process by providing a safe environment, discussing this with your line manager.**

- Assessment on admission continues to be important, but only provides a 'one-off' snapshot of a prisoners risk status. Because a prisoner's situation changes, **it is vital for all staff to look for signs of increased risk throughout the period of custody**. As stated, risk assessment remains a dynamic process throughout every stage of the prisoner's sentence. There is one sure way of knowing if a prisoner is feeling suicidal - if s/he tells you. Prisoners are more likely to share feelings with staff they trust, so developing a supportive relationship with individual prisoners and **asking** about suicide is essential.

- Commence the ACT 2 Care process **before** the risk of self-harm becomes acute. Use it as a means of tackling problems before a crisis develops. Anyone working in a prison and in contact with a prisoner can complete the forms.

- There are some key differences between **younger and older prisoners**. Young offenders tend to be more impulsive; their attempts are related more to 'lack of coping', the stresses of their prison experience, and problems outside. Adult male prisoners are more likely to plan a determined suicide attempt. This is more likely to be related to the nature of their offence, anxieties about family or worries about release.

- **Female prisoners** may be under additional pressures such as separation from children, experience of previous sexual abuse or violence and clinical depression (though these issues can also affect men). Patterns of female suicidal behaviour suggest that women often consider suicide more systematically, in terms of time, method, style and place.

4. CONTEXT

Evidence tells us that identifying those who are likely to harm themselves or commit suicide is extremely difficult. Our best chance of preventing suicide is to create an environment where prisoners feel able to talk about their problems. **Automatic or extended use of safe cells and anti-ligature clothing is considered to have a detrimental effect on prisoners making their feelings known**. Good supportive relationships enable prisoners to cope better and share their concerns. These good relationships are more likely to flourish where prisoners live in decent conditions, are engaged in positive activities where bullying is discouraged, and the care plan to help a prisoner through a crisis is shared and person centred, to meet their individual needs and circumstances.

In creating a Care Context, it is particularly important to foster good family contact and involve relatives, wherever possible, in the care of the prisoner.

ACT 2 Care encourages a person centred response to each prisoner and his/her needs. In particular, it discourages the use of isolation, which is often seen by prisoners as punitive, preventing those who badly need support asking for help.

4.1 Key Issues in Context

- ACT 2 Care pays more attention to the social aspects of self-harm and self-inflicted death. Prisoners, staff, families, visitors and the regime all have important parts to play. We need to place more emphasis on safe and decent environments throughout the whole prison and on providing constructive activities to help prisoners cope with anxiety and stress, particularly the development of appropriate day care regimes for vulnerable prisoners.

- Suicides are often associated with the inability to cope with stressful situations e.g. after a distressing visit or receipt of unwelcome news. Fostering supportive relationships provides the opportunity for prisoners to discuss their feelings, which can help the prisoner to 'cope', and allow the crisis to pass.

- Proper completion of all ACT 2 Care documentation **evidences care** and ensures proper accountability and responsibility. It also provides a clear audit trail of the prisoner's care and management.

5. TEAMWORK

The whole prison community has a shared responsibility for the care of those 'at risk'. A Strategy for the care of prisoners 'at risk' must be multi-disciplinary, using the skills of all staff from different disciplines, and be dependent on the individual needs of the prisoner.

ACT 2 Care requires excellent working relationships between the different disciplines, including a willingness to work together and trust each other, to ensure that essential information is shared and team decisions are made. "Confidentiality" must not be used as a barrier to prevent essential information exchange.

Teamwork and the case conference process remains at the heart of ACT 2 Care. However, residential staff continue to have a significant part to play. They generally know prisoners well through their day to day contact and can build supportive relationships.

5.1 Key Issues in Teamworking

- Teams operate at 3 levels in ACT 2 Care: working with individual prisoners; developing local policy; and contributing to the development of national policy.

- All teams are multi-disciplinary and share information with those who are directly involved in the care of the prisoner.

