

DEPARTMENT OF JUSTICE

**DAVID FORD MLA
Minister of Justice
Block B, Castle Buildings
Stormont Estate
Belfast BT4 3SG**

**Lord Morrow MLA
Northern Ireland Assembly
Parliament Buildings
Ballymiscaw
Stormont**

**11 June 2014
AQW/33666/11-15**

Lord Morrow (Fermanagh and South Tyrone) has asked:

To ask the Minister of Justice to provide a copy of a Prison Service Supporting Prisoners at Risk booklet, or alternatively have one placed in the Assembly Library.

ANSWER

A copy of the Supporting Prisoners at Risk booklet has been placed in the Assembly Library.



DAVID FORD MLA



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SELF HARM AND SUICIDE PREVENTION:

Supporting Prisoners At Risk (SPAR).

Forename(s):		
Surname:		
Prison Number:	DOB:	
Establishment:	Location / Cell:	
	Location / Cell:	
	Location / Cell:	
	Location / Cell:	
Case Manager:		

Date of Next Case Review:

1.	2.	3.	4.
5.	6.	7.	8.

Date Opened:
Date Closed:
Date of Post Closure Interview:
(See pages 61 & 62 for guidance).
Name of Chair of Closing Case Review: Signed:

VERSION 3 NOVEMBER 2012

Invitations:

- Drug or Alcohol Misuse.
- Irrational behaviour.
- Increase in severity or occurrence of self-harms.
- Hostile rejection of help.
- Withdrawal from social contact.
- Change in Routines, Habits, Appearance.
- Injuries not readily accounted for.
- Anxious appearance.
- Withdrawn or depressed manner.
- Talks about death or suicide.
- Rejection of support by family or friends.

Events/Reaction invitations:

- First Reception into Prison Custody.
- Bail Refusal.
- Reception after Conviction and/or Sentence.
- Reception after Transfer.
- “Bad” Visit, Phone Call, Mail; (May invoke spontaneous reaction).
- Conviction for Sexual & High Media interest offence.
- Anniversary of offence, (particularly if violent or where victim was known or child).
- Inability to cope.
- Violence – including bullying.

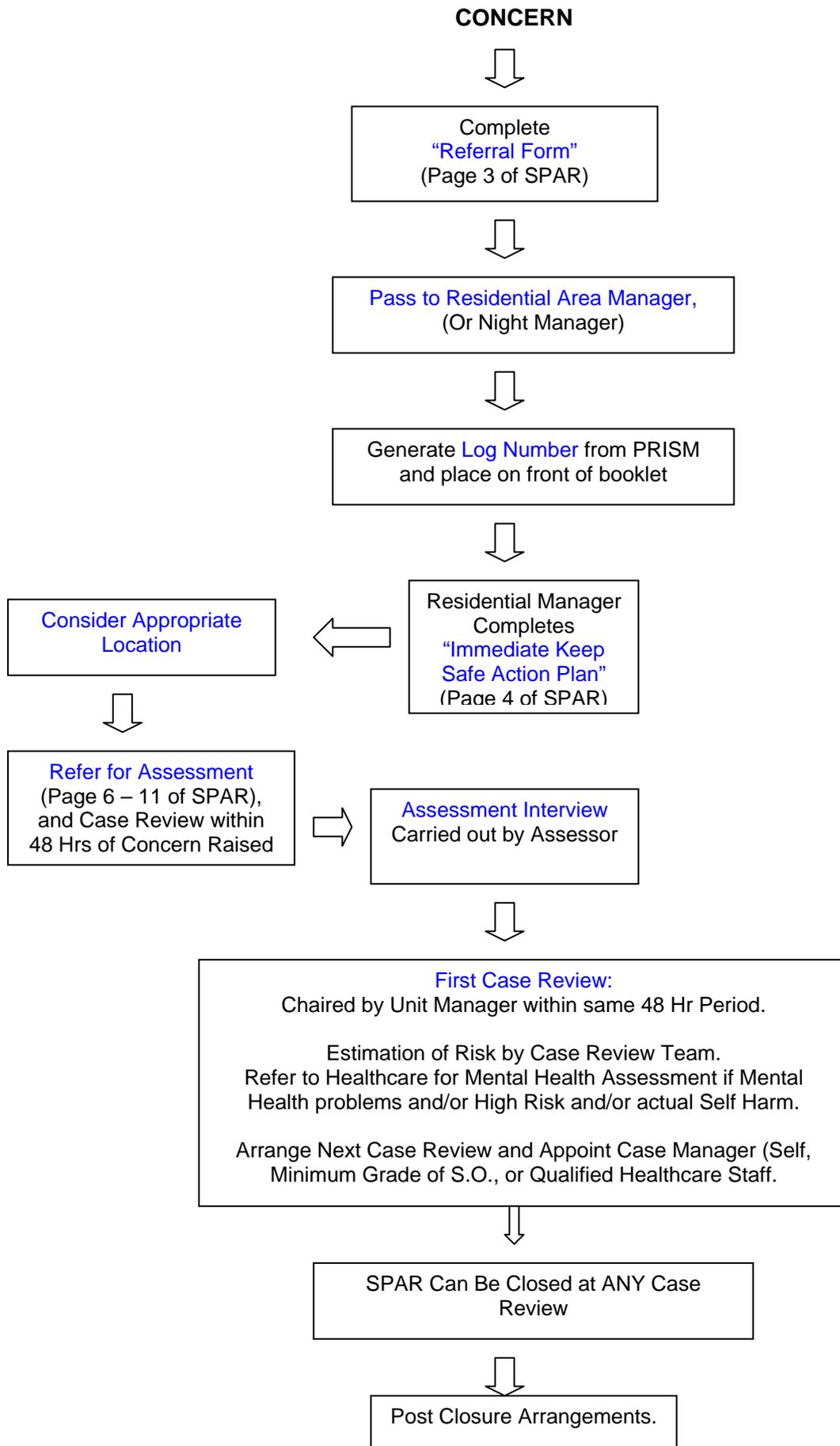
Additional Factors:

