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| HMPPS Prison Regime Recovery Planning –  Exceptional Delivery Model (EDM) 13  CHAPLAINCY FAITH AND PASTORAL CARE  Agreed Published Version 1.0 |
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**HMPPS Prison Regime Recovery Planning**

**Exceptional Delivery Model (EDM)**

**CHAPLAINCY FAITH AND PASTORAL CARE**

**Introduction**

**Exceptional Delivery Models (EDMs)**

A suite of EDMs are being published as part of the guidance for prisons to guide them through construction of local RRMPs. This EDM is a brief guide on the high-level principles that must be incorporated into a local plan for each element of regime delivery. It is essential that the plan for reinstating an element of the regime does more than simply reintroduce the local procedures that pre-dated COVID measures. Each local plan must incorporate social distancing and cohorting measures, medical considerations, PPE and hygiene requirements (including regular hand-washing), as well as security and safety considerations. Each EDM will also guide establishments on the most procedurally just way to stand up each regime element under continuing COVID restrictions.

Each establishment must create a plan for every element of regime that is relevant to their category and function based on the guidance in its respective EDM. Mirroring the approach taken during the development of ERMPs, establishments have local autonomy to determine the formal and contents of each plan or procedure they produce from the EDMs but the RRP they complete summarising their local recovery proposal will be based on a template provided.

This EDM has been developed jointly by policy and operational colleagues in conjunction with specific stakeholders relevant to each area. Each EDM breaks each regime element into a series of processes or areas. Under each one there are a set of baseline requirements which must be met by each establishment. Every baseline requirement has an importance weighting from one (lowest) to three (highest) attributed to it, to assist prisons in planning and sequencing activity required. Baselines are split into those that are mandatory and those that are desirable. Each baseline also has a “level of autonomy” attached. This describes the level of freedom an establishment has over the design of the product/output required to satisfy each baseline.

This EDM outlines what activity will be permitted at level 3 (restrict) moving towards level 2 (reduce).

**Regime Recovery Management Plans- RRMP**

Prisons are required to develop local Regime Recovery Management Plans (RRMP) based on a suite of national guidance documents called Exceptional Delivery Models (EDM). Establishments are being provided with high level guidance outlining the parameters they must work within but have autonomy to build their own bespoke plans based on what works locally. Establishments will submit their RRMP together with a readiness assessment to their respective Prison Group Director (PGD). Further details are contained within the published National Framework on Regimes & Services

**Exceptional Delivery Regime model (EDM): Chaplaincy – Faith & Pastoral Care Regime Stage 3 – Chaplaincy Activities**

It is important to acknowledge that chaplains and certain chaplaincy activities have been present and on-going throughout the COVID-19 restrictions offering vital support to prisoners and staff during Regime Stage 4 of EDM. These activities have focused on the critical care of prisoners and staff, dealing with bereavement, deaths in custody and a continuing contribution to the care of those under Assessment, Care in Custody and Teamwork (ACCT) arrangements. In the absence of any corporate worship or faith classes, prisoners have also been supported by chaplains with in-cell faith resources, as required, and specific faith broadcasts on National Prison Radio and Wayout TV. Chaplains have been a critical resource to residents and staff particularly at times of bereavement.

As we move to Regime Stage 3 **all** these activities will continue to operate. This Chaplaincy EDM sets out the framework for considering how chaplaincy faith and pastoral care services might develop locally, in a safe and consistent manner. The amount of change possible will vary between establishments and depend on a number of factors including the function of the prison, the resources and physical space available and the composition of the chaplaincy team. All changes must be consistent with the legislation providing for restrictions due to coronavirus in England and Wales (currently the Health Protection (Coronavirus, Regulations) Regulations 2020 for England and Wales (“Coronavirus Regulations”)). Critical to local plans will be a series of risk assessments for faiths spaces, the chaplaincy office accommodation and with returning chaplains. Regime Stage 3 will not see the re-introduction of chaplaincy volunteers except where there is a vital role that individuals can fulfil for the benefit of the prison. Consistent with practice across the prison all chaplaincy activity must be COVID 19 secure, which includes strict 2metre distancing for all participants at all times, hand hygiene available at points of entry and exit for all activities, a cleaning regime for all faith spaces and office accommodation before and after all activities or use and limiting the duration of any group activity to the minimum necessary to achieve the purpose.

On the issue of corporate faith worship, it will be noted that outside faith communities have begun to reopen cautiously and only where strict adherence to COVID-19 secure requirements is possible. This should characterise the approach taken by prisons though with the additional consideration that the equitable provision to all registered faith communities is required. In these circumstances equitable does not necessarily mean the same but that the prison is seeking to provide the same level of faith support within the current environment. Local Equality Analysis will be required. Where large faith gatherings are not possible consideration should be given to developing a programme of smaller group faith activity. During Regime Stage 4 considerable benefit was obtained in many establishments by the use of technology to support prisoners who were bereaved or coping with the serious illness of immediate relatives. Whilst it is expected that Stage 3 will allow the resumption of escorted visits and ROTL for such events, only when these are not authorised should consideration be given to continued use of technology.

**Guide to weightings/prioritisation (mandatory tasks only)**

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| Value | Description |  |
| 3 | Highest– action required as a precursor to other tasks | |
| 2 | Medium – action required as part of wider work | |
| 1 | Lowest – action required once others have been completed | |

**Guide to autonomy levels (mandatory tasks only)**

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| Value | Description |  |
| Total | Establishment has total autonomy to determine the design of the product that satisfies the baseline | |
| Partial | Establishment has partial autonomy – the ability to choose from pre-determined delivery options (which are specified) | |
| Limited | Establishment has limited autonomy and must deliver the product as stipulated | |

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| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **GENERAL** | **Mandatory Action** | | | |
| **1.1** On behalf of the Governor, appoint an individual responsible for designing local delivery procedures. | **3** | **Limited** | Suggested: Managing Chaplain/ Chaplaincy Line Manager |
| **1.2** Organise consultation with relevant stakeholders to consider the delivery of chaplaincy faith and pastoral care activities. This should include chaplains, safer custody, activities, regime management, local union representatives and prisoner representatives. The outcome of the consultation should be the development of a local operating procedure for the enhanced delivery of faith and pastoral care activities based on a series of reviews (1.4 -1.7). | **3** | **Limited** | Managing chaplains will need to be involved in the weekly regime and resourcing meetings as part of local delivery plans. |
| **1.3** The local operating procedure will detail the delivery of:   * Specific Faith Activities * Critical Care * Pastoral Services | **3** | **Total** |  |
| **1.4** Review chaplaincy group and faith spaces, inside and outside, and conduct risk assessments, consistent with Coronavirus Regulations and SSOW, to determine the safe operating capacity. Identify washing/toilet facilities for all participants and the cleaning regime necessary for each space after each activity. | **3** | **Limited** | A number of prisons have specific gardens for prayer and meditation which might appropriately host a faith small activity or memorial event consistent with safe operation practice and Coronavirus Regulations (England) & (Wales) |
| **1.5** Review the chaplaincy team (all paid staff, and orderlies) to determine who is available on a regular and sustained basis to deliver or support the delivery of faith and pastoral care activity. Chaplaincy teams in general have an older and wider BAME representation than many departments and these aspects must be considered for all staff, and particularly those returning to work. | **3** | **Limited** | This will require individual risk assessments with all chaplains who have not been attending prison during the lockdown to determine risk and provide reassurance both to the establishment and to the individual concerned.  Public Health guidance is that chaplains must not attend more than one prison in a day. |
| **1.6** Review the chaplaincy office accommodation, configure to maximise safe usage (applying physical distancing/cleaning) and publish a weekly operating rota for staff and orderlies. | **3** | **Limited** |  |
| **1.7** With reference to the critical issue of regime group size within the establishment, review the feasibility of operating a consistent and equitable programme of chaplaincy faith based activities. | **3** | **Total** | Prisoners move to faith activities in their regime group but different regime groups can be present in the faith space at the Governor’s discretion as the local situation allows.  Those in protective isolation should not attend, (access to faith support should be as it is now); those in RCUs shouldn’t access group activities but are able to be seen in cell/on wing; shielders should be able to access activities with additional considerations – groups offered to shielders specifically; groups may be smaller with more social distancing; groups offered on wings to reduce movement around the prison. |
| **1.8** Develop a proactive communication strategy, both internally to inform prisoners and staff, and externally to inform faith communities, families and friends explaining how chaplaincy faith services will begin to open up and how all can access pastoral support. They must set clear expectations around strict social distancing requirements and the continued restriction around faith activities such as singing and handshaking/hugging. | **2** | **Total** |  |
| **FAITH ACTIVITY** | **Mandatory Action** | | | |
| **2.1**.Develop a programme of specific faith activity that can be safely and consistently provided to prisoners either in one to one sessions, in small groups or as corporate worship. There should be a continuance of the provision of in cell faith resources, including access to National Prison Radio and Wayout TV which broadcast a range of faith services. | **3** | **Partial** | The extent of this programme will be determined by the consultation and risk assessments undertaken in Section 1. |
| **2.2** Review the local delivery plan for chaplaincy faith activity to ensure that equitable provision for all prisoners is achievable. In these circumstances equitable does not necessarily mean the same but that the prison is seeking to provide the same level of faith support within the current environment. Establishments must undertake an equality analysis of this provision.(PSI 20/2016)  Due to availability of chaplains it may not be possible to start all activities at same time. A plan should be to ensure full provision is being worked towards and a defensible decision log kept where some activities start before others. | **3** | **Partial** | Where a particular faith chaplain is not available consideration must be given to supervising a suitable activity by that faith group. Similarly where a faith congregation is too large to meet within current restrictions alternatives such as separate services or a weekly rota of attendance should be considered. |
| **2.3** Develop health and safety protocols surrounding all structured chaplaincy activity including any PPE requirements for supervising staff | **3** | **Partial** | It is advised that supervising operational staff have PPE grab-bags should they be required to intervene in any incident. |
| **2.4** Review whether any items such as religious artefacts will need to be provided to allow prisoners to engage safely in chaplaincy activity. All printed service sheets and other faith material must be issued to and retained by individual prisoners. | **2** | **Total** | Consideration should be given to the production of specific worksheets that prisoners can retain. Critically, singing, playing of instruments involving breath (e.g. woodwind, brass) and the sharing of Communion, or any form of physical contact such as handshakes or hugging is not permitted. |
| **2.5** Consider the involvement of orderlies to ensure all chaplaincy meeting spaces and chaplaincy faith materials are systematically and consistently cleansed after use | **1** | **Partial** | All faith activity will be led by a chaplain, but they should be supported by orderlies where appropriate and in keeping with social distancing and regime groups. |
| **CRITICAL CARE** | **Mandatory Action** | | | |
| **3.1** ACCT – Review existing operating practice to ensure that chaplains see all people on ACCT at least weekly and actively contribute to the ACCT Reviews and care plans. | **3** | **Limited** | As open ACCTs begin to return to pre COVID-19 levels this will be important daily priority. |
| **3.2** Review the arrangements that are in place to support prisoners directly or indirectly affected by a serious illness or death in custody | **3** | **Partial** | Chaplaincy teams have exercised considerable ingenuity and care In supporting prisoners and staff where deaths have occurred. As some constraints are relaxed, consideration should be given to how this might be enhanced. |
| **3.3** Review the arrangements that are in place to support prisoners directly or indirectly affected by a serious illness or death of a relative | **3** | **Partial** | The use of technology has provided important access and emotional support to prisoners affected by bereavement and seriously illness of relatives during the lock down. Where escorted visits and ROTL have recommenced these should be used in Level 3, and where not possible the use of the iPad should continue to be prioritised. |
| **3.4** Review local operating procedures to ensure consistent daily chaplaincy cover and out-of-hours response. | **3** | **Partial** |  |
| **3.5** Review safe working (SSOW) practice for chaplains to provide individual support to prisoners and staff. | **3** | **Partial** | Access to appropriate chaplaincy space for the purpose of prayer and pastoral support. These areas being regularly cleaned. |
| **PASTORAL SUPPORT** | **Mandatory Action** | | | |
| **4.1** Local Operating Procedurein respect of other chaplaincy statutory duties must be reviewed to ensure consistent delivery. These include;   * induction visits for new receptions, * daily visits to all held within segregation and health care units, or other cellular confinement * discharge interviews * timely consideration of all prisoner applications. | **3** | **Total** | PSI 2016/05 Faith and Pastoral Care for Prisoners |
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