- The Care Plan is a team document open to all that are responsible for the care of the prisoner. The care plan will stay with the prisoner wherever he is located e.g. in the residential area, work party, etc. This will be used to inform staff of the required actions to ensure his/her care whilst under ACT 2 Care. When the case is eventually closed, the completed documentation will be filed in the health care record.

- Guidelines for the completion of the ACT 2 Care documentation are incorporated into the documents.

5.2 Local ACT Groups

Governors-in-Charge provide leadership and retain overall accountability for ACT 2 Care in their Establishment. Each Establishment will have a local ACT Group responsible for the organisation of their local plan. The ACT Groups do not manage the cases of individual prisoners: their role is to check that everything is working in accordance with national policy, and to support staff working with 'at risk' prisoners. Some of the ACT Group's responsibilities include:

- Maintaining staff and prisoner awareness.
- Identifying training needs of staff and prisoners and monitoring training.
- Consulting with and informing prisoners about matters relating to suicide and self-harm.
- Monitoring local procedures through standards and audits, use of the ACT 2 Care documentation and SPIN applications.
- Supporting good teamwork and multi-disciplinary working.
- Liaison with outside agencies, including Police, Courts, Social Work etc.
- Providing a point of contact and advice for staff in their day-to-day work.
- Developing support and aftercare for staff and prisoners following crisis, incidents and suicide.
- Supporting and leading cultural change.
- Providing advice to the Governor in respect of resource implications, including staff release for caseworking and the development of local facilities, such as designated therapeutic day care facilities.

The strength of the local ACT Group lies in the wide range of professional input and skills. Every Establishment should have an appropriately appointed ACT co-ordinator.

- The chair of the local ACT Group should always be a member of the Senior Management Team, which will enable issues to be brought to the attention of the GIC.
- The Local ACT Co-ordinator should have sufficient designated authority to ensure that all aspects of the role can be undertaken. If he or she is not a member of the Senior Management Team, an effective communication channel to the GIC must be in place.
- The Local ACT Group must be multi-disciplinary and include designated representatives from Health Care Management, residential areas and relevant departments (e.g. Social Work, Psychology, Psychiatry, Chaplains, and Education). All these disciplines must receive copies of meeting minutes. External organisations should also be invited (e.g. the Samaritans).
- Prisoner Listeners should also be represented. In other circumstances (e.g. informal cell sharing "buddies", "insiders", etc.), the Group should arrange for these prisoners to be regularly consulted.
- The Local ACT Group should meet as often as is deemed necessary, **but at least quarterly**, unless otherwise specifically approved by the National Suicide Risk Management Group (NSRMG).

Regular Audit and Review procedures will help to maintain awareness, assess training needs, identify weaknesses and share good practice. Local ACT Groups should use the revised audit framework specifically designed for this purpose.

Here are a few further issues:

- Liaison with the National Suicide Risk Management Co-ordinator by attending the National ACT Co-ordinators Forum.
- Sharing and exchange of minutes of meetings with and between the Local ACT Groups, National ACT Co-ordinators Forum and National Suicide Risk Management Group.
- Local Critical Review of all completed and attempted suicides to identify any possible gaps in practice.
- It is suggested that the ACT Group may wish to specifically audit one area before each meeting to facilitate discussion.
- Incidents of self-harm and apparent suicide/attempted suicide should be reviewed locally to:
    - **establish any patterns in location, causes;**
    - **identify common sources of stress;**
    - **improve procedures and practices; and**
    - **raise awareness.**
- A monthly return to HQ should include:
    - **a statistical return of incidents of self-harm and attempted suicide;**
    - **provision of the Monthly Baseline Audit for every prisoner placed on ACT 2 Care (as per Performance Contract).**

The Local ACT Co-ordinator should regularly discuss the following with the National Suicide Risk Management Co-ordinator:

- a summary of the work of the local ACT group, highlighting measures taken to improve policy and procedures; and
- planned objectives and a copy of the updated local Strategy (both of which should be **dynamic**).

