

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

Document Details and Control	
Document Reference	KSOP 15
Version	1
Issue Date	14 th September 2015
Review Date	13 th September 2015
Document Author	Residential Manager
Document Owner	AD Residential

Version History			
Version	Date	Reason	Issued by
1	14 th September 2015	Move from Directors Rules	Melissa Kirkpatrick

Document Approval		
Name	Job Role	Date Approved
Angela Taylor	AD Offender Outcomes	16 th August 2012

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

Contents

	Document Details and Control	Pg. 1
	Contents	Pg. 2
1	Policy	
2	Care	
3	Assessment	
4	Context	
5	Teamwork	
6	Procedure	
6.1	Opening Act 2 Care Documentation	
	6.1.1 <i>Identifying Risk</i>	
	6.1.2 <i>Reception New Admissions</i>	
	6.1.3 <i>Immediate Care Plan – First Case Conference</i>	
	6.1.4 <i>Immediate Care Plan – Manager Responsibilities</i>	
	6.1.5 <i>Immediate Care Plan Report</i>	
	6.1.6 <i>Pre Case Conference Healthcare Assessment</i>	
	6.1.7 <i>Doctors Assessment</i>	
6.2	Act 2 Care Case Conference	
	6.2.1 <i>Staff Core Attendance</i>	
	6.2.2 <i>Family, Friends and Listener Attendance</i>	
	6.2.3 <i>Care Plan and Care Regime</i>	
	6.2.4 <i>Care Plan Daily Reports</i>	
6.3	Closing Act 2 Care Documentation	
6.4	Prisoners at Risk Transferring or Returning to the Establishment	
6.5	Suicide Risk Management Group	
6.6	Death in Custody	
6.7	Conclusion	

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

1 Policy

- (1) All staff at HMP Kilmarnock will contribute to creating a safer environment; identifying and providing care for all prisoners in distress with the aim of reducing the risk of suicide and self-harm. There will be a commitment to multi-agency working and cross-departmental co-operation to spread good practice and to meet the needs of the individuals in our care.
- (2) The ACT 2 Care process will operate in HMP Kilmarnock in line with Scottish Prison Service policy. The policy statement on self-harm and suicide awareness will be clearly displayed in all areas of the prison including the visit area.
- (3) All prisoners will be assessed for risk of self-harm/suicide immediately upon arrival at the establishment. Any prisoner identified as being 'at risk' will have an ACT 2 Care document opened which will determine the conditions for managing his care including the level of supervision required.
- (4) All staff will be provided access to the ACT 2 Care documentation and SPS Act 2 Care strategy document by following the following link:

<http://www.sps.gov.uk/Publications/publications.aspx?view3page=2&PublicationCategory=Healthcare&view3order=&view3direction=&dosearch=y>
- (5) Management of the ACT 2 Care policy at HMP Kilmarnock will be conducted by a multi-disciplinary care team drawn from all relevant areas. The Residential function will lead on the implementation of the ACT 2 Care process. The case conference process will involve the Manager responsible for the prisoner's location, a Residential Officer where the prisoner is located and a Nurse. These core individuals, along with any other individual who has a contribution to make in relation to the prisoner's case, will be responsible for the development of a care plan which meets the 'at risk' individual's support and intervention needs.
- (6) 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.
- (7) 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.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- (8) Within HMP Kilmarnock a Suicide Risk Management (SRM) group will function to monitor and audit the implementation of the ACT 2 Care strategy in line with SPS policy and procedures. It should be noted that this group is separate from the multi-disciplinary care team responsible for managing individual care plans.
- (9) The Suicide Risk Management group will manage the Suicide Risk Management Strategy and will be co-ordinated by the Suicide Risk Management Co-ordinator who will be a member of the Board of Management in HMP Kilmarnock.
- (10) In accordance with the SPS Suicide Risk Management policy all prison staff will undertake annual, mandatory, ACT 2 Care refresher training.
- (11) All persons working in the prison will be responsible for following these procedures. Exceptions to these procedures can only be made by the Director or Duty Director.
- (12) Post-incident care (including near misses) for both staff and prisoners will be a priority for local management.