- Previous History of Self-Harm or Suicide Ideation.
- A History of Mental Ill Health.
- Relationship or Family Problems.
- Longer Sentence than Expected.
- Suicide, (or attempt), by someone known to them.
- Self-Harm by someone known to them.
- Home Leave refusal or similar.
- Bad news from external contacts.
- Any unusual, untoward or bizarre behaviour may be an invitation to ask about suicide.
- Current suicide plan
- Pain that at times feels unbearable
- No resources
- Risk identified by Police, Probation, Family, or Staff

This is not an exhaustive list; reception and residential staff will have a well based knowledge of the habits, moods, and personality of those in their care. Any changes to this which cause concern must be acted upon immediately.

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SPAR Flowchart



All relevant sections of PRISM must be completed

SECTION ONE:

Referral Form: Immediate Action Plan: Healthcare / Doctor Review:

Guidance:

1. The SPAR process is a means whereby staff can work together to provide individual care to prisoners who are in distress in order to:
 - Help defuse a potential suicidal crisis *or*
 - Help individuals with Long Term needs (such as those with a pattern of repetitive self harm and/or injury).
 - To better manage and reduce their distress.
2. Anyone working within NIPS who has concerns about a prisoner they are in contact with ***must*** talk to the person about their concern, listen to what they have to say, and if still concerned, open a SPAR.
3. Start the SPAR process **before** the risk of self harm becomes acute. Use it as a means of tackling problems before a crisis develops.
4. Tell the person at risk that you are starting the SPAR process and what will happen next.
5. Care for the prisoner at risk must be multi-disciplinary, using the knowledge and skills of all staff from different disciplines, depending on the needs and wishes of the person at risk.
6. Information about a person's problems must be treated sensitively and professionally by all staff. If prisoners are to freely share information with staff, and different groups of staff are to share information with each other, they need to trust that no one will treat the information inappropriately – for example, discussing things in front of other prisoners or using the information in an inappropriate manner.

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Referral Form

If you consider the risk of a Suicide attempt to be imminent, or if the individual is acutely distressed, take action immediately and **do not leave the person alone**. Continue filling out this form as soon as possible after the emergency has been dealt with.

