Questions and Answers

# Safer Custody Hotlines

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| 1.1  Safer Custody Hotlines may be receiving increased numbers of calls for some time. How do establishments arrange appropriate responses, given other staffing pressures? | * Establishments must ensure the Safer Custody Hotline is still regularly checked, and a log is kept of who has called. Information relevant to risk should be fed back to staff who can carry out welfare checks and follow-up conversation with residents, and encourage them to contact their families. * Maintaining contact with family and significant others will continue to be particularly important throughout our COVID-19 response and recovery work to ease anxiety on both sides, and to maintain a form of support for prison residents, young people and detainees. Staff must encourage and facilitate use of accessible lines of communication with families - email, telephone, skype/video-calls (if accessible), in cell-telephony (if accessible). This is particularly important for those for whom visits are impacted. * Promote contact with external service providers such as PACT who provide support and information to families (people that are in receipt of current scripts and can keep families informed). Ensure staff in visitor centres are well briefed, and up to date information is available there. * Advertise available support networks for families:   + Prisoners’ Families Helpline: Offers support and information for prison residents and young people, people with convictions, defendants and their families.   Website: <https://www.prisonersfamilies.org/> Phone(Freephone): 0808 808 2003   * + National Information Centre on Children of Offenders: Support service for all professionals working with offenders’ children and families both in prison and in the community.   Website: <https://www.nicco.org.uk/> |

# People at increased risk

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| 2.1  In establishments where a restricted regime remains in place or needs to be re-implemented, how do we support people in isolation to cope, to ensure they don’t need to be supported on ACCTs? | * **Reduce boredom** where possible by giving people things to do. This could include: in cell workouts, books, library access, activity packs, art materials, mindfulness exercises, word searches. An updated selection of resources for prison residents, young people and detainees can be found here: https://hmppsintranet.org.uk/resources/   If they are well enough, individuals in isolation should engage in light exercise. The gym staff and prison residents and young people trained as Personal Trainers could create an in-cell workout book with a range of exercises, catering for all abilities. Some ideas for exercises can be found here: <https://hmppsintranet.org.uk/resources/in-cell-materials/workouts/>   * Encourage people in isolation to fill in a Wellbeing Plan (available here: <http://hmppsintranet.org.uk/resources/wp-content/uploads/2020/04/The-Wellbeing-Plan-Self-help-tool.pdf>). This is a self-help tool created with input from mental health charity Mind and prison resident focus groups. It includes a safety plan and can be used to reflect on triggers and coping strategies, as well as actions to improve mood and look after yourself during difficult times. * Give people advice on coping techniques and stress management techniques. This could include [mindfulness exercises](https://www.pocketmindfulness.com/6-mindfulness-exercises-you-can-try-today/), breathing techniques, and information on available avenues for support. Further exercises can be found here: https://hmppsintranet.org.uk/resources/in-cell-materials/wellbeing/ * **Keep people informed** - good communication is very important. In particular, people need to have a good understanding of Covid-19 and the reasons isolation, distancing, or other measures are still important. Feeling that others will benefit from one’s situation can make stressful situations easier to bear. Reinforce that measures are helping to keep others safe, and that staff and health services are genuinely grateful to them for helping keep everyone safe. Residents, young people and detainees should be informed of what the regime should look like at each stage, with any caveats (e.g. possible delays at mealtimes). If the regime changes, residents and young people should be kept informed with reasons for the changes.   Use establishment-specific communication channels, such as WayOut TV, in-cell kiosks, noticeboards, to communicate important information and ensure that this is updated regularly in line with Covid-19 guidance.  For prison residents, young people and detainees for whom English is not a fluent language, language and translation services should be used to communicate key messages, and allow them an opportunity to ask any questions. This includes Deaf people who will need access through a British Sign Language interpreter, and may not be fluent in written English. For people with low literacy, ensure that any literature produced is also produced in an ‘Easy Read’ format, explained verbally, or it is explained to them where they can access further information.   * **Ensure regular and meaningful contact with others** where possible, via use of telephones, and other technology. A flexible approach should be taken, considering where additional credit or supporting residents and young people using a Safer Custody PIN would be appropriate. Communication with family should be encouraged through in-cell telephones, video calls or prison email, to limit contamination through post. More information on maintaining peer support schemes throughout this period can be found here: <https://hmppsintranet.org.uk/prison-ersd/wp-content/uploads/2020/04/Peer-Support.pdf> * **Reduce stigma of self-isolation** by providing people with general information about the disease and the rationale and importance of self-isolation. * **For further information**, self-harm guides were recently sent to each establishment. These guides are aimed at staff and also provide guidance on a variety of ways to support people who are self-harming, including support which is relevant for those in isolation. Digital versions of the guides are available here: <https://intranet.noms.gsi.gov.uk/__data/assets/pdf_file/0011/993494/HMPPS-Self-Harm-Guide-231219.pdf> * **Provide routes to reach out for support:** consider whether there are straightforward ways for people to flag that they are struggling or need additional support. Everyday conversations are even more important, and you may wish to consider forms of communication available for individuals who might want to discreetly flag that they are struggling. For example, traffic light coloured cards could be useful non-verbal cues as to how a person is doing, or noteslips or in-cell telephony could be options for more discreet communication. |
| 2.2  We know that people with a history of self-harm often resort to harming themselves in times of stress and change, and they may well experience both of these in forthcoming weeks and months. How can we ensure that during times of change in terms of staffing and regime, these individuals can be supported? | * Regional plans should be in place for managing residents and young people in establishments thought to be more susceptible to risk of self-harm or suicide, to proactively manage risk and these cases should be discussed in Safety Intervention Meetings. * See answer to question 2.1 above. |

