

# Mitigating the impact of isolation

## The way periods of isolation are managed is important

- Isolation should be kept as **short as possible** to reduce the negative impacts on the individual.
- Isolation for containing disease outbreak should **not be regarded as a punishment**.
- People under isolation need a **suitable and clean environment**.
- People need **adequate supplies**, in terms of food, water and medical supplies, protective equipment, and wherever possible as much access to facilities (shower, telephone calls, exercise), and personal property.
- Monitoring any loss of earnings** is important, and if possible have these reimbursed; for staff payment of overtime and protection of annual leave is important.

## The impact may be worse for particular groups

- People with **pre-existing mental health conditions** or with a **history of self-harm**, will need to be particularly well monitored and offered additional support. Staff will need to be particularly aware of when longer-term isolation may have **serious knock-on effects**, such as on retaining stable housing and income, risk of harm to self and suicide, or accessing medical care for pre-existing illnesses or conditions.
- People who are **substance-dependant** may also require additional support from appropriately trained staff or specialist services (such as phone and online services in the community).
- Other groups needing tailored support might include: **young people, mothers (in custody or separated from children), elderly persons, people with recently experience of trauma or negative life events** (such as bereavement).
- Our **staff** need to know they are supported, cared for and valued, as they can feel isolated from others, have their own personal circumstances, and understaffing adds pressure.

## Provide people with coping techniques/strategies to deal with isolation

- Advise people on **copings and stress management techniques**. This could include [mindfulness exercises](#), breathing techniques, distraction techniques, perspective taking skills, and providing information on available avenues for support.
- Advise and help people to **establish a routine** if isolated.

## Ensure connectedness to others during periods of isolation

- Enabling regular and meaningful contact with others**, via use of telephones and other technology, for both staff and the people in our care.
- Enabling communication with family**; in custody this includes encouraging use of in-cell telephones or prison email especially, and in prison and community settings could include support with phone credit.
- Reminders about sources of support**, such as care teams, Employee Assistance Programme, community support organisations, Samaritans, the Listener service, staff supervision sessions and team catch-ups.
- Connection to the outside world** may also be facilitated by access to radios and TVs. These can also help people understand the pandemic better, and recognise that everyone is making adjustments to protect ourselves and each other rather than this being imposed on select groups.

## Ensure people have things to do whilst in isolation

- Reduce boredom by giving people things to do** during isolation. Sufficient activity is needed to occupy people and stimulate them and might include things like: word searches, stress balls, books/magazines/library access, activity packs, DVDs and CDs, televisions and radios, and mindfulness exercises. There are increasingly more activities on the intranet: <https://intranet.noms.gsi.gov.uk/covid-19-coronavirus/resources/in-cell-materials>. The activity provided should, if possible, be tailored to the individual and setting. Safety precautions would need to be in place if items are shared between individuals.
- If well enough, the NHS advises individuals in isolation should engage in **light exercise**. Access to workout information would be useful. In custody and approved premises, in-cell/room workout books with a range of exercises catering for all abilities could be created, or (risk dependent) access to runs/walks in the fresh air.
- Using even brief opportunities for conversation**, such as if meals are being delivered to people's rooms (in custody or approved premises).
- Prisons might consider **suspending incentives levels and sanctions** during the period of isolation, and similar consideration of relaxing rules around provision of TVs in APs may be worthwhile.

## Ensure people have the right information about the importance of isolation

- Quality communication** about the virus, reasons for isolation, as well as updates about changes in regime, conditions or living situation, is important.
- Feeling that others will benefit** from one's situation can make stressful situations easier to bear, so worth reinforcing that isolation is helping to keep others safe and that authorities are genuinely grateful to them for doing so.
- Regular communication ensures people can raise any concerns**, and that staff are also able to raise an alert if mental health/health is deteriorating.
- Close monitoring with regular and frequent check-ins** for all staff, prisoners and probationers.

## Consider the stigma associated with self-isolation and the longer term impacts of self-isolation

- Attempt to **reduce stigma** of isolation, or being symptomatic, by providing people with general information about the virus and the rationale and importance of isolation measures.
- Ensure **follow up care** is provided to anyone undergoing isolation, both staff and the people in our care. For people in the community there is a risk that longer term isolation could impact on keeping stable accommodation, and employment, or on them receiving treatment for other conditions or health concerns.