If an incident of Suicide, Attempted Suicide and or Self Harm occurs – Complete injury summary on PRISM

What are the Concerns?

Tick below if relevant	Ask the individual open questions to determine what the main problems are. Then tick all relevant boxes and give details in the open box below.	
	Thoughts of suicide? If yes:- <ul style="list-style-type: none"> • explore the signs, actions and behaviours displayed • Ask about suicide • Listen to the reasons 	Please describe why you are concerned. Summarise any recent events, behaviour or information received that gives cause for concern and what the person themselves says about their situation.
	1. Thoughts of Self Harm	
	2. Suicide Attempt. An act of self harm may need medical attention	
	3. Self Harm without thoughts of suicide. An act of self harm may need medical attention	
	4. Unusual behaviour or talk (may be an invitation to ask about suicide)	
	5. Very low mood e.g. withdrawn, slowed down (may be an invitation to ask about suicide)	
	6. Problems related to Drugs / Alcohol withdrawal.	
	7. Other concerns, including vulnerability due to age or immaturity.	

Action required by initiating member of staff:

Now give this report to the person responsible for deciding on the immediate action to be taken to keep the person safe. This will usually be the manager of the area where the individual is housed, or is to be located. Where the SPAR is opened in Reception, initial decisions about care should be made by Healthcare staff in conjunction with the manager of the receiving area.

Details of Initiating Member of Staff:

Print Name:	Signature:
Date:	Time:

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Healthcare / Doctor Review

Healthcare professionals may use this page to record additional information on the care of the prisoner.

Name of Nurse / Doctor: _____ **Date of entry:** _____

Nurse / Doctor Sign: _____

Print Name: _____

Date details entered on PRISM (where applicable): _____

SECTION TWO:

Information Sharing Agreement
Assessment Interview
Suicide/Self-Harm Summary of Information

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Agreement to Sharing of Information.

(Note: This form is to be completed by the Assessor and prisoner at the beginning of the **Assessment Interview**).**)**

The Northern Ireland Prison Service has a duty of care towards you while in its custody. Please read the statements below and sign appropriately.

- I agree to my SPAR Plan being shared with those involved in my care, to help them understand my needs and situation.
- I understand that if there is a concern that I may be at risk of significant harm, information about me **will** be shared between staff within the prison and others concerned with my care and welfare, in order to plan how I may be supported.
- I understand that should I be released from the custody of NIPS while a SPAR is open, that NIPS will share relevant information with my G.P.
- I understand that detailed information contained in my Health records or any other information will not normally be disclosed without my consent.

I agree*/do not agree* that this information can be shared with my family/significant others/carers.
State details below:

Name: _____

Address/Contact Number: _____

Relationship: _____

Person at Risk's Signature: _____

Print Name: _____ Date: _____

Staff Signature: _____

Print Name: _____ Date: _____

Role: _____

Where permission is withheld, only information which relates to the specific risk and risk reduction will be shared.

ASSESSMENT INTERVIEW:

(Must be completed before Initial Case Review)

Forename(s):	Surname:
Prison Number:	Location:

Before (or if need be after) the interview, gather risk-pertinent information:

- From the core details/wing file/wing staff (received or expecting a long sentence, violent offence, especially murder, victim is a family member, recent knock-back, breach, recall, isolated on wing, no visits, limited regime can mean increased risk)
- Ask health staff if they are aware of risk factors (e.g. current or recent psychiatric treatment, drug/alcohol dependence, painful or terminal physical illness).

OUR ROLE

Connect (Explore – Ask) **Understand** (Listen – Review) **Assist** (Contact – Follow up)

In the interview, gather risk pertinent information in your own style using general interviewing skills. Bear in mind that the objective is to provide re-assurance and to acknowledge that the person is in crisis. The parts numbered below are a reminder of areas to be covered. Explain that the information will be made available to the Case Review Team to help plan their care.

- If there was an act of self harm with the intention to die, complete parts 1 – 4 then 6.
- If there was an act of self harm to cope with living complete parts 1, 2, 5 and 6
- If the SPAR was opened for any other reason e.g. low mood or depression complete parts 1, 2, 5 and 6.