2 Care

- (1) 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. 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.
- (2) 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.
- (3) Wherever possible, the care of prisoners 'at risk' should be undertaken in agreement with them. Care of prisoners 'at risk' must involve inter-active supportive contact, not

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

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

- (4) 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.
- (5) 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.
- (6) 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.
- (7) Within HMP Kilmarnock "At risk" prisoners will be offered appropriate activities within a therapeutic and interactive regime.
- (8) ACT 2 Care documentation supports care and identifies key staff/roles to undertake specific actions.

3 Assessment

- (1) 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.

(a) Some Predisposing Factors

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

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- 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 fire-raising offences.
- Prisoners with communication or learning difficulties.
- Those who appear anxious or appear to be coping poorly.

(2) 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.

(a) 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.

(3) 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. 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.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

Examples of cues and clues are:

(a) 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.

(b) 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.

- (4) 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.
- (5) 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.
- (6) It is easy to underestimate the risk associated with difficult, unco-operative individuals. Also 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.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- (7) 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.
- (8) There is one sure way of knowing if a prisoner is feeling suicidal - if s/he tells you.
- (9) 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.
- (10) 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.
- (11) 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.

4 Context

- (1) 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.
- (2) 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.
- (3) 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.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- (4) 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.
- (5) ACT 2 Care pays more attention to the social aspects of self-harm and self-inflicted death.
- (6) 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.
- (7) 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.
- (8) Anything which helps an individual feel supported and less alone is of value. The examples noted below are additional supports or activities which may be considered in relation to those who are 'at risk' which do not include general regime issues, e.g. access to education, variety of work etc.
- Counselling, welfare and support services on a one-to-one basis offered by both staff and specialist teams.
 - 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.
 - Actively encourage prisoners' families and friends to share their concerns with prison staff.
 - Actively discouraging name-calling, taunting and graffiti which isolates and further traumatises the 'at risk' prisoner.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- Help a prisoner to maintain close links with friends and relatives and consider extra visits.
 - 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 (FCDO) to provide information for families and act as a link with residential staff.
 - 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.
- (9) 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

- (1) 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 is dependent on the individual needs of the prisoner.
- (2) 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.
- (3) "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 will continue to have a significant part to play. They generally know prisoners well through their day to day contact and can build supportive relationships.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- (4) Teams operate at 3 levels in ACT 2 Care: working with individual prisoners; developing local policy; and contributing to the development of national policy.
- (5) All teams are multi-disciplinary and share information with those who are directly involved in the care of the prisoner.
- (6) The Care Plan is a team document open to all that are responsible for the care of the prisoner.
- (7) 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.
- (8) When the case is eventually closed, the completed documentation will be filed within the HMP Kilmarnock's Performance Management Unit for the purpose of audit and secure storage.
- (9) Guidelines for the completion of the ACT 2 Care documentation are incorporated into the documents.
- (10) 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 Suicide Risk Management Group 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.
- (11) Within HMP Kilmarnock the Samaritans and Listener scheme will continue to operate.
- (12) 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.