- From time to time, local ACT Groups may arrange to conduct audits for other establishments or meet to share best practice. This should be co-ordinated through the National Suicide Risk Management Co-ordinator.
- The Co-ordinator of the Local ACT Group will be chosen for their personal commitment to the care of those 'at risk' and should be highly regarded as an influential manager and leader by their Establishment.

6. CONCLUSION

Suicide is not inevitable. In every instance, we should offer prisoners the best possible standard of care and help to address his/her needs. We need to create a context and environment which encourages prisoners who feel anxious and who may be vulnerable to come forward and ask for help.

Care will be delivered by **multi-disciplinary teams**, working together through the **case conferencing** process to help and support prisoners' address their problems. **Needs** will be addressed on an **individual** basis. **Clear** and **effective communication** with any parties, **within** or **outwith** the prison environment, will be maintained, with enhanced family contact and involvement, wherever this is possible.

ACT 2 Care provides a shared responsibility for the care of those at risk of self-harm or suicide. It allows us to work together to provide a person-centred caring environment based on individual assessed need where prisoners who are in distress can ask for help to avert a crisis. It also allows us to identify need and offer assistance in advance, during, and after a crisis.

REFERENCE SECTION 1: AWARENESS AND COMMUNICATION

Awareness of suicide can greatly reduce the risk: most prisoners who think about suicide leave some clues or are prepared to talk if prompted. The greater the awareness and sensitivity of all those working with prisoners at risk, the more chance there is of averting a crisis. We need to build good relationships with prisoners if we are to encourage them to say when they feel anxious or suicidal.

It is important to involve those able to help and support someone at risk. This includes other prisoners, where appropriate, and the prisoner's family. Various staff groups within a prison have different skills to contribute to suicide risk management, and it is essential that everyone plays their part in the team approach to manage the risk.

Good communication is essential in providing the right kind of care for those 'at risk' and also in encouraging those who are 'at risk' to come forward. This applies across all aspects of the Strategy and is a key part of everything we do.

1.1 Key Issues in Awareness

- Take time to listen and try to understand. Actively support the view that talking about the problem is strength, not a weakness.
- Do not feel pressured to solve the problem - good team working, rather than individual action best delivers support and help.
- Do not make judgements on whether another person's life is no longer worthwhile.
- Encourage prisoners to share with you how they feel about their situation, rather than just list what has happened.

1.2 Key Issues in Communication

- Discuss with the care team and the prisoner how information about them can be passed on.
- Be aware of others who may have a contribution to make including staff, listeners, families, and our voluntary sector partners.
- Through the case conferencing process try and engage with the family of the person at risk (with his/her consent) and talk to them about the care of their relative. Listen carefully to what the family has to say – it is important that the prisoner feels that everyone is trying to understand and help.
- Emphasise to prisoners the dangers of self-harm, how to ask for help and give re-assurance about the kinds of action and support likely if they come forward. Try to involve the prisoner in decisions – as far as possible help the prisoner to feel that he/she is still in control of the situation.
- Clear recording of information on the relevant documentation is essential and will enable better continuity of care. Use the forms to describe what has happened, the levels of care provided and the reasons why. Write down who was involved, and, most importantly, how the prisoner has responded.

- It is essential that information be passed on concerning the person at risk so that the attention of others is drawn to ensuring that he/she continues to receive the best care possible.

- Try to encourage the prisoner to be involved in decisions and accept support. A feeling of loss of control can make things worse.

- Ensure that confidentiality is used appropriately and always in the best interests of the prisoner at risk.

- Take time to talk to the prisoner and try to understand his/her specific problems and needs. Listen carefully to how he/she feels and arrange another meeting for further discussion, if needed. Don't rush this – take as much time as you feel the prisoner needs. Talk to your line manager to ensure that they are kept well briefed and involved.