NB: PARTS 1, 2 & 6 MUST ALWAYS BE COMPLETED

CONNECT

Part 1. Individual's perception of the problems related to current distress.

Ask questions about the person's feelings / thoughts from what you have picked up on from their conversation. Let them talk – use silence appropriately. Acknowledge the feelings expressed – explore the background to each feeling – including the possible links between each. Focus on what you see and hear.

(Use bullet points to list the person's concerns / feelings)

Go to Part 2

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Part 2. Ask About Suicide

Ask openly and directly about suicide e.g. have you been thinking about killing yourself?
Are you thinking about suicide?

Tick the relevant box and follow the directions provided.

Yes

Go to part 3

No

Go to part 5 (If you believe them, if not keep talking to them)

UNDERSTANDING (Listen and Review)

Part 3.

Listen to the reasons for dying and living. Give the person as much time as they need to talk about their reasons for dying. Really slow down and listen to these reasons and say back what you have heard to show them that you have listened. As you are listening to their reasons for dying also listen for reasons for living e.g. the person says they want to die but they are worried about their family / the shame it will bring to their family – this is the desire to live trying to be heard.

(Use bullet points to record findings)

Go to Part 4

When you think you have heard a reason for living, say it back and see if the person agrees with you. If the person agrees, then you are ready to summarise the information. If they do not agree, more listening is required.

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ASSISTING CONTACTS FOLLOW UP

Part 4. Information Summary for suicide

Summary of Parts 1 - 3	
Are there any thoughts of suicide?	
Is there a suicide plan? – How? What preparations made? How soon?	
Is there anything that makes life bearable or the situation more desperate?	
Are there any support mechanisms in place?	
Has the person displayed this behaviour before (previous suicide attempts)?	
Is the person subject to any Mental Healthcare or Healthcare?	

Has the assessor made any amendments to the Immediate Action Plan? If yes, record details below
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Go to Part 6

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From Part 2

Continue here if this is an act of self harm to cope with living, or if depressed, low mood etc.

Part 5. Coping – your options

How does self harming help you cope – discuss the options to assist with coping – Healthcare, family, medication etc. Ask about history of such events / behaviour – when? Why? What triggers this behaviour – urges – emotions. How can we minimise the severity of your actions?

Explore reasons for current situation (What normally helps you cope?)

Vulnerability factors / Triggers / Emotions / Urges

Any known protective factors / Attempts to minimise harm (Ask about history of self-harming events/behaviour – when? – why?).

Feelings about the self-injury

Is there motivation to change behaviours? How can we help you to change how you feel?

Go to Part 6

Part 6. NB: Interview must be signed off

Interview Participant's details:

Interviewer Print Name:		Person at Risk's Signature:	
Interviewer's Signature:			
Date:	Time:		

SECTION THREE:

Initial Case Review / Care Plan, Subsequent Case Reviews / Care Plans and Special Accommodation Authorisation

The Case Review brings together the multi-disciplinary team in order to consider the needs of the individual and the care required. The Care Plan sets out how the support and care to address those needs is to be delivered.

Initial Case Review must take place within 48 hours of the concern being raised. Subsequent Case Reviews will be set during the Initial Case Review. There must be no longer that 7 days between any further Case Reviews.

See SPAR flow chart at front of booklet for information

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QUALITY CONTROL

NIPS Self Harm and Suicide Prevention Policy requires that there have been periodic checks on the quality of care planning in respect of those at risk, and that follow-up actions have occurred. Senior Managers should initial or sign (and date) each page they check.

An Effective Care Plan

Ensures appropriate timely action

Ensures that a Risk review and Care Plan is put in place and commitments are followed up on.

Engages the person at risk

Consider

Problems that are causing the person at risk most pain.

Resources or strengths that have most potential to support the person at risk.

Level of risk, including suicidal intent or plan.

- Sets a small number of realistic, achievable goals.
- States clearly who does what.
- Is put into action.
- Is reviewed and amended as necessary.

To Identify Problems:

- Start from the person at risk's perspective.
- *Describe* problems; don't *prescribe* solutions.