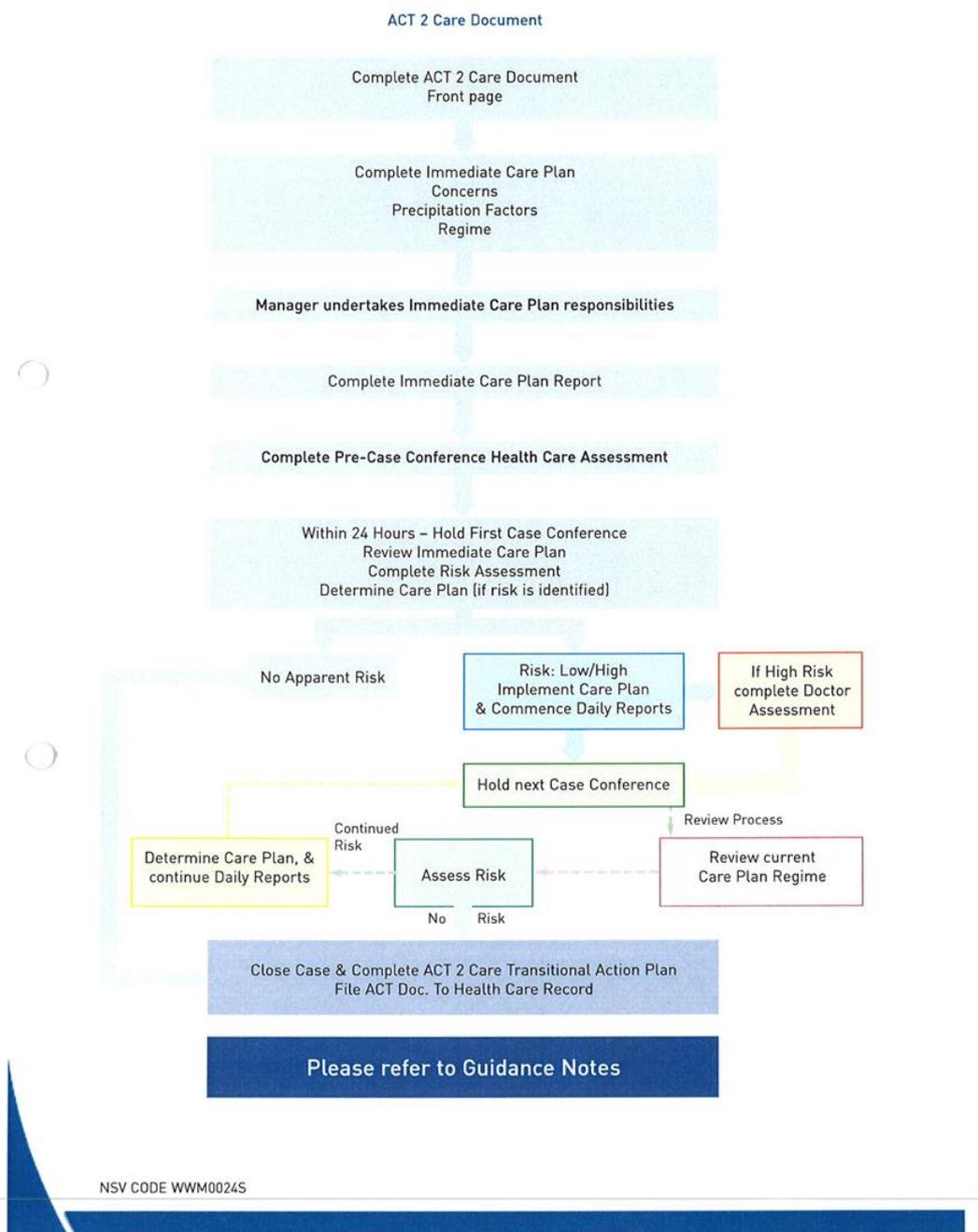
HMP Kilmarnock Standard Operating Procedure Minimising Self Harm Strategy

- (13) 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.
- (14) With the consent of the prisoner, Samaritans may be invited to attend case conferences and may attend local Suicide Risk Management Group 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.
- (15) 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 HMP Kilmarnock and other agencies to achieve positive change for families with relatives in custody. Families Outside operates a free, confidential helpline, which aims to enable and empower families providing support, information and a signposting service.

HMP Kilmarnock Standard Operating Procedure Minimising Self Harm Strategy

6 Procedure

Suicide Risk Management ACT 2 Care – Flowchart



HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

6.1 Opening Act 2 Care Documentation

6.1.1 Identifying Risk

- a) The person identifying the risk should ensure that the prisoner is escorted to a safe environment where they can be safely supported and supervised by operational members of staff.
- b) If the risk is identified by a non-operational member of staff, then this person should notify an operational member of staff without leaving the person at risk alone so that care can commence and the prisoner can be escorted to a safe environment.
- c) The person identifying the risk should complete the Act 2 Care document pages outlining the prisoner's details and the concerns raised including any identified precipitating factors.
- d) Following this, steps should be taken to convene the case conference process, however, in the event that a case conference cannot take place then an immediate care plan should be completed. For any individual staff member completing an immediate care plan, it is advised that they consult with all relevant other departments where possible to assist in the completion of the care plan.