# Managing ACCTs in line with Covid-19 advice

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| 3.1  What should we do if we have two people who are isolating in the same cell, and they are both on ACCT? | * If two people placed on ACCTs both have to isolate together, CAREMAPs and the observation/conversation levels for both individuals on ACCTs should be reviewed via a case review as soon as possible to identify any changes in risks, triggers, and protective factors and to provide any extra support required. This information should be used to determine whether sharing a cell is appropriate, or if any changes to accommodation are required. * If two people sharing a cell are both isolating, and are then placed on ACCTs, consider their risks, triggers and protective factors individually and discuss via the initial case review before considering separating or moving either person. If individuals are moved/ separated, the reasons for this should be fully documented in their ACCT. Their Cell Sharing Risk Assessment should also be reviewed. * Two individuals on ACCT documents should not be placed in a cell together purely for isolation purposes. Consideration should always be given to the individuals’ risks, triggers and protective factors and what is in both individuals’ best interests. |
| 3.2  How do we manage involvement in ACCT reviews of prison residents, detainees and young people who are in isolation due to Covid-19? | * If the person is not showing symptoms, reviews should proceed as normal. Safe social distancing advice **from Public Health England** should be followed. * If a person being supported through ACCT is currently self-isolating, and barrier protection is not available, they can submit written contributions to ACCT reviews using the ‘input from individual’ form, if they are comfortable doing so. If the person requiring support does not have strong literacy, or is not fluent in English, they may require additional support to make a written contribution (such as writing it out with the ACCT Assessor/a peer worker/a staff member they trust, or using the Big Word interpretation services). The person requiring support must receive a copy of their CAREMAP, and be updated about the Case Review after it is held.   If the person is unwilling to engage, the following briefing includes some suggestions: <https://intranet.noms.gsi.gov.uk/groups/safety/safety-briefing-what-should-i-do-if-a-prisoner-declines-to-engage-in-the-acct-process>   * In-cell telephony may be used to facilitate the person’s involvement in the Case Review. The person requiring support will need to have the opportunity to speak to meeting participants one by one, facilitated by the Case Manager. This should not compromise the person’s involvement in their Case Reviews, and time should still be taken to explain to the person the purpose of the Case Review, and how they can contribute to it. * The [Wellbeing Plan (or Safety Support Plan](https://hmppsintranet.org.uk/prison-ersd/wp-content/uploads/2020/04/Wellbeing-Plan-Safety-and-Support-.pdf)) can be used as a method for the person to consider what support works well for them, and if they are happy to, this can be shared in part or in full during the Case Review. This is a document intended to be filled out be an individual, and they should not be obliged to share this if they are not comfortable to. * The person requiring support can share their thoughts verbally ahead of the meeting to a member of staff, who can represent their views during the Case Review (by phone if needed). A written submission is preferable however, as there is better opportunity for the person to share their thoughts and needs in their own words. The decision and reasons to take verbal input ahead of time from the person requiring support must be documented in the ACCT. Translation services must be used when needed. The person requiring support must receive a copy of their CAREMAP, and be updated about the Case Review after it is held. It is important that the person fully understands the purpose of the ACCT and how it can support them, as well as having the opportunity to ask any questions they may have. |
| 3.3  How will ACCT reviews be held in light of Public Health England advice? | * If the person is not showing symptoms, reviews should proceed as normal. Safe social distancing advice from Public Health Englandshould be followed (at least 1 metre plus). * If partner agencies are working remotely and not able to attend, written contribution forms can be used to communicate any relevant information for consideration at the review. Alternatively, if they are unable to provide written contributions, staff should consider whether they are able to provide verbal contributions/updates via telephone. Where possible, people not attending in person should familiarise themselves with the CAREMAP, and any updates in the ACCT document before providing their written contribution, so they have full context. Decisions should be taken with multidisciplinary input. * It is important to also consider the psychological impact of isolation on the individual:   + Those with pre-existing mental health conditions or with a history of self-harm. These groups need to be particularly monitored during periods of isolation.Having a history of poor mental health may exacerbate the impact of isolation. As such, extra support may be needed in additional to those with a history of self-harm during self-isolation.   + Keep people informed. Good communication is very important. People particularly need to have a good understanding of the disease and the reasons for self-isolation. Feeling that others will benefit from one’s situation can make stressful situations easier to bear – although not tested it is likely that this is true for self-isolation. It can be helpful to reinforce that self-isolation is helping to keep others safe and authorities are genuinely grateful to them for doing so.   + Regular communication with the individual during the period of isolation is needed to both ensure they can raise any concerns they have, and that healthcare/staff are also able to raise concerns if mental health/health is deteriorating. Individual wellbeing needs to be monitored closely. Regular and frequent check-ins would be advised.   + Reduce boredom where possible, by giving people things to do during isolation. See answer to question 2.1 above. |
| 3.4  How will ACCT Assessments be held for those in isolation? | * Where an individual is in isolation and requires an ACCT assessment, this should largely be managed in the same way as when a person is unwilling or unable to participate, or using the alternative routes described in section 3.3 * The assessor should undertake the assessment based on any other available information that may help to assess risk (e.g. pre-sentence reports, OASys, CSIPs, Asset Plus, health care information, C-NOMIS case notes and previous ACCT documents). * We are also sharing a standard template (see Annex) which can be used if the person at risk is willing and able to provide written input to inform the assessment. This includes a number of questions around triggers, coping mechanisms and goals. PPE should be used when handling this form wherever possible. |
| 3.5  How will ACCT assessments and Case Reviews be carried out in the event of there being no trained staff available? | * **In the exceptional event of an establishment having no trained staff available to carry out ACCT assessments and case reviews, this will need to be referred to Silver Command for logging and further guidance. Further guidance may include enquiries to nearby establishments who may have trained staff available to help in the short term, or around the provision of upskilling materials for untrained staff. In all cases, Silver Command must be alerted and will advise on acceptable actions on a case by case basis.** |
| 3.6 What happens if trained ACCT staff pass their refresher date, can they continue with these roles in the absence of refresher training? | * **Due to a national pause on face-to-face training during the COVID-19 response, trained ACCT staff who pass their refresher dates can continue to undertake these roles providing there are no highlighted concerns. Once refresher training is re-started, staff who have passed their refresher date should be prioritised for this training.** * **As an interim measure, Group Safety Leads have been provided with ACCT upskilling materials that can be used for informal upskilling and refreshing of staff. If required, please contact your Group Safety Lead who can pass on these resources. Please note, using these resources will not mean that staff are considered to have undertaken refresher training, and this will still need to be prioritised once training restarts.** |
| 3.6  How do we manage ACCT observations and meaningful conversations prison residents, detainees and young people who are in isolation due to Covid-19? | * Observations and conversations respectively form an essential part of the safeguarding and support provided to a person on an ACCT. Meaningful daily interaction with people requiring support are an essential part of keeping them safe, and should always be prioritised. * It may be more challenging to carry out observations and meaningful conversations with people being supported on an ACCT discreetly. Consider any safe and flexible adjustments on an individual basis (such as noteslips or traffic light card systems that individuals can use in addition to flag to staff that they may be struggling or need additional support). * The following guidance should be used for entering a cell in an emergency: <https://intranet.noms.gsi.gov.uk/__data/assets/file/0007/981241/Cell-entry.pdf> * Prisons staff should follow Public Health England and HMPPS guidance on the use of Personal Protective Equipment. |