An Effective Case Review:

- Involves the person at risk.
- Has the same Case Manager present, whenever possible.
- Is quiet and calm – no phone interruptions.
- Uses first names.
- Involves the key people who know the person at risk or are involved in their care (ensuring inclusion of those 'off' the wing who may also be in contact with the prisoner, such as the Chaplain, IMB, Samaritan, Instructional Officer or teacher).
- Introduces self and others to the person at risk.
- Explains the purpose of the review.
- Considers asking the individual if they wish a relative / friend / Listener to attend. For an under 18, it is good practice to involve the Child Protection Coordinator and if appropriate, the parents / carer.
- Where a key member of staff is making a written report, it should cover whether or not the individual is receiving some help or treatment. Has it affected risk and need?

When the Person at Risk is an In-Patient in Healthcare:

- The Healthcare Manager becomes the responsible SPAR Case Manager.
- The SPAR Assessment should take place within 24 hours, or as soon as the individual is well enough to be interviewed.

All relevant sections of PRISM must be completed

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- The on-going record of significant events and support should be maintained.
- SPAR Plans may only be closed in the healthcare centre when the individual is a long term patient whose return to the wing is not imminent and when risk is judged to have reduced sufficiently to allow closure.
- A pre-discharge Case Review involving a representative of the receiving unit or establishment should take place before the person at risk returns to ordinary location.

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CARE PLAN

CASE MANAGER

Read Care Plan Notes in Immediate Action Keep Safe Plan (see pg 4)

You should consider the following areas when preparing Care Plan:

- * Action to keep the person safe.
- * Action to disable any suicide plan.
- * Action to link the person to resources who can provide support.
- * Action to build on any strengths or interests the person may have.
- * Action to encourage alternatives to self-injury / harm reduction / minimisation
- * Action to reduce emotional pain caused by practical problems.
- * Action to reduce vulnerability because of mental health concerns.
- * Action to reduce vulnerability because of drug / alcohol problems.

**You must record the required frequency of conversation checks and observation checks in the Action required column.
e.g. NOT MORE THAN 15 MINS; 30 MINS; 1 HOUR**

No.	Issues (problems, resources, risk)	Action required	By whom and when	Action Completed e.g. on-going / date completed
1.				
2.				
3.				
4.				

Prisoner Signature:	Case Manager / Care Plan Author Signature: Print Name:	Date:
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All relevant sections of PRISM must be completed

PROTECT ONCE COMPLETED

RECORD OF CASE REVIEW:

Details of case review (within 7 days of last Case Review)

Date:	Time:	Location:
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Details of those invited

Name	Role	How contributed (e.g. attended submitted written report, sent deputy). State if no contribution made.
	Case Manager	
	Prisoner	
	Member of staff (from the prisoner's wing / unit)	

Summary of review (if SPAR plan is closed, state why)

Confirm review of previous Care Plan

Care Plan Updated: Yes No, as no new actions

If SPAR remains open Next review: (also not on front cover) Date: _____ Time: _____ Additionally to invite:	If SPAR closed (see guidance on inside back cover) Post closure interview: Date: _____ Time: _____ (also note on front cover) Member of staff who will conduct this follow-up interview:
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WHERE PRISONER IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CARE PLAN (see guidance on pages 61 & 62)

Case Manager's Signature:	Date:
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PROTECT ONCE COMPLETED

CARE PLAN

CASE MANAGER

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Care Plan Updated:

Yes

No, as no new actions

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CARE PLAN

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Case Manager's Signature:	Date:
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CARE PLAN

CASE MANAGER

Read Care Plan Notes in Previous Care Plan

You should consider the following areas when preparing Care Plan:

- * Action to keep the person safe.
- * Action to disable any suicide plan.
- * Action to link the person to resources who can provide support.
- * Action to build on any strengths or interests the person may have.
- * Action to encourage alternatives to self-injury / harm reduction / minimisation
- * Action to reduce emotional pain caused by practical problems.
- * Action to reduce vulnerability because of mental health concerns.
- * Action to reduce vulnerability because of drug / alcohol problems.

**You must record the required frequency of conversation checks and observation checks in the Action required column.
e.g. NOT MORE THAN 15 MINS; 30 MINS; 1 HOUR**

No.	Issues (problems, resources, risk)	Action required	By whom and when	Action Completed e.g. on-going / date completed
1.				
2.				
3.				
4.				