6.1.2 Reception New Admissions

- a) If a prisoner is transferred into HMP Kilmarnock from another prison establishment and is currently on ACT 2 Care, then do not continue with the reception procedures outlined below, but rather arrange an immediate case conference or exceptionally an immediate care plan.

For all other prisoners received at reception are subject to the following procedures:

- b) Reception Risk Assessment completed by the Reception PCO.
- c) Reception PCO to identify if the individual is known to have a history of self harm or attempted suicide. This should be noted and taken into consideration when assessing the individual's current presenting risk.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- d) PCO to review Prisoner Escort Record (PER), PRS and any other documentation received from court including any Police/Court risk alerts to establish whether the prisoner has current risk or a history of self harm or attempted suicide or been previously subject to ACT 2 Care processes or equivalent. From these information sources, staff should look to gather all available information which will lead to identifying potential risks.
- e) Previous history of self harm or attempted suicide within the last six months of admission to prison does not automatically require the individual to be placed under ACT 2 Care procedures.
- f) Reception PCO to review any receipt of court risk alert and the risk alert form completed and checked by the Reception Supervisor.
- g) Reception Risk Assessment completed by the Registered Nurse (RGN or RMN)¹.
- h) Reception risk assessment documentation should be completed by the registered medical practitioner (Doctor)
- i) If the prisoner is assessed by the Reception Officer or Nurse during admission as being at risk the Act 2 Care procedure is initiated. The Reception PCO will supervise and interact with the prisoner until such times as they are relocated to an appropriate location where the ACT 2 Care process will continue.
- j) If the ACT 2 Care process is initiated at Reception then the Reception Risk Assessment forms should be inserted into the wallet within the Act 2 Care document.

6.1.3 Immediate Care Plan – First Case Conference

- a) The first case-conference should be held immediately however if this is not possible an Immediate Care Plan must be followed.
- b) Mandatory attendance for the Immediate Care Plan is the person identifying the risk and the area Supervisor.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- c) The Immediate Care Plan Manager (Supervisor) is responsible for chairing the meeting and completing the decisions made within the Immediate Care Plan document.
- d) Consultation with nursing staff or other relevant staff should be sought and documented where possible.
- e) Healthcare staff should be informed in all instances where a prisoner has been placed on ACT 2 Care procedures.
- f) Note: An Immediate Care Plan cannot be in place for any longer than 24 hours.

6.1.4 Immediate Care Plan – Manager Responsibilities

- a) Following agreement of the Immediate Care Plan the Care Plan Manager must:
 - Speak with the prisoner identified at risk.
 - Request a Health Care Assessment and discussion.
 - Arrange a suitable time for the first case-conference (within 24 hours of Immediate Care Plan).
 - Check and update PRS.
 - Ensure the Immediate Care Plan is communicated to all staff involved.
 - Ensure that the Immediate Care Plan report has commenced and completed appropriately by all staff, including staff observing the prisoner at risk.

6.1.5 Immediate Care Plan Report

- a) This is contained within the Act 2 Care document and provides a template for staff to provide a note of their interactions with the prisoner at risk.
- b) This will be completed by the Prison Officer responsible for caring, supporting and supervising the prisoner at risk at regular intervals as deemed in the Immediate Care Plan.
- c) Any other members of staff interacting with the prisoner should make relevant contributions to the immediate care plan report.

6.1.6 Pre Case Conference Healthcare Assessment

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- a) This must be completed by an RMN (or a RGN, if a RMN is not available) within 24 hours of the risk being identified.
- b) This information will be used at the first case conference and thereafter.
- c) The nurse conducting this interview will record details of the assessment within the Act 2 Care document.