1.3 Predisposing, Precipitating Factors, and the Cues and Clues

There are some groups of prisoners who are more likely to try to harm themselves or attempt suicide than others. This checklist is a guide only. All prisoners are potentially vulnerable. If your prisoner falls into one or more of these groups, you should be aware of the possibility of an increased risk. Remember, merely falling into one of the groups does not by itself constitute a reason to enter the ACT 2 Care process. Many prisoners fit into at least one of the groups but do not engage in acts of self-harm. Use the checklist as a 'prompt' for further action.

Some Predisposing Factors

- Those for whom this is their first time in prison or who have returned with a sentence longer than expected.

- Those with a personal or family history of self-harm or suicide, or those with a history of mental health problems, illness, or depression.

- Those with a history of drug and alcohol abuse.

- Social isolation and a history of suicide in the family.

- Unemployment.

- Those with physical illness, experiencing pain.

- Those convicted of murder, sex or fireraising offences.

- Prisoners with communication or learning difficulties.

- Those who appear anxious or appear to be coping poorly.

There are some events or triggers "precipitating factors" that might make self-harm or suicide more likely. Any events or situations that are stressful (sometimes known as precipitating factors) may increase the risk.

Some Precipitating Factors

- All court appearances and outcomes, including appeals and any tribunals.
- Transfers between and within establishments (or hospital).
- Relationships or family problems - social isolation.
- Bereavement.
- Bullying and intimidation.
- ID parades and interviewing about offences.
- Victim of assault by other prisoners.
- Parole refusal.
- Disciplinary problems/segregation.
- Home leaves and approaching release.
- Potential positive result of a drug test.
- Anniversaries of the sentence or crime.
- Suicide attempts by others.
- Immediate completion or near completion of drug detoxification.

It is important to remain vigilant, and constantly look for signs of poor coping which seem to be associated with self-harm. Examples of Cues and Clues are:

Non-Verbal:

- Anxiety and agitation, or changes in mood either up or down.
- Changes in behaviour or acting out of character.
- Self-neglect, e.g. not eating.
- Withdrawal from the company of others and social isolation.
- Irrational behaviour.
- Lack of motivation, e.g. not planning for home leave/release.
- Tidying up affairs/giving away possessions.
- Sleep disturbance.

Verbal:

- Wanting someone to talk to, when normally reserved.
- Expressing feelings of guilt, anger, depression or hopelessness.
- Wanting a change of location.
- Talking about bullying or vulnerability.
- Expressing low self-esteem.
- Constantly dwells on problems.
- Talks about suicide or self-harm.
- Seems out of touch with reality.
- States finds prison difficult to handle.

1.4 Escorts, Transfers and Throughcare

When prisoners 'at risk' are escorted or transferred, it is critical that information is passed on properly to those who are caring for the prisoner. Here are some issues to know about:

- Open ACT 2 Care forms must travel with the prisoner on transfer to a new permanent location.
- Escort staff must be briefed about 'at risk' prisoners and their care plans, and should have important information recorded on the Summary Report to be attached to the Prisoner Escort Report (PER). These reports are dynamic and must be kept up to date.
- If a prisoner is handed to another agency, a discussion should occur to ensure that all aspects of the prisoner's care are communicated.
- Reception and Health care staff in a receiving establishment should be given prior warning of a prisoner transfer who is 'at risk'. Normally this would be by telephone and particular vulnerabilities and previous care management would be discussed. This discussion must be recorded.
- If Prisoner Listeners are transferred, the receiving establishment should be notified of their status so that continuation of the Listener remit can be considered.
- Escorting staff should be alerted via the PER to any apparent relationship difficulties between prisoners being escorted and the possibility of bullying.
- Prepare prisoners and their families for transfer, allow special visits and telephone calls, where possible.

We know that home leaves and temporary release/liberation are stressful and many prisoners experience stress at these times. We need to identify problems prisoners may have, either in the community or on return to the establishment. Here are some issues to bear in mind:

- If possible, arrange for prisoners to be counselled by staff in advance: provide advice about:
    - **sources of support in the community (e.g. Samaritans);**
    - **drugs, alcohol and safe sex; and**
    - **how to contact the establishment.**
- If possible, arrange for prisoners to be counselled on return, discuss how it went and whether there were any problems.
- Ensure any relevant information in respect of 'at risk' behaviour is passed to external agencies on liberation ensuring consent has been provided by the prisoner, if he or she is not "at risk" at time of liberation.
- Local Act Co-ordinators should engage with relevant Local Authority Choose Life Co-ordinators to establish and identify an appropriate network of agencies/organisations, which could provide help and assistance for prisoners once liberated.

REFERENCE SECTION 2: CONTEXT AND REGIME

Activities are important for prisoners 'at risk' of self-harm. Positive activities ease boredom, tension and frustration, improve the quality of life and create a better atmosphere between staff and prisoners.

Opportunities for prisoners who are 'at risk' to take part in activities should be provided. It is important that, where prisoners are experiencing periods of crisis, day care facilities are made available offering a therapeutic, caring and interactive regime within a safe environment. No prisoner should be kept in isolation/seclusion during daytime periods.

Remand prisoners are particularly 'at risk'. Prisoners on remand are subject to high degrees of stress and anxiety They can often feel 'out of control', overwhelmed by their situation and have problems concentrating and maintaining a 'level head'. They can also experience strong emotions e.g. guilt, anger, remorse, jealousy, fear, etc. These can lead to feelings of self-hatred and impulsiveness and include thoughts of self-harm or suicide. In addition, prisoners often have large amounts of time to worry, especially when no positive regime activity exists for them. For this group and others, family contact is of major importance. This is especially the case where family problems have led to the prisoner being 'at risk' and where enhanced and structured family contact may help to ease the situation. Anything which helps an individual feel supported and less alone is of value. The key issues noted below are specifically in relation to those who are 'at risk' and do not include general regime issues, e.g. access to education, variety of work etc.

2.1 Key Issues in Regime Provision

- Counselling, welfare and support services on a one-to-one basis offered by both staff and specialist teams.
- The ability of residential staff or others to offer one to one support, groupwork and programmed activity.
- Use of Samaritans, prison visitors and Listeners.
- Regular Personal Officer contacts.
- Additional supported family contact facilitated by the Personal Officer, which might include organising additional visits during periods of crisis.
- Gradual introduction to activity **without wages being penalised**.
- Regimes should be made as varied, stimulating, and interactive as possible and reflect the needs of the prisoner.
- Hall staff must take on a 'contact' or support role similar to that of the Personal Officer.
- Actively encourage prisoners' families and friends to share their concerns with prison staff.
- Look at opportunities for raising suicide awareness for other prisoners e.g. mental health first aid awareness.
- Utilising an effective anti-bullying programme and publicising its existence with posters and leaflets.

- Actively discouraging name-calling, taunting and graffiti which isolates and further traumatises the 'at risk' prisoner.

- Help a prisoner to maintain close links with friends and relatives and consider extra visits.

- Arrange for the prisoner's family to meet with the Personal Officer and the prisoner where this would be helpful.

- Take advice from the Social Work Team and involve them in case conferencing, where appropriate.

- Arrange parent/child visits and provide suitable facilities for children.

- Allow special letters or telephone calls.

- Explain visiting and communication arrangements to the family direct.

- Make suicide awareness information available to families by leaflets and/or posters in the visit area.

- Invite family members to attend case conferences.

- **Ensure visits staff are aware of 'at risk' prisoners and report any relevant information to residential staff.**

- Use Family Contact Development Officers to provide information for families and act as a link with residential staff.

- Decisions about items allowed in use and location etc are taken by the care team following the relevant consultation, where appropriate.

It is important to involve all staff in contact with the prisoner. The various staff groups within a prison have different skills to contribute. Involving others can help to get a better picture of the prisoner and how to offer support. Involving the prisoner is key in successful care planning. In this Strategy, residential staff continue to manage the process and organise a team response in partnership with nursing colleagues and others. The team members are encouraged to provide support for each other.

- Use the Personal Officer scheme to establish supportive relationships with prisoners.

- Be aware of other staff who may have a contribution. Find out what they can offer.

- Ask for assistance from colleagues such as health care staff, Social Workers, Chaplains, Psychologists and others: they are there to help you support your prisoner.

- Respect the views and opinions of other team members, especially those from other disciplines or specialisms. Respect for each other, even when we do not agree, encourages good teamwork.

It is important to recognise that anyone who comes into contact with the prisoner, including family, visitors, Samaritans and other prisoners, could have important information to help support the person 'at risk'. Local ACT Groups should ensure that clear communication channels exist for information of this kind to be received and acted on effectively. Try to encourage prisoners to support each other by explaining the Strategy and why their involvement is important.

- If local prisoner support schemes exist, try to use them.
- Make lawyers and official visitors aware of the Strategy and how they can contribute.
- If local Samaritans or Listeners are available, referrals can be made for a visit.

Just as every person is different, every suicidal prisoner needs to be treated differently, according to his or her own individual needs. Not all suicidal prisoners can be treated the same way. So our way of working needs to be flexible and person-centred. The way we deal with people 'at risk' depends on the nature of the problem, the degree of risk, the resources available and the relationships involved. We need to look at the prisoner as a whole person - if we concentrate only on 'prevention', we may not help to solve the real problems. Individual care is essential.

- Encourage the prisoner to participate in activities to build self-esteem and gain confidence.
- With the prisoner, try to identify his/her specific problems and needs.
- Involve other prisoners, visitors and the prisoner's family if he/she consents. Encourage family contact and provide greater opportunities for this.
- As a team, consider the most appropriate location for the prisoner, taking his/her views into account. Explain why action is being taken, particularly where the prisoner disagrees. Continuously review plans making sure that they reflect the individual prisoner's needs and record your care on the forms provided. Take time to discuss this with the next shift / case conference.

2.2 Samaritans and Listeners

Whilst the responsibility for providing a safe and supportive regime lies with the prison, there are agencies available who are able to provide additional support. In this respect, Samaritans can be of assistance in developing the understanding of staff and prisoners, befriending prisoners and training and supporting Listeners. Listeners are prisoners who are specially selected, trained and supported by Samaritans. These prisoners are regarded as an extension of Samaritans and offer absolute confidentiality to those who ask to speak with them.

Listeners provide, on a rota basis, a support service to other prisoners who ask to meet with them to discuss any matter which is causing distress and may lead or have led to them being at risk. Listeners cannot be used as a substitute for staff involvement or support and must not be expected to provide 24 hour care. It is recognised that Listener Schemes have played, and will continue to play, an important part in our Strategy.

With the consent of the prisoner, Samaritans may be invited to attend case conferences and may attend local ACT Groups where they will contribute to discussions on policy and procedures, but not on individual cases. In addition, they can provide post-incident support for staff, prisoners and prisoners' relatives.

Families Outside

Families Outside is a national charity working exclusively with families affected by imprisonment in Scotland. It aims to raise awareness and influence policy and services and work positively with SPS and other agencies to achieve positive change for families with relatives in custody.

Families Outside operate a free, confidential helpline, which aims to enable and empower families providing support, information and a signposting service. Calls range from requests for basic information about a prison to sensitive and complex calls expressing concern about the welfare and vulnerability of a prisoner, especially where there is a perceived level of risk regarding suicide or self-harm.

Families often prefer to speak to someone independent of prison and the helpline fulfils this role. A protocol has been agreed with SPS whereby helpline staff will intervene and liaise with appropriate SPS personnel on the family's behalf, after obtaining permission to do so, and in confidence, although families are always encouraged to have direct contact with the prison to highlight their concerns.

Helpline staff can also refer families to named officers e.g. FCDOs, and will continue to provide telephone support to families concerned about a prisoner's welfare and in the event, following a suicide.