Prisoner Signature:	Case Manager / Care Plan Author Signature: Print Name:	Date:
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RECORD OF CASE REVIEW:

Details of case review (within 7 days of last Case Review)

Date:	Time:	Location:
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Details of those invited

Name	Role	How contributed (e.g. attended submitted written report, sent deputy). State if no contribution made.
	Case Manager	
	Prisoner	
	Member of staff (from the prisoner's wing / unit)	

Summary of review (if SPAR plan is closed, state why)

Confirm review of previous Care Plan

Care Plan Updated:

Yes

No, as no new actions

If SPAR remains open

Next review: (also not on front cover)

Date: _____ Time: _____

Additionally to invite:

If SPAR closed (see guidance on inside back cover)

Post closure interview:

Date: _____ Time: _____

(also note on front cover)

Member of staff who will conduct this follow-up interview:

WHERE PRISONER IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CARE PLAN (see guidance on pages 61 & 62)

Case Manager's Signature:	Date:
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PROTECT ONCE COMPLETED

CARE PLAN

CASE MANAGER

Read Care Plan Notes in Previous Care Plan

You should consider the following areas when preparing Care Plan:

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1.				
2.				
3.				
4.				

Prisoner Signature:	Case Manager / Care Plan Author Signature: Print Name:	Date:
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Special Accommodation Authorisation

SPECIAL ACCOMMODATION EQUIPMENT CHECK

Prior to use, the special accommodation cell detailed below has been checked and equipment found to be in working order as indicated.

SPECIAL ACCOMMODATION LOCATION: _____

CELL NUMBER: _____

EQUIPMENT CHECKED:

Emergency Call button

Staff Intercom

Samaritans phone

Tick box to indicate that equipment has been checked and is in working order

CCTV

Water supply:

Toilet

Sink

Mattress

Bedding

Footwear:

Own

Supplied

Electrical:

In-cell TV (where fitted)

Special Clothing Available

Signed: _____

Staff No: _____

Print: _____

Time: _____

Date: _____

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**Authorisation for Use of:
Special Accommodation* / Protective Clothing* / Mechanical Restraints***

Prisoner Full Name:

Number:

I authorise the above named to be placed in **Special Accommodation* / Protective Clothing* / Mechanical Restraints*** for as long as is deemed necessary

Signature: _____

Print Name: _____

Date: _____

Time: _____

Reasons for actions:

Conditions, i.e. Observations / Review etc:

Physical Observations / CCTV to be carried out:
Engagement / Conversations – (Specify)

_____ Name / Rank

Time: _____

Medical Interest:

There is* / is not* any clinical contra-indication to the above named being placed in **Special Accommodation* / Protective Clothing* / Mechanical Restraints*** for as long as is deemed necessary.

All in possession drugs to revert to "Supervised swallow" **Y/N**

Medical Comments:

Signature: _____

Print Name: _____

Date: _____

Time: _____

IMB Informed:

IMB Secretariat Informed: _____ **By Means of:** _____
(X471 added in staff number section of PRISM screen)

Informed by:

Signature: _____

Print Name: _____

Date: _____

Time: _____

**Observation records / reviews of the need for continued use should be recorded in the Logbook.
CCTV Observations must be recorded in a separate logbook and attached to this book when closed.**

SPECIAL ACCOMMODATION EQUIPMENT CHECK

Prior to use, the special accommodation cell detailed below has been checked and equipment found to be in working order as indicated.