6.1.7 Doctors Assessment

- a) The Doctor's assessment will be sought when:
 - the initial case conference determines high risk,
 - whenever a case conference changes the level of risk from low risk to high risk,
 - Whenever a case conference requests a Doctors assessment or the Doctor wishes to undertake an assessment.
- b) All assessments should be completed within 24 hours of the request being made.
 - The Doctor will be required to record the content of the interview in the relevant page within the ACT 2 Care document.

6.2 Act 2 Care Case Conference

6.2.1 Staff Core Attendance

- a) The minimum staff required are:
 - The Manager responsible for the prisoner's location (also responsible for chairing the meeting).
 - A Residential Prison Officer working in the area where the prisoner is located.
 - Where possible to ensure consistency, the Nurse completing the pre-case conference risk assessment should attend the first case conference and continue to attend thereafter.
- b) Other members of staff are able to attend the case conference if it is considered they have a contribution to make to the prisoner's case, i.e. the person identifying the risk, Social Work, Chaplaincy, ICM.

6.2.2 Family, Friends and Listener Attendance

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- a) Those identified 'at risk' are able to attend the case conferences and should be encouraged to do so where appropriate. If the prisoner is not invited for a justifiable reason then this should be recorded in the Act 2 Care document.
- b) A Prisoner consent form is contained within the Act 2 Care document where the prisoner at risk is able to identify a family member, friend or Listener to attend their case conference.
- c) The person responsible for making arrangements for family, friend or Listener attendance is agreed at the first case-conference

6.2.3 Care Plan and Care Regime

- a) At the first and any subsequent case conferences a number of steps should be taken to develop a care plan relevant to the individual at risk at that time, as follows:
 - Review Immediate Care Plan where applicable.
 - Review care plan daily reports
 - Identify any further precipitating, and or risk factors.
 - Discuss risk assessments completed.
 - Invite input from all staff in attendance and review any supporting written documentation.
 - Undertake risk assessments to determine level of risk (from low, high, or no apparent risk).
- b) When these discussions have taken place a care plan will be developed in accordance to the identified individuals risk and needs. This care plan should;
 - Specify any actions to take place to address precipitating factors.
 - Identify when actions should take place (date and time).
 - Identify the person responsible for the action and
 - Identify the person who will oversee the process, typically the Manager/Supervisor of the area in which the prisoner is located.
- c) The Care Regime identifies what activities the prisoner at risk should be able to access and the level of regime support, reflective of the prisoners needs as follows:

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- Daytime regime, i.e. work placement, education, level of interaction with Prison Officer Staff and promotion of recreation.
 - Maximum contact interval will be agreed this is not simply about supervision of the individual but rather making time to talk and interact with them building positive relationships.
 - Clothing and items not permitted in use are identified with an explanation.
 - Location of the prisoner is determined based on the level of risk.
 - Date and time of the next case conference is determined.
- d) The Manager responsible for the prisoner's location is accountable for ensuring that the details of the plan are implemented and communicated to all relevant staff.
- e) This process is followed until such times as the prison is no longer deemed at risk.
- f) At each case conference the Supervisor/Manager responsible for chairing the case conference should update PRS.
- g) Note: if a prisoner is on Act 2 Care and there is new information to suggest any increase in risk then the initiating procedures should be followed.

6.2.4 Care Plan Daily Reports

- a) The purpose of these reports are to record all relevant information on the prisoner's mood and behaviours and all ongoing action taken to help the prisoner
- b) It is important these entries reflect progress being made against all agreed actions detailed in the Care Plan and also to record any significant event which has occurred throughout the prisoner's day.
- c) The Manager is responsible for ensuring these reports are completed appropriately and must countersign each entry at the end of each day.

6.3 Closing Act 2 Care Documentation

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- a) If the Case Conference assess that the prisoner no longer presents an apparent risk and all staff in attendance at the Case Conference are satisfied, then the ACT document should be closed. If this is the case then the following points should be followed:
 - i. The front page of the Act 2 Care document should be completed by the chairperson (Manager/Supervisor).
 - ii. If there are any ongoing care actions (i.e. referrals/operational concerns) the transitional action plan should be activated and completed and highlighted on the front page of the ACT 2 Care document.
 - iii. It is recommended that the transitional action plan should outline what actions or interventions should be carried out over the seven day period from the ACT 2 Care document being closed.
- b) The Manager/Supervisor is responsible for ensuring that any ongoing actions are followed up, regardless of observation closure.