# Peer Workers

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| 4.1  How can we support peer workers during the outbreak? | * Information on maintaining peer support schemes throughout Covid-19 measures can be found here: https://hmppsintranet.org.uk/prison-ersd/wp-content/uploads/2020/04/Peer-Support.pdf * Make sure peer workers are aware of – and follow – the latest Covid-19 guidance so they do not put themselves or others at risk through their activities. * Provide support to individual peer workers. Safety teams and key workers should check in with peer workers to ensure that they have enough support, and make sure that they do not take on too much and take some time away from their duties. Just because someone is a peer worker doesn’t mean they won’t be distressed or finding things hard themselves. * If your establishment runs a Listener scheme, keep in touch with your local Samaritans branch. Even if they are not able to visit, they will be able to support via phone contacts. The more they know about what is going on, the better this support will be. These calls should be facilitated flexibly and at no cost to the Listeners – consider how a confidential group call could be arranged using other prison telephony. * Encourage Listeners (or other peer workers) to meet together where possible. Make sure they are aware of – and follow – the latest Covid-19 guidance so they do not put themselves or others at risk. Listeners and other peer workers may need time together to discuss cases confidentially, debrief, and support one another. |
| 4.2  How can we maintain peer work whilst there are periods of isolation or reduced regime? | * There is an impact on confidentiality if distancing measures restrict free movement. This may impact willingness of individuals to ask for support when they need it, which in turn could undermine the process. If individuals are not in isolation, there should be a discreet way that people can ask for peer support/Listeners. Suggestions include prompt cards to discreetly communicate the need for support. * For people in isolation, ways to facilitate communication with a peer worker/Listener discreetly through the cell door should be considered (in the past concerns have been raised by prison residents about speaking through the cell door as other people can overhear the conversation). Consider measures such as a laminated piece of paper and whiteboard marker – if the peer worker is provided with gloves, this can then be passed under the door, as a discreet channel of communication, with the risk of infection minimised. |