SPECIAL ACCOMMODATION LOCATION: _____

CELL NUMBER: _____

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Special Clothing Available

Signed: _____

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Time: _____

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Time: _____

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Print Name: _____

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IMB Secretariat Informed: _____ **By Means of:** _____

Informed by:

Signature: _____

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Date: _____

Time: _____

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In-cell TV (where fitted)

Special Clothing Available

Signed: _____

Staff No: _____

Print: _____

Time: _____

Date: _____

PROTECT ONCE COMPLETED

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Signature: _____

Print Name: _____

Date: _____

Time: _____

Reasons for actions:

Conditions, i.e. Observations / Review etc:

Physical Observations / CCTV to be carried out:
Engagement / Conversations – (Specify)

_____ Name / Rank

Time: _____

Medical Interest:

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Medical Comments:

Signature: _____

Print Name: _____

Date: _____

Time: _____

IMB Informed:

IMB Secretariat Informed: _____ **By Means of:** _____

Informed by:

Signature: _____

Print Name: _____

Date: _____

Time: _____

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Electrical:

In-cell TV (where fitted)

Special Clothing Available

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Print: _____

Time: _____

Date: _____

PROTECT ONCE COMPLETED

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Number:

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Signature: _____

Print Name: _____

Date: _____

Time: _____

Reasons for actions:

Conditions, i.e. Observations / Review etc:

Physical Observations / CCTV to be carried out:
Engagement / Conversations – (Specify)

_____ Name / Rank

Time: _____

Medical Interest:

There is* / is not* any clinical contra-indication to the above named being placed in **Special Accommodation* / Protective Clothing* / Mechanical Restraints*** for as long as is deemed necessary.

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Medical Comments:

Signature: _____

Print Name: _____

Date: _____

Time: _____

IMB Informed:

IMB Secretariat Informed: _____ **By Means of:** _____

Informed by:

Signature: _____

Print Name: _____

Date: _____

Time: _____

Observation records / reviews of the need for continued use should be recorded in the Logbook. CCTV Observations must be recorded in a separate logbook and attached to this book when closed.

SECTION FOUR: ON-GOING RECORD

(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS):

Providing on-going support to the person at risk – ‘Conversations’ and ‘Observations’

The primary purpose for requiring that staff talk more frequently to distressed prisoners is:

- To demonstrate concern for them;
- Provide companionship;
- Amass a comprehensive record of things said that might indicate a change in mood, thought or intention;
- To check that the Care Plan is working;
- To see if anything has occurred to make the person more or less distressed.

To do this, you need to talk and listen to the person at risk. In the SPAR procedures, this is referred to as ‘conversations’. Conversations may take place at any time of the day or night, depending on the situation. Staff are encouraged to engage with those at risk as often as possible.

What to say: It is not usually necessary or appropriate to ask about suicidal intentions during regular conversations with an at risk prisoner. However, you should do so if you become aware of invitations, and having explored them you feel the need to ask. Ideas for things to say include:

- ‘Hello’, explaining that you have just come on shift (if you have)
- ‘How are things going?’ ‘What’s been happening with you while I’ve been off?’ or similar open questions.

Often people who are very low or who self-harm find it hard to say how they feel and may be hard to engage in conversation. If something is happening on the wing / unit, you may be able to use that as a topic of conversation. You can also check the individual’s Care Plan and ask how progress on actions is going. Observe how they seem in themselves as you converse with them.

Where a person is at very high risk of killing themselves and a high level of observation has been ordered, **it is even more important that the staff doing the ‘observing’ understand that the purpose is:**

- **To engage with the individual as much as they will allow**, explaining what is happening and providing companionship;
- Observing and intervening to prevent suicidal acts.
- Where possible and safe, the person at risk can take part in activities, such as education, as long as effective observation can take place.

The Case Review Team may also specify a number of ‘**observations**’, which are checks to make sure the individual is alright. This will typically be when the individual is asleep or when the required frequency of conversations or observations is high. For example, if you are checking the individual 5 times an hour, you should try to engage with the person on each occasion (except when the prisoner is sleeping). Although you may not be talking to the person every time you observe them, ensure that he or she understands why the checks are being made. In this way, they are more likely to consider the checks as an act of caring rather than intrusion.

The Unit Manager is responsible for ensuring that the specified conversations and observations take place.

Read the content of the latest Summary of Review and the current Care Plan. The frequency of conversations and observations (day and night) will be specified in the Care Plan in accordance with the need

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of the individual prisoner. The reasoning behind setting this frequency of conversations and observations will be explained in the Case Review.