6.4 Prisoners at Risk Transferring or Returning to the Establishment

- a) Transfer - If the prisoner is on Act 2 Care on arrival to custody, then do not continue with assessment but rather arrange an Immediate Case Conference.
- b) Return - If the prisoner leaves the establishment to attend Court, Hospital appointment, Police Interview etc., and returns to the establishment on an active Act 2 Care document, review any additional information within the reception risk assessment and, if the current level of risk is appropriate the current care plan can continue. Should there be any concerns about increased risk then Act 2 Care Immediate Care Planning procedures should be followed.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- c) 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:
- d) Open ACT 2 Care forms must travel with the prisoner on transfer to a new location.
- e) 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.
- f) If a prisoner is handed to another agency, a discussion should occur to ensure that all aspects of the prisoner's care are communicated.
- g) Reception and Healthcare 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.
- h) If Prisoner Listeners are transferred, the receiving establishment should be notified of their status so that continuation of the Listener remit can be considered.
- i) Escorting staff should be alerted via the PER to any apparent relationship difficulties between prisoners being escorted and the possibility of bullying.
- j) Prepare prisoners and their families for transfer; allow special visits and telephone calls, where possible.
- l) 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:
- m) 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.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- n) If possible, arrange for prisoners to be counselled on return, discuss how it went and whether there were any problems.
- o) 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.
- p) The Suicide Risk Management Co-ordinator should engage with relevant Local Authority Choose Life Coordinators to establish and identify an appropriate network of agencies/organisations, which could provide help and assistance for prisoners once liberated.

6.5 Suicide Risk Management Group

- a) The Prison Director will provide leadership and retain overall accountability for ACT 2 Care in their Establishment. HMP Kilmarnock will have a local Suicide Risk Management Group responsible for the implementation of the ACT 2 Care policy and procedures. This group will not be responsible for the daily management of individual cases but rather 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 local Suicide Risk Management 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 PRS 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.

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

- Developing support and aftercare for staff and prisoners following crisis, incidents and suicide.
 - Supporting and leading cultural change.
 - Providing advice to the Prison Director in respect of resource implications, including staff release for case working and the development of local facilities, such as designated therapeutic day care facilities.
- b) The strength of the local Suicide Risk Management Group lies in the wide range of professional input and skills. HMP Kilmarnock will have an appropriately appointed Suicide Risk Management coordinator, who will present as the Assistant Director, Residential, which will enable issues to be brought to the attention of the Prison Director.
- c) The Suicide Risk Management 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 Board of Management, an effective communication channel to the Prison Director must be in place.
- d) The Suicide Risk Management 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).
- e) 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.
- f) The Suicide Risk Management 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).
- g) Regular Audit and Review procedures will help to maintain awareness, assess training needs, identify weaknesses and share good practice. The Suicide Risk Management Group operating within HMP Kilmarnock will liaise accordingly

HMP Kilmarnock

Standard Operating Procedure

Minimising Self Harm Strategy

with the Performance Unit for the purpose of audit and review, outcomes of which will be communicated accordingly with SPS Controllers on site within HMP Kilmarnock, in line with Contractual performance criteria.

6.6 Death in Custody

In conjunction with local Directors Rule 3:15 Death in Custody (KSOP 35), HMP Kilmarnock will adopt the critical review process outlined within the SPS SIDCAAR guidelines (Self Inflicted Death in Custody Audit, Analysis & Review).

6.7 Conclusion

- a) 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.
- b) 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.
- c) For further details and information relating to the SPS ACT 2 Care Policy, Procedures and documentation access the following link:

<http://www.sps.gov.uk/Publications/publications.aspx?view3page=2&PublicationCategory=Healthcare&view3order=&view3direction=&dosearch=y>