Recording significant events, conversations with the person-at-risk and your observations of them

It is important that you provide meaningful comments on what has happened with the prisoner during your time with them. This allows others who also care for this person to better understand the situation and how to care for them, and informs the discussions at the Case Review. Think about what you write and how it can contribute to the care of the person at risk. In particular record:

- **Mood check** - Are they happy, sad, withdrawn, excitable etc?
- **Conversations** - Have you spoken to them?
What have you they said about their situation?
- **Activities** - Are they engaging socially with others, participating in the regime etc?
- **Sudden changes** - Have they been doing anything out of the ordinary? This may be an invitation to explore and ask about thoughts of suicide.
- **Self-harm** - Have they self-injured?

POST CLOSURE REVIEW

Continue observations in additional Log Book and attach to this booklet by a tag. Record new booklet number on cover page.

To keep the person safe after closure

Note:

A significant number of people have killed themselves in other jurisdictions soon after coming off interventions implemented to protect them from Suicide or Self Harm.

To prevent this happening:

- Encourage the person at risk to build up their own support networks and coping strategies over the course of the reviews. Reduce levels of support gradually;
- Close the SPAR at a Case Review, when the Case Review Team judges that the level of risk is assessed as being reduced sufficiently to consider that the individual's resources and ability to cope with remaining difficulties are sufficient.
- At the closing Case Review, check that:
 - The problems that caused the SPAR to be opened have been *resolved or reduced* in intensity;
 - The person has access to at least some resources that they find 'life-promoting'.

* Offer one, and possibly more, follow-up interviews. The timing will vary, e.g. a week and a month after closure may be appropriate, but it is for the Case Review Team that decides on closure to agree this.

At the post closure interview(s), discuss:

- How the individual is feeling now;
- How they are managing with the problems that led to their episode of distress;
- Whether they are now in contact with friends, family or some other support;
- Whether they have now got something in their lives that they feel positive about (e.g. work, art, exercise, education, hobby, something that they enjoy or gives them a sense of purpose);
- Whether they can see alternative ways of dealing with a similar problem, should it arise in the future.

There must be at least one post-closure interview with the prisoner to discuss the above and decide if any other actions are required (including the need for further interviews).

If the Case Review Team has gradually reduced the levels of support and helped the individual to build up their own resources and support network, the individual should be better able to cope post SPAR.

To keep the person safe after release (including temporary release)

Suicides following release are common. Where it is known that the person-at-risk is to be released:

- Involve Resettlement or Probation staff in case reviews;
- Help the person-at-risk plan how they will deal with life on the outside;

PROTECT ONCE COMPLETED

- Aim, where possible, to arrange comparable support outside as inside prison (e.g. as they won't have access to Listeners in the community, ensure they have a Samaritans telephone number).

Aim if at all possible to:

- Ensure that they have somewhere to live;
- Have someone (supportive friend, family or other) meeting them when they leave the Establishment;
- Ensure that they have an emergency support number to contact (e.g. drugs helpline);
- Ensure that they have a GP;
- Arrange for any mental health or drug or alcohol treatment to be maintained outside;
- Encourage them to use any sources of support (e.g. family, friends) that they do have.

POST CLOSURE REVIEW

(Maximum of 7 days after closure of SPAR)

Details of review

Date:	Time:	Location:
-------	-------	-----------

Details of those involved

Name	Role	How Contributed (e.g. attended; written report; deputy attending. State if no contribution made)
	Case Manager	
	Prisoner	

Summary of Review

How is the person coping? Has there been any fresh cause for concern? Is support ongoing from resource providers? Does anything else need to be done?

Prisoner Signature _____ Case Manager Signature _____

Referral

Need for referral	Yes / No	If Yes, to whom:
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Summary of reasons for referral (what are the concerns?)

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FINAL POST CLOSURE REVIEW

(Maximum of 14 days after closure of SPAR)

Final Review

Date:	Time:	Location:
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Details of those involved

Name	Role	How Contributed (e.g. attended; written report; deputy attending. State if no contribution made)
	Case Manager	
	Prisoner	

Summary of Review

How is the person coping? Has there been any fresh cause for concern? Is support ongoing from resource providers? Does anything else need to be done?

Prisoner Signature _____ Case Manager Signature _____

Date of Review:

Date Booklet sent to Prisoner's File: