SPS “CHOOSE LIFE” INITIATIVE

REVIEW AND OVERALL EVALUATION

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EXECUTIVE SUMMARY

SPS ran a series of “Choose Life” projects in prisons in Scotland from 2003-2006, to contribute to the objectives of the national “Choose Life Strategy and Action Plan” which was launched by the Scottish Executive in 2002 to address suicide in Scotland. This report presents the findings of an overall review of these prison projects, exploring the impact of the projects as a whole.

It was recognised that the review could not evaluate each project individually, but it was considered important to identify some of the common issues, their overall impact and lessons for the future. The research used existing and new information and took place in two main stages. The first involved a preliminary assessment of the work of the projects and an examination of gaps in information. The second involved the collection and analysis of information. A range of methods were used, including:

- Examination of project reports and other existing documentary and background information.
- Examination of statistics relating to the level of usage of projects.
- Interviews with managers and project workers.
- Interviews with other key staff with a strategic overview of projects.
- Interviews with service users.
- Group discussions and postal survey of MDMHTs.
- Group discussion with prisoners.
- Postal survey of MHFA course participants.
- Discussions with other prison officers.

This provided a wealth of information about the operation of the projects, which is summarised in the report.

The nature of the projects

The projects involved a range of different forms of work, linked by a common purpose, and included the following:

- Wise Group Life Coaching project, providing employment and training opportunities for ex-prisoners, and peer support to prisoners on release (Barlinnie).
- Open Secret project, providing support to survivors of sexual abuse (Cornton Vale, Glenochil and Polmont).
- Stress Centre project, offering a stress assessment and treatment plan to prisoners (Barlinnie).
- Hope project, involving the provision of support to prisoners approaching, and upon release (Greenock).
- “Mental Health First Aid” course for staff and prisoners (Barlinnie, Cornton Vale, Edinburgh, Glenochil, Peterhead, Perth and Polmont).
- Samaritans Throughcare project, involving proactive contact with all prisoners to offer follow up contact upon release (all prisons eventually).
• A “Multi-sensory” or “snoezelen” room, and the provision of appropriate equipment (Cornton Vale).
• Theatre Nemo, involving arts-based work with prisoners (Barlinnie and Polmont).
• A “Sanctuary” room, offering space for therapeutic work (Aberdeen).

All of this work provided an opportunity to test a variety of interventions.

**Overall findings**

In terms of the general findings, the work was seen to be consistent with the Choose Life initiative overall and with other strategic work in SPS, with the projects based upon identified need. There were seen to be no major gaps in the work undertaken.

A number of projects were seen to have been very successful by those delivering and receiving the services, particularly:

• The Wise Group Life Coaching project.
• Open Secret.
• Stress Centre.
• Mental Health First Aid.
• Theatre Nemo.

Although some issues arose in the course of their operation for most of the projects, they did not generally detract from the overall need for, or value of, the provision.

In terms of other projects, there were some concerns about the level of use of the Samaritans service (although the actual support was seen to be useful) and there were more substantial concerns about the Hope Project. The two rooms or “spaces” which were created were completed upon their refurbishment, although they both faced operational problems in their usage.

The levels of funding to projects varied considerably and only two projects received funding from sources other than the Choose Life budget. The overall structure for the implementation of the projects, with a Co-ordinator and Project Board were generally seen to have been appropriate and effective, as was the selection of projects.

There were some variations in the nature of projects’ contracts and in the specification of targets, outcomes and anticipated impact. There were also variations in the evaluation undertaken and in projects’ own operational methods, publicity and links with other services.

**The impact of the projects**

In terms of the impact of the projects, it was found that service users had a wide range of needs, and there was evidence of a wide range of benefits. There was a very high level of overall satisfaction with the services amongst those involved, and all of the service users interviewed from all of the projects were satisfied with the ways in
which their needs had been addressed and the ways the projects had worked with them.

There was evidence to suggest that the projects had had an impact on suicide and self-harm (and on the understanding of these issues), although the difficulties of quantifying this were recognised.

There was also evidence to suggest that some of the projects impacted upon reoffending in a range of ways.

There was also evidence to suggest that the projects had an impact on overall mental health, with other benefits to individual participants found to include improvements to their overall quality of life; well-being; skills; support and understanding; self-esteem; communication; choice; relationships and coping skills.

A range of benefits were also identified for SPS and for the organisations delivering the projects, and there was a widely held view that the initiative represented good value for money.

**Constraints and problems**

Most of the projects were found to have faced a number of constraints at various stages in their operation.

There were some specific difficulties in operating in a prison setting, with the main issue raised being the attitudes of some staff to the work (and the consequent impact of these upon the operation of the projects). Other constraints related to the limited availability of services to some groups and to other demands of the prison regime (such as routines; rules; approaches; other tasks; staffing / escorting prisoners; movement of prisoners; environmental issues and a perceived lack of consistency). Some communication and management issues were also raised, as was the need for appropriate accommodation and privacy. Other constraints included: the level of demand for support; difficulties with information sharing; the lack of availability of follow up support and a perceived lack of funding.

**Lessons learned and the implications of the findings**

A number of lessons were learned from the projects, which enabled a number of implications to be highlighted.

Overall, the findings suggest that there is potential for the continuation and development of work of this type in prisons in Scotland, including peer support, follow-up counselling support, services to survivors of childhood sexual abuse, training for staff, stress reduction services and arts projects. There also seems to be potential value in the provision of safe and private spaces to carry out work to promote positive mental health.

In the implementation of an initiative such as this, there is a need, in the prisons, for the thorough provision of information to staff and other organisations about the work
which is anticipated, the reasons for this, and the ways in which they may be involved.

There is a need for thorough planning and preparation for the projects, and for clear stipulation of the service which will be provided, along with the identification (as far as possible) of the service’s requirements and any potential problems. There is a need for clarity of management and operating arrangements, and a need to identify the role of prison staff.

The employment of a Co-ordinator and the use of a Project Board appears to work well, with the Co-ordinator supporting projects and the Board taking a strategic overview and receiving regular feedback. It is also important to communicate with senior management and other key organisations about the work of the projects.

The importance of providing ongoing training and support to project workers is clear. Services need to be aware of the main source of advice and information, as well as the means of raising any emergent issues. Regular and proactive contact with each project can help to identify any concerns.

It is important that there is clarity of goals, provision, value bases and operating procedures amongst the projects, and a number of developments to the specification of projects are suggested by the findings. These include the development of a standard contract format in plain English, with the clear and consistent specification of: aims; objectives; level and nature of provision; expected outcomes; links to other relevant work; targets; and the means of measurement.

As projects are implemented, there is a need to ensure that effective publicity, referral and operating arrangements are in place and that projects are accessible. It is also important to continue to explore ways of overcoming practical problems.

There is a need for a key overall link within each prison and there may be potential to consider ways of including prisoners’ views in management and development. Ongoing high profile support for the work has been found to be beneficial, as have local “champions”. Positive and supportive staff attitudes impact upon the success of projects, and it important to continue to promote local ownership and identify key staff in individual parts of prisons to link to the projects. It is also important to have visible support from the highest level, with the identification of this work as a priority.

It is important to clarify when and how information will be shared (e.g. through protocols) and to develop positive and effective communication, networking and joint working amongst all of those involved. There is scope for the further development of links to a range of organisations working in prisons and the community, given the importance of multi-agency working.

The approach of the service provider is also important, with a need for support which is high quality and consistent, as well as being responsive to users’ needs. It is also important to enable service users to talk, whilst providing support which is flexible, non-judgemental and understanding. There is a need to respect users’ privacy.
In terms of evaluation of the services, there would be benefits in developing an overall evaluation framework from the outset in an initiative such as this, with an overall external evaluation co-ordinated by SPS (within which specific individual projects can gather additional relevant information).

The nature of the core data required and the tools to be used (e.g. a core questionnaire for all projects) should be specified clearly, with guidance provided to projects. It is also important to build in, from the outset, a means of capturing regularly the views of service users and staff delivering projects and there may be scope for one-off exploration of these views at specific stages. The regular reports provided by projects (to an agreed structure and length) should be examined and emerging issues identified and addressed.

Consideration should be given to the provision of secure central mainstream funding for those services which are addressing gaps in the provision of key forms of support (e.g. peer support and support to address childhood sexual abuse). Similarly, the MHFA course should become part of the range of training available to prison staff and should be promoted widely. Individual prisons, wherever possible, should be encouraged to provide other forms of support which have proved successful (e.g. the work to tackle stress and the arts work) and the Samaritans work should be developed as an integral part of that particular service’s provision. Consideration should also be given to service providers exploring other sources of funding.

Where projects continue, there is a need to consider the findings of this report and identify the way forward for the forthcoming period.

There is value in projects learning from each other, and in disseminating information more widely, to continue to raise awareness of their work (e.g. using written material, briefings, discussions, awareness raising sessions etc.). It is also important to challenge any negative publicity and negative staff attitudes where these arise.

The findings of the evaluation also have implications for some wider developments. Many issues will be of interest to the broader Choose Life initiative and to the work of the Community Justice Authorities.

It is clear that there is a general need to see mental health work as an integral part of addressing prisoners’ needs and to see the Choose Life work as part of a wider range of developments to address mental health needs in prisons, as well as ensuring a “joined-up” and consistent approach. There is also a need for broader public awareness of mental health issues, as well as a need to develop additional support in the community for prisoners who are released.

The findings of this report should help to inform mental health developments and other similar initiatives in the future.
SECTION 1 INTRODUCTION AND BACKGROUND

1.1 This report presents the findings of a review of a range of “Choose Life” projects which have been implemented by the Scottish Prison Service (SPS) to address issues relating to suicide in prison.

1.2 SPS received £500,000 for 2003-2006 to initiate a number of prison-based projects which would contribute to the objectives of the national “Choose Life Strategy and Action Plan” which was launched by the Scottish Executive in 2002 to address suicide in Scotland. It was intended that the work funded from 2003-2006 would form the first phase of a ten year plan, with evaluation results from the period to 2006 being used to inform the second phase (from 2006-2012).

EVALUATION AND REVIEW

1.3 An evaluation of the overall Choose Life Strategy is being carried out by the Scottish Executive over the period of its operation. It was also recognised by SPS, however, that there was a need to carry out a review and assessment of the specific SPS projects, in order to identify the work carried out, and the lessons to be learned from the first phase.

1.4 The overall purpose of the SPS projects review, carried out by RHA from September 2005 to March 2006, was to examine the role and impact of the SPS Choose Life projects, by gathering existing and new evaluation information, and carrying out an analysis of this.

1.5 The methodology which was used is detailed at Annex 1.

THE REPORT

1.6 This report is in 7 sections. The remainder of this section outlines the background to, and context for the SPS “Choose Life” Initiative, which is part of a national “Choose Life” strategy. Section 2 outlines the nature of each of the SPS “Choose Life” projects and their aims and objectives, before Section 3 describes their development and implementation and sets the work in the overall context of other work taking place. Section 4 identifies the work which took place through each of the projects and Section 5 examines the impact of the projects. Section 6 identifies some of the constraints which they faced and the lessons learned, before Section 7 highlights the main conclusions which can be drawn from the review, and the implications of the findings for the future.

SUICIDE IN SCOTLAND

1.7 Each year, around 600 people in Scotland commit suicide. This number has changed little in the past 10 years. Typically, one woman commits suicide for every three men, and again, this pattern has been virtually unchanged since the mid-1990s. In addition over 7,000 people are treated in hospital each year after incidents of
deliberate self-harm. About 4% of the Scottish population have attempted suicide at some time in their lives.

1.8 Whilst suicide affects all age groups and communities, some people are more at risk than others, for example:

- The suicide rate among young men is particularly high.
- Twelve per cent of people who had a problem with the police or a court appearance have attempted suicide.
- Those who are dependent on drugs are 5 times more likely to attempt suicide.
- Approximately a quarter of people who committed suicide in Scotland had been in touch with mental health services in the year before their death.

1.9 The range of factors that put a person at risk of suicide include:

- The risks and pressures within society.
- The risks and pressures within communities.
- The risks and pressures for individuals.
- The quality of response from services.

1.10 The relationship between these ‘risk’ factors and suicidal behaviour is not straightforward (for example in terms of the differential impact of long and short-term factors). Policies, therefore, need to be sensitive to the specific circumstances and needs of individuals.

1.11 Suicide impacts not only on the individual concerned but also more widely on society. It has a devastating impact on families, friends, colleagues and those working in a wide range of services and agencies.

Choose Life

1.12 In December 2002, the Scottish Executive launched “Choose Life”, a National Strategy and Action Plan to Prevent Suicide in Scotland. It is the first phase of a 10-year plan that has the goal of reducing the suicide rate in Scotland by 20% by 2013. The Scottish Executive has allocated £12 million over 3 years to complement and support national and local actions.

Strategy

1.13 Five principles underpin the implementation of the National Strategy and Action Plan:

- **Shared responsibility** – This requires partnership working across public, private and voluntary sectors.
- **Effective Leadership** – This requires consistent leadership and balance between ‘top down’ and ‘bottom up’ initiatives.
• **Person-Centred Approach** – This involves seeing people as individuals and recognising that the process of recovery will be different for each person.
• **Focus on Priority Groups** – This is necessary for progress, but must not involve losing sight of the broader needs of society.
• **Continuous Quality Improvement** – This requires identifying outcomes, monitoring, evaluation and learning from the resulting findings.

**Priority groups**

1.14 As noted earlier, it is recognised that some groups are more at risk than others and the overall Choose Life strategy identifies a number of key priority groups, as follows:

- Children (especially looked after children).
- Young people (especially young men).
- People with mental health problems.
- People who attempt suicide.
- People affected by the aftermath of suicidal behaviour or a completed suicide.
- People who abuse substances.
- People in prison.

1.15 In addition, Choose Life focuses on:

- People who are recently bereaved.
- People who have recently lost employment, and people who have been unemployed for a period of time.
- People in isolated or rural communities.
- People who are homeless.

1.16 People in prison are, therefore, one of the main identified priority groups and the issue is complicated further by the fact that many, and most likely a large majority of prisoners fall into one or more *additional* categories identified as being at risk. For example, many of the prison population are young men, people who abuse substances, people with mental health problems, people who are unemployed, or people who are homeless. This greatly increases the likelihood of prisoners committing suicide.

1.17 It is also clear that the impact of a completed suicide in a prison setting can be considerable, and can extend far beyond the individual and their family members.

**Action Plan**

1.18 Some aspects of the Action Plan are being undertaken at a national level:

- The establishment of a Support and Learning Network.
- The collection and dissemination of information on practice and research.
The development and support of a national data set of indicators and figures.
The commissioning of relevant research and an independent evaluation of the strategy and action plan.

1.19 At a local level, each local authority has produced a detailed suicide action plan in conjunction with Health Authorities as part of the community planning process. The Scottish Executive allocated £9 million over phase one of the Plan to support the development of local links, better co-ordination and to encourage innovative local community and self-help initiatives. There were also a small number of national level initiatives, one of which was the work undertaken by SPS.

1.20 The Action Plan has seven objectives. Some of the most relevant aspects of these to this report are:

1. *Early prevention and intervention*: providing earlier support to prevent problems and reduce the risks that might lead to suicidal behaviour.
2. *Responding to immediate crisis*: providing support and services to people at risk and people in crisis.
3. *Longer term work to provide hope and support recovery*: providing on-going support and services to enable people to recover and deal with the issues that may be contributing to their suicidal behaviour.
4. *Coping with suicidal behaviour and completed suicide*: providing effective support to those affected by suicidal behaviour or a completed suicide.
5. *Promoting greater public awareness and encouraging people to seek help early*: ensuring greater public awareness of positive mental health and well-being, suicidal behaviour, potential problems and risks among all age groups, and encouraging people to seek help early.
6. *Supporting the media*: ensuring that any depiction or reporting by any section of the media of a completed suicide or suicidal behaviour is undertaken sensitively and appropriately and with due respect and confidentiality.
7. *Knowing what works*: improving the quality, collection and availability of information on issues relating to suicide and suicidal behaviour and on effective interventions to ensure the better design and implementation of responses and use of resources.

**ISSUES FOR PRISONERS**

1.21 Suicide and deliberate self-harm are potentially issues for prisoners at two stages. The first is while they are in custody, the second is on liberation. It is important to recognise some of the issues involved at each stage.

**Suicide issues in prison**

1.22 As noted earlier, prisoners in general are recognised as a group at risk of suicide, but it is also clear that many face additional factors which further increase their risk. For example, at 30th June 2004, there were nearly 2,000 young men held in custody in Scotland (as well as more than 130 young women, a group about whom
concern is increasingly being expressed). Clearly, the exact level of drug use in prison is unknown, but HMCIP, in his 2004-2005 Annual Report noted that the level of drug use across the estate was high, as well as in specific establishments participating in the SPS Choose Life projects (for example Cornton Vale and Barlinnie).

1.23 As with drug use, it is impossible to quantify the level of prisoners with mental health problems. Research for the Mental Health Foundation (MHF, 1999) estimated that around two thirds of remand, and about 40% of sentenced prisoners in England and Wales suffered some form of mental health issues, and it is clear that the overall level is increasing. Among the factors identified as contributing to this are the care in the community changes, and the increased level of drug use.

1.24 It is also clear from HMCIP’s annual report that overcrowding is considered to be a risk in relation to both deliberate self-harm and suicide. Although there are statistical issues relating to the definition of overcrowding, HMCIP notes the high incidence of sharing cells and the impact of the overall high levels of receptions on the prisoner and staff population:

“The impossibility of even the best members of staff having time to deal properly with the needs of individual prisoners; the impossibility of the best safety assessments being carried out on those new prisoners who might harm themselves; the impossibility of providing enough useful work, or programmes to address offending behaviour, or education to meet the needs of these very high prisoner numbers: it is not that these things are difficult: they are impossible.”

1.25 Research in England and Wales (reported in the Lancet on 8th October 2005) suggested that men in prison are five times more like to commit suicide that those in the general population. It also noted that the overall level of suicides is increasing over time. The MHF report quoted earlier identified a 159% increase in suicides in prisons in England and Wales between 1983 and 1999.

1.26 The absolute level of completed suicides in Scottish prisons is low, and represents a tiny proportion of the average daily population held. The highest number in a single year has been 17 (in both 1996/1997 and 1999/2000). The lowest (5) was recorded in 2003 / 2004. The issue remains, however, a key area of concern to SPS.

**Suicide issues on liberation**

1.27 There are many potentially serious and negative consequences which imprisonment can bring for men and women, and their families, which can have some impact on the risk of attempting suicide or of deliberate self-harm. These can include:

- Relationship breakdown.
- The loss of custody of, or access to, children.
- Loss of employment.
- Debt.
- Loss of accommodation, homelessness or rooflessness.
1.28 For some prisoners, particularly longer term prisoners, there is also a risk of the loss of contact with social networks. These issues are often interlinked and may be cumulative. For example, it is very difficult for homeless men and women to secure employment, while it is almost impossible to obtain permanent accommodation without some form of employment. As noted earlier, many ex-prisoners also face issues with drug and / or alcohol addictions on liberation.

1.29 It is also worth noting that many prisoners (and by extension, ex-prisoners), are repeat offenders. In Scotland, the 2001 SPS bulletin “Return to Custody in Scottish Prisons” showed a 50% return rate after 2 years. Many prisoners are likely to receive more than 10 custodial sentences, usually very short, but each disruptive and potentially damaging.

1.30 Many offenders lead chaotic lives. This was identified clearly in, for example, the two research studies undertaken by Nancy Loucks and RHA about women offenders, and the more recent research undertaken by RHA on the housing needs of prisoners on liberation. The complex interaction of social and economic circumstances (debt, poor housing or homelessness, low skill levels, unemployment) and physical and mental circumstances (addictions, mental health problems) suggests that there is a core of current and future offenders who are likely to face a number of risk factors associated with deliberate self-harm or suicide. Many prisoners are singularly ill-prepared to deal with these issues on their release.

1.31 There are no statistics available on the number of ex-offenders who complete suicide following liberation.

The development of policy responses

1.32 SPS has put in place a range of policies and initiatives designed to address suicide and the issues which may heighten the risk of suicide and deliberate self-harm. At a wider level, SPS, with partner agencies in the community, is also implementing a structured approach to throughcare, designed to improve the re-integration of prisoners into society, and reduce the risk of re-offending.

1.33 At the heart of the SPS approach to the correctional agenda is a set of “prisoner outcomes” which are designed to define the aspirations of SPS in terms of the management of, and interventions with prisoners. In effect, SPS expects agencies to work together to enhance services for offenders to achieve the following, as appropriate, prioritising the most critical factors in individual cases:

- Sustained or improved physical and mental well-being.
- The ability to access and sustain suitable accommodation.
- Reduced or stabilised substance misuse.
- Improved literacy skills.
- Employability prospects increased.
- Maintained or improved relationships with families, peers and community.
- The ability to access and sustain community support, including financial advice and education.
- The ability to live independently if they choose.
• Improvements in the attitudes or behaviour which led to offending and greater acceptance of responsibility in managing their own behaviour and understanding of the impact of their offending on victims and on their own families.

1.34 The work which is designed to address this agenda is wide-ranging, and includes learning and skills, social work services, the involvement of families, and preparation for release. Within the broad context of throughcare, SPS is also working with other agencies to improve integration, address social exclusion and reduce the risk of reoffending. Clearly, much of this work is directly related to the risk factors associated with suicide.

1.35 There are also a range of policies and practices designed to address physical and mental health issues directly, and these are described below.

Physical changes

1.36 Although no comparable figures are available for Scotland, more than 90% of completed suicides in prisons in England and Wales used hanging. SPS has addressed this issue by, for example, improving the physical layout of cell accommodation, particularly ‘safe’ cells, to reduce the likelihood that a ligature can be secured. The estates development programme has also brought about a significant improvement in the amenity and safety of much “mainstream” accommodation.

Mental health, suicide and self-harm

1.37 As well as physical changes, SPS has developed a range of policies designed to address suicide and the issues related to this.

1.38 At the widest level, SPS has implemented a “Health Promoting Prison” approach, the basis of which is to seek to integrate all strands of the management of prisoners towards achieving better physical and mental health. One strand of the strategy, entitled “mental health and well-being”, specifically identifies mental health in this context. The associated action plan identifies 5 main areas in which SPS can work towards achieving “positive” mental health, including:

• Creating a supportive environment (including structural and design issues, staff training and attitudes and activities programmes).
• Involving prisoners, communities and partners (including participation in planning, activities programmes, peer support and the involvement of external agencies).
• Developing personal skills (including cognitive and life skills).
• Integrating healthcare services (moving beyond a prescribing approach, and recognising the psychological issues which may underpin physical symptoms).
• Monitoring and reviewing progress.

1.39 Work in relation to mental health within SPS has been developed further through the “Positive Mental Health” strategy. This recognises the widespread and
varying nature of mental health issues facing prisoners, and is designed to bring about
an integrated approach to dealing with mental health. The strategy has a number of
core objectives, which are that:

- “Operational staff will be understanding of, and responsive to, the psychological needs of prisoners.
- Psychological distress will be reduced and crisis management provided for situational disturbance and reactions.
- Opportunities will be provided for prisoners to make constructive use of their time in custody.
- Substitute prescribing and detoxification, harm reduction and relapse prevention programmes will be provided, both for those presenting with substance abuse problems or with co-morbidity of mental health and substance abuse problems in accordance with the SPS Drugs Strategy.
- Continuity of care will be provided for prisoners arriving with mental health problems for their reintegration with external agencies on release.
- Chronic behavioural and emotional problems will be addressed.
- Care will be provided for those suffering from acute or chronic mental illness or disorder.
- A system of management and information transfer will be set up to integrate the mental health care of prisoners with other aspects of care and progression, both within the prison setting and with appropriate external agencies.
- Good practice guidelines will be re-developed and evidence-based care provided, founded on the principles of good practice
- There should be recognition at all levels of the need to be informed by current provision and practice, and to commission needs analysis and further research into conditions such as learning disability, which are currently not fully addressed.
- The Mental Health Policy Steering Group, as a sub-group of the SPS’ Health Care Policy Group, will oversee the development of a strategy for implementation representing relevant stakeholders.”

1.40 Among the key target groups identified by the strategy are those prisoners presenting with “suicidal thoughts and self-harming behaviour”. The strategy also identifies the particular issues which prisoners on remand face, and those at various stages in their sentences. The basic approach within the strategy follows from the Health Promoting Prison work, and sets out that there is a need for:

- An integrated approach to care.
- The use of standardised and agreed protocols and guidelines.

1.41 The strategy also takes forward the principle of a Multi-Disciplinary Mental Health Team as the best mechanism for ensuring an integrated approach at a local level. The principle of the MDMHT is that it brings together all relevant medical, psychological, residential and programme staff to develop a structured set of interventions with prisoners. For prisoners at risk of suicide or deliberate self-harm, the MDMHT process is designed to work alongside other approaches, specifically (in this case) the ACT strategy.
The “ACT” strategy

1.42 Following a review of practices, SPS introduced a fresh approach to suicide risk management comprising “Assessment, Context and Teamwork”, generally known as the “ACT”, or “ACT to Care” strategy. The strategy is a mix of practical and policy changes (for example relating to observation, record-keeping and information sharing), and changes to staff and management culture. The focus of the strategy is on:

- Reducing isolation, (reducing and limiting the use of ‘safe’ cells).
- Delivering care through a multi-disciplinary case conference.
- Developing and maintaining effective teamworking.
- Involving the prisoner in agreeing the care strategy.
- Good communication and sharing information, within prison and with those outside.
- Working with other agencies and families to identify those who are vulnerable, and so reduce risk.

1.43 A detailed management procedure has been developed which covers the entire period from the transfer of the prisoner from the court, through reception and induction, custody and the period when the prisoner is approaching his or her liberation, and the liberation itself. The current work in some establishments, in effect, seeks to extend the period of “management” into the community (although SPS clearly has no legal responsibilities relating to this).

1.44 All of these developments set the work which was undertaken through the SPS Choose Life initiative in context. The SPS work is described in the following section.
SECTION 2  THE SPS “CHOOSE LIFE” INITIATIVE

2.1 In order to enable SPS to undertake further work to address suicide and self-harm within the overall national “Choose Life” initiative and to develop work to tackle some of the problems identified in the previous section, ring-fenced funding of £500,000 was received from the Scottish Executive. At that point, SPS invited proposals to undertake relevant work, and identified a number of potential projects.

2.2 In terms of the identification of projects, organisations reported that they found out about the funding from a range of contacts and networks, and developed their bids on the basis of the information provided (sometimes involving a number of meetings in the process). A number of the organisations involved were already involved in working with prisoners or in related areas.

2.3 One member of the Project Group suggested that there had been a particular interest in addressing the needs of specific groups within the bids (e.g. women and young people), as well as looking at establishments in which there were specific problems. It was also noted that the work centred largely on West Central Scotland, which was considered to have a high number of prisoners who were particularly vulnerable.

2.4 A scoring system was developed for the assessment of bids, and a “Choose Life” Project Group selected a total of eight. A ninth piece of work, identified as directly relevant to the initiative, was also undertaken. A specific post of SPS National Co-ordinator for Choose Life (based in the SPS health directorate) was also funded and the nature of the projects, their aims and objectives, are outlined below.

WISE GROUP LIFE COACHING

2.5 The Wise Group Life Coaching Project involves the training of selected prisoners to be “Life Coaches” (identified whilst they are still in prison as seeking employment and training). These ex-prisoners are then employed by the Wise Group on their release, and work with a caseload of vulnerable prisoners (who may need particular support when they are liberated) to provide a range of forms of support to them.

Aims and objectives

2.6 The overall aim of this project was identified in the contract as being to:

“provide a Throughcare Service ... which encompasses life coaching to offer a bridge between unemployment and the mainstream labour market, empowering ex-prisoners with a personal experience of life in prison and the difficulties associated with life outside prison and to assist the re-integration of vulnerable and “at risk” prisoners into local communities. The Service will assist ex-prisoners into sustainable employment and reduce the incidence of attempted and actual suicides recorded”.

11
2.7 The specific aims and objectives were set out in the contract (and reflected in the staff interviews) as being to:

- Train and select prisoners to support vulnerable prisoners on their release from prison.
- Provide training and work experience opportunities.
- Provide a continuing support role in the community to vulnerable prisoners.
- Provide an adequate level of social support and practical assistance based on individual need.
- Signpost vulnerable ex-prisoners to appropriate specialist support, training and employment organisations.
- Co-ordinate services, as appropriate, to meet the needs of the prisoner.

2.8 At the SPS projects’ seminar in September 2005, the following targets were noted:

- To provide 20 full-time places for ex-prisoners to train as Life Coaches.
- To provide peer group and mentor support for 100 service users.

**OPEN SECRET**

2.9 The Open Secret project provides confidential support to male and female survivors of childhood sexual abuse in Cornton Vale, Polmont and Glenochil. This is generally undertaken as the provision of one to one support by a worker attending each of the establishments.

**Aims and objectives of the project**

2.10 The overall aim of this project is specified in the contract as being to:

“... provide confidential services to survivors of childhood sexual abuse. The services will provide support and counselling to prisoners identified as survivors of childhood sexual abuse”.

2.11 Additionally, the contract specifies that Open Secret will aim to achieve:

- A reduction in the overwhelming effect, and out of control feelings.
- A reduction in self-harm and suicide attempts due to processing of trauma material and an increase in positive mental health.
- An educational component of abuse work providing a framework to enable individuals to prevent abuse and self protect.
- Awareness raising work resulting in prison staff feeling more confident and competent to deal with abuse issues.
- Involvement in the prison structure and systems enabling the supplier to contribute constructively to the overall suicide prevention strategy.
2.12 These aims and objectives were reiterated by staff at interview, with an additional stress on the provision of a confidential service, within which service users are listened to and respected. The project was given no specific target number of service users, with the specification relating instead to the number of hours of service provision.

**STRESS CENTRE**

2.13 This project involves the development and operation of a Stress Centre within Barlinnie prison (in the health centre) which provides stress assessment and treatment plans for prisoners. The project is aimed at vulnerable prisoners who suffer mild to moderate mental health problems and who may be at risk of self-harm / suicide.

**Aims and objectives of the project**

2.14 The broad aim of the stress centre project, specified in the contract, is:

“To pilot a stress centre within HMP Barlinnie to enable it to address key aims and objectives within this Choose Life Strategy”.

2.15 The contract specifies that the project will:

- Offer prisoners a full assessment, on their initial visit, by an appropriately qualified person (to Diploma Level), together with a treatment plan which may include counselling, massage therapy and relaxation techniques.
- Offer a health check to prisoners, in line with current national Men’s Health Programme Development.
- Monitor and evaluate the service and make recommendations for future possible service development and practice within the SPS.
- Reduce the number of reported episodes of anxiety, emotional distress and sleep deprivation of prisoners utilising the service.
- Support prisoners utilising the service, to develop skills in dealing with stress in both the prison setting and for use in the community on release from prison.

2.16 A progress report by the project in February 2005 noted the additional aims of the service as:

- To provide a therapeutic stress management service which supports prisoners in utilising it, to develop skills in dealing with stress in both the prison setting and for use in the community on release from prison.
- To monitor and evaluate the service and make recommendations for future possible service development and practice within the SPS.

2.17 The contract also specifies the provision of the following:

- Relaxation sessions (groups).
- Stress awareness group.
• One to one personal support.
• Massage therapy.

2.18 The initial agreed targets (noted in a report in February 2005) were that:

• The majority of the service should be provided as groupwork.
• There should be 6 relaxation and 3 stress awareness sessions per week.
• There should be 16 half hour massage and 4 one hour personal support sessions per week.
• 24 clients should engage in treatment plans and / or groupwork per week.

HOPE PROJECT

2.19 The Hope Project provides emotional support and contact for vulnerable or isolated prisoners in the period leading up to, and immediately following their release from Greenock prison. A volunteer befriender contacts prisoners who are referred four weeks before their release, and meets them on four occasions before their release, providing them with support.

Aims and objectives of the project

2.20 The overall aim of the project was identified in the contract as being to:

“address the needs of prisoners identified as being at risk of self-harm and to intervene as early as possible to offer support and to promote positive mental health by acting with SPS and the existing strategies in the prison to combat the risk factors identified.”

2.21 A total of 8 objectives were identified in the contract, as follows:

• To befriend prisoners in HMP Greenock who are nearing the time of release and may be vulnerable to higher levels of risk of suicide or self-harm on release, with priority given to women and young prisoners.
• To agree a programme of support before and after release from prison, and to agree a process of termination of support by mutual agreement after a period no longer than 4 weeks following release.
• To offer personal skills and stress-coping skills for prisoners who are apprehensive prior to release.
• To offer active coaching and mentoring to individuals, and signposting to support and services in the community on release.
• To encourage personal organisation and planning in seeking to sustain successful rehabilitation in the community.
• To maintain links with the purchaser and the various public and voluntary sector organisations capable of benefiting the prisoner.
• To make contact with the family where appropriate prior to and on release.
• To maximise support to former prisoners on release.
2.22 At the SPS projects’ seminar held in September 2005 and during staff interviews, the more general aims were identified as being to:

- Deal with isolation / fear of liberation.
- Help prisoners with transition (throughcare).
- Recognise the importance of the family.
- Keep prisoners safe.

2.23 It was noted that the following targets were agreed with the governor of Greenock prison:

- To have the capacity to take 25 referrals a week.
- To meet with a prisoner 4 times in prison.
- To meet prisoners at the gate and keep in touch for 4 weeks.
- To provide support to the family.

It was also suggested during the initial interview that, of the target of 25 referrals per month, support would be offered to 60% of these (15 people).

MENTAL HEALTH FIRST AID

2.24 The Mental Health First Aid project involved the delivery of training to raise awareness of mental health issues, and to enable staff and other prisoners (following their training) to provide appropriate interventions and support. The prison pilot project (funded by Choose Life) took place from March – June 2004 as part of an overall initiative being sponsored by the Scottish Executive’s National Programme.

Aims and objectives

2.25 The aims were identified as being to:

- Preserve life where a person may be a danger to themselves or others.
- Provide help to prevent a mental health problem developing into a more serious state.
- Promote recovery of good mental health.
- Provide comfort to a person suffering a mental illness.

2.26 The objectives were described in the proposal as being to:

- Deliver the MHFA course in 7 prisons.
- Train 98 people in SPS to be ‘Mental Health First Aiders’.
- Provide facts and information related to mental health and mental illness in order to dispel some of the myths.
- Explore participants’ anxieties, fears and attitudes towards people with mental health problems.
- Enable participants to be able to assess whether someone is experiencing emotional distress and take appropriate action.
• Enable people to provide appropriate interventions and support.
• Look at ways in which people in SPS can better meet the needs of prisoners who are experiencing emotional distress.

SAMARITANS

2.27 The Samaritans project involves providing counselling and support to prisoners on their release from prison, primarily through telephone contact. The Samaritans undertake to phone the prisoner within one week of release to offer confidential, non-judgemental, emotional support. It was intended that the service would be available to any prisoners on release in all Scottish prisons.

Aims and objectives

2.28 The overall aim of this project was identified in the contract as being:

“To identify those prisoners in need of counselling and support on their release from prison”.

2.29 The specific objectives are identified in the contract as being to:

• Provide on-going support and services to enable prisoners to recover and deal with issues that may be contributing to their suicidal behaviour.
• Support the dissemination of information on “what works” in providing effective support for recovery.
• Ensure the provision of an appropriate support service from trained professionals.
• Ensure that effective and appropriate follow-up arrangements are in place to maintain contact and support in the community for those released from prison.
• Ensure the delivery of effective local services and support and effective liaison between services.
• Develop effective interventions to support prisoners affected by suicidal behaviour in both the short and medium term.
• Continue to develop support groups for those affected by suicidal behaviour.

2.30 During the first stage interviews, it was also stressed that the project aims to address the needs of prisoners re-settling into the community and family life. While no numerical targets were set for this project in terms of contact numbers, it was specified that the project should contact all participating prisoners within 7 days of their release.

MULTI-SENSORY ROOM

2.31 This project involved the provision of one off funding for the development of a multi-sensory (“snoezelen”) room in Cornton Vale. The project is aimed at prisoners
suffering from anxiety, depression and low self esteem, as well as others who would benefit from time and space away from the general prison environment (e.g. prisoners with addictions, pregnant women; those at risk of self-harm etc.).

Aims and objectives of the project

2.32 The overall aims and objectives of the project were identified at the SPS projects’ seminar in September 2005 as including to:

- Promote positive mental health.
- Offer alternative coping strategies in crisis and reduce agitated behaviour.

2.33 During the first stage discussions, it was also suggested that the project aims to:

- Reduce the likelihood of suicide and self-harm.
- Provide a “failure free” environment where there is no need for a goal or task, with “time out” and private time.
- Provide respite from the general prison environment.
- Reduce the pressure upon individual prisoners.
- Introduce relaxation and stimulation.
- Enable women to regain control.
- Develop rapport between the prisoner and facilitator.

2.34 It was noted that the objectives have expanded in the course of the project, with the identification of more prisoners who could potentially benefit from the use of the room.

2.35 This project had no formal targets, as it was agreed that it should make provision to as many prisoners as possible, with the hope that it would be used every morning by prisoners in Ross House, and for around 4-5 sessions with other prisoners (to enable around 40 sessions per week). The room was completed in 2005.

THEATRE NEMO

2.36 The Theatre Nemo project provides a number of arts workshops in Barlinnie and Polmont, designed to help individuals to manage crisis and improve their self-confidence and feelings of self-worth, through the use of the performing arts. The organisation seeks to address the needs of those with mental health and / or addiction problems, and to challenge stereotypes.

Aims and objectives of the project

2.37 The project proposal identified the aims and objectives as follows:

“The principal objective is to improve the mental well being of participants by providing early intervention. Individuals will be
referred to the project on the basis of their inability to cope with the 
stresses and strains of prison life and also from those who have been 
identified as requiring support on release”.

2.38 The SPS Choose Life Projects Summary identified the project as being to help 
prisoners to:

- Manage crisis.
- Improve self-confidence and feelings of self worth.
- Improve communication skills.
- Through drama offer a means of self-expression.
- Learn a range of coping skills.

2.39 The projects’ seminar in September 2005 also identified the project as aiming 
to provide an environment where prisoners feel safe to talk. During the stage 1 
discussions, similar objectives were highlighted, and it was noted that these had not 
changed in the course of the work.

2.40 The project was funded for three 10-week blocks of 2 sessions of 2 hours per 
week, to be completed by March 2006 (with two ten week sessions in Barlinnie and 
one in Polmont), with a maximum of 15 prisoners per session.

SANCTUARY

2.41 The Sanctuary project involved the creation of a place of sanctuary in 
Aberdeen prison where SPS chaplains can address prisoners’ spiritual needs in 
appropriate surroundings, and prison staff can provide a range of therapeutic 
interventions. It was envisaged that the project would benefit a wide range of 
prisoners, including those deemed at risk of self-harm, those with addiction issues, 
those with relationship problems and others having difficulty coping with prison life. 
The room was completed in 2004.

Aims and objectives of the project

2.42 The project did not have a specific contract detailing its aims and objectives, 
but the aim of the project was identified at interview as being to provide a safe, 
secure, therapeutic environment for prisoners and an alternative to “lock up” for high-
risk prisoners. It was also envisaged that the space could be used for case conferences 
with family members. No specific targets were set for the project (as the purpose was 
to create the space).

OVERVIEW

2.43 All of the projects provided a clear opportunity to identify some lessons 
relating to “what works” in a prison setting in terms of initiatives to address some 
aspects of prisoners’ mental health, suicide and self-harm. The remainder of the report 
focuses on the development of the initiative, the actual work which was undertaken
and perceptions of the projects’ impact on a range of factors. The implications of the findings are also highlighted.
SECTION 3  DEVELOPMENT AND IMPLEMENTATION

3.1 It is clear from the previous section that the projects which were funded varied in the specific issues which they addressed and the actual nature of the provision. It is clearly impossible to provide a detailed individual account of the development, implementation and work undertaken by each project, but this section gives a broad overview of some of the key issues relating to the identification of need for the projects, their costs, the processes of implementation, monitoring and evaluation of the projects and their links to other areas of work.

OVERVIEW OF THE PROJECTS

3.2 It is clear from the previous section that the largest broad group of initiatives involved the development of a specific ongoing services to prisoners to tackle a particular issue (e.g. Wise Group Life Coaching; Open Secret; Stress Centre; Hope; Samaritans). Additionally, two involved the creation of space within which work to address mental health issues could take place (the Multisensory Room and the Sanctuary Room). One involved the provision of training to enable staff and prisoners to respond to mental health issues, and one involved the use of shorter term activities to promote positive mental health (Theatre Nemo).

3.3 Interviewees with an overview of the projects did not identify any particular gaps in the work, noting that the intention had not been to seek a spread of all possible interventions nor geographical areas, but rather to test a range of potential work. Although one respondent suggested that there could perhaps have been more work in Perth and Tayside, the spread was not seen to have been problematic, given the purpose. Only one postal MDMHT respondent suggested that the funding seemed to have been “divided between a small cluster of establishments”.

3.4 The only group of prisoners identified as not having been included in the work was sex-offenders, but this was not seen to have been a specific issue in an initiative such as this. It was noted that the location of the projects was seen to reflect the prisons which had experienced issues with suicide and self-harm in the past, and that the location of a number of projects in Barlinnie reflected the perception that the size and staffing of the prison made this a useful venue to test several initiatives together.

The need for the projects

3.5 There were a number of ways in which the need for each of the projects was identified, although some common issues arose. It was found that this generally stemmed from a recognition of the potential value of a particular form of support in a prison setting, and the relevance of this to addressing suicide, self-harm and recidivism. All of the projects shared a focus on the need to address issues with prisoners, with a recognition of gaps in current provision.

3.6 In some cases, there was seen to be a specific gap in provision to prisoners approaching, or upon release. For example, the Life Coaching project stemmed from the recognition that there was a high recidivism rate in Barlinnie, with a perceived
lack of access to support services and employment for prisoners on release. The specific issues facing prisoners at that stage were also identified by the Hope project, and the Samaritans were also aware of the findings of research which indicated that prisoners were particularly vulnerable upon release. These issues were seen to suggest a perceived need for a specific, proactive service on liberation (which formed the basis of service development by these organisations).

3.7 With some of the projects, there was seen to be a gap in a form of specialist provision to address a particular issue, and with the stress centre project, for example, it was recognised that, traditionally, the main approach to dealing with stress among prisoners had been to offer medication. It was suggested that it would be valuable to develop alternative approaches to dealing with these issues. Similarly, the need for the Open Secret project was identified on the basis of demand for support with sexual abuse issues amongst women in Cornton Vale. This followed some earlier work with some women in the prison, when the number of referrals grew to the point where it was difficult to meet the demand and funding issues made it difficult for the organisation to work with women from outwith the local area. It was then also identified that there would be benefits in making additional provision to male prisoners. The Theatre Nemo work was based on the recognition of the high level of mental health problems experienced by prisoners, and the perception that arts-based work could impact upon these issues.

3.8 Some of the projects were identified by a particular member of staff being aware of potential or good practice, such as the multisensory room in Cornton Vale and the sanctuary room in Aberdeen. The need for the multisensory room was identified by one of the nursing staff within the mental health team in Cornton Vale, who had previous experience of working with people with learning disabilities, who recognised the potential value of such provision within a prison setting. The need for the sanctuary room was identified by staff within Aberdeen prison, who noted the lack of sufficient therapeutic areas in the prison, and the lack of spaces in the prison where prisoners could “take time out”.

3.9 In the case of the MHFA project, the need for this was identified centrally by SPS, with a recognition that there was a general lack of awareness of mental health issues amongst staff and prisoners, and a lack of recognition of the potential benefits of developing knowledge and information of this type.

Aims and objectives

3.10 The key focus of the SPS Choose Life initiative was identified as being to reduce recidivism and reoffending, and to promote the mental health of prisoners, within the overall context of the Scottish Executive’s goal of reducing suicide by 20% by 2013. Within this, it was suggested that the general objectives included to:

- Provide resources for prisons to enable them to address mental health issues.
- Increase the well-being of prisoners.
- Make vulnerable prisoners stable and reduce their level of stress.
3.11 It is clear from the previous section that there was considerable variation in the specific aims and objectives of the projects themselves, and in the ways in which these were expressed, although almost all specified some aims and objectives (with the exception of the multisensory and sanctuary rooms, although those involved in these projects were clear what the aims and objectives were).

3.12 Some projects expressed overall aims relating to the general focus of their work (for example, on the provision of support and promotion of mental health, as in the MHFA project, or improvement of mental well-being in the case of Theatre Nemo). In others, however (e.g. the Life Coaching project; the Hope project; Open Secret; Stress Centre), the overall aim provided a summary statement relating to the whole of the service and the nature of the provision. The Samaritans’ overall aim described the general focus of the project.

3.13 In most (although not all) cases, the more detailed nature of the provision was described in the objectives. The MHFA objectives, for example, identified the types of information which would be delivered and the issues which would be explored; the Samaritans identified the nature of their provision; the Life Coaching; Hope project and Stress Centre also specified in more detail the ways in which the services would be provided.

3.14 In a few cases the objectives also specified the actual level of provision which would be made. For example, the MHFA objectives identified the number of courses which would be held. This was not the case, however, for many of the other projects (and although some did have specified targets or levels of provision these were not generally contained within the aims and objectives, but were identified separately).

3.15 Some projects specified objectives which related to the outcomes anticipated. For example, the MHFA objectives contained a focus upon enabling participants to assess and support people with mental health problems. The Samaritans’ objectives identified the development of effective interventions; the Open Secret objectives identified a reduction in suicide and self-harm; and the Stress Centre objectives identified reducing the number of reported episodes of anxiety, emotional distress and sleep deprivation.

3.16 Only a small number of projects made links in their aims and objectives to the overall goals of Choose Life.

**Targets**

3.17 All of the projects providing direct services (i.e. excluding the two room conversions) received a contract, specifying the nature of the provision to be delivered. There was some variation in whether targets (in terms of the level of anticipated take up) were set for the initiatives. These were identified for the Wise Group Life Coaching project, the Stress Centre, Theatre Nemo, the Mental Health First Aid project and the Hope project. For Open Secret and the Samaritans, the focus was upon the level of provision rather than the number of users, and there were no targets for usage of the two converted spaces (as the Choose Life funding met only the conversion costs, not the ongoing costs of the provisions).
Funding

3.18 As is clear from the table below, the funding provided to the projects varied considerably, with the funding agreed as follows:

<table>
<thead>
<tr>
<th>Project</th>
<th>SPS funding</th>
<th>SPS funded provision</th>
<th>Other costs and source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Coaching</td>
<td>£178,165 (15 months)(^1)</td>
<td>3.5 posts, the organisation and delivery of project (approx half of total cost)</td>
<td>Project accommodation and support (Wise Group)</td>
</tr>
<tr>
<td>Open Secret</td>
<td>£65,000</td>
<td>Provision (in practice by 3 staff) for a total of 5 days per week: Cornton Vale (3), Polmont (1) and 7 hours for: additional work in Polmont, provision in Glenochil, contact with the Open Secret office and training, supervision etc.</td>
<td>Supervision (Open Secret)</td>
</tr>
<tr>
<td>Stress Centre</td>
<td>Approx £60,000, provided as £3,333 per month</td>
<td>Provision for 4 days per week for 50 weeks per year (around 1 day per week for co-ordination, as well as input from 3 part-time therapists)</td>
<td>Equipment and accessories (Royston Stress Centre)</td>
</tr>
<tr>
<td>Hope</td>
<td>£42,192</td>
<td>One part time staff member (17.5 hours per week) and 5 volunteers as required</td>
<td></td>
</tr>
<tr>
<td>MHFA</td>
<td>£22,500</td>
<td>Delivery of training in 7 establishments</td>
<td>Time costs for mental health managers and participants (prisons)</td>
</tr>
<tr>
<td>Samaritans</td>
<td>£15,000 (18 months)</td>
<td>Part time Co-ordinator for 10 hours per week and provision through local branches</td>
<td>Premises and other costs (Samaritans)</td>
</tr>
<tr>
<td>Multisensory room</td>
<td>£10,000</td>
<td>Refurbishment of room and equipment</td>
<td>Running costs (prison)</td>
</tr>
<tr>
<td>Theatre Nemo</td>
<td>£7,500</td>
<td>Workshop facilitators</td>
<td>Circus equipment, cameras, laptop, software and voluntary time</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>£3,000</td>
<td>Refurbishment and furnishing of room</td>
<td>Redecoration and lighting (prison)</td>
</tr>
</tbody>
</table>

3.19 The cost of the Wise Group Life Coaching project was substantially higher than all of the other projects, and those projects involving the direct provision of

\(^1\) This covers the period to December 2005, although the project has been continued.
ongoing services (not surprisingly) are those which have carried the highest costs
(with the exception of the Samaritans project, which has been provided through the
existing service and volunteers).

3.20 Only two projects identified that they had additional sources of funding (other
than the use of some resources to meet small additional costs). The Wise Group Life
Coaching project received funding from the European Social Fund and Glasgow
Healthy City Partnership, and Theatre Nemo (as an organisation) received funding for
the year from the Paul Getty Foundation and Glasgow City Council.

THE IMPLEMENTATION OF THE PROJECTS

3.21 As with other issues there was variation in the nature of the specific
implementation of the projects, although there were also examples of common strands
in some aspects of this.

Implementation

3.22 The first of the projects started in March 2004 (the Mental Health First Aid
programme). This was followed in July by the establishment of the Sanctuary Room
in Aberdeen and in September by the Wise Group Life Coaching project. The
Samaritans project and Stress Centre began in October 2004 and the Hope project
began in December 2004. Three began in 2005 (Open Secret in March, Theatre Nemo
and the multisensory room in July).

Preparation for the projects

3.23 Some projects reported preparation having been undertaken in the prisons,
particularly in Barlinnie (although this appeared to have been more limited
elsewhere). Within Barlinnie, it was noted that the Listeners, other staff and Wise
Group workers tried to raise awareness of the projects (particularly the Life Coaching
work) through staff groups and team briefings. Some treatment rooms were
refurbished in advance of the establishment of the Stress Centre, with cupboards
removed and carpets laid. A meeting was also held with the MDMHT and there was
some discussion among managers about the Barlinnie projects. Similarly, discussions
were held in relevant prisons about the MHFA work, the Samaritans work and in
Cornton Vale about the multi-sensory room (with information gathered from similar
facilities elsewhere).

3.24 Some projects, however, noted that there had been no real preparation in the
prisons (although it was also noted that Open Secret had already worked in Polmont
and Cornton Vale). One respondent suggested that it had been agreed that there would
be limited publicity at the start (given the nature of some of the work and the potential
for negative reporting).
Staff training

3.25 Some specific staff training was undertaken (in addition to the relevant skills already held by the workers). For some projects, training which was specific to the operation of the project or to the host organisation was provided (e.g. the Samaritans volunteers and Stress Centre workers received training about the projects, the Hope worker received “basic Hope training”. Some staff received training in the operation of the multi-sensory room and those delivering the MHFA course had received specific training relating to this). Wise Group Life Coaches identified having shadowed an experienced Life Coach for a period as part of their overall preparation received and workers took part in the MHFA training. The Wise Group and Hope workers took part in ASSIST training on suicide intervention.

3.26 The projects working in prisons reported having received prison induction, policy and procedures (including, for example, training on breakaway techniques and ACT). The Wise Group workers also received general awareness raising in relation to criminal justice.

Publicity and access to the projects

3.27 A variety of means of publicity and access arrangements were found to have been made by the projects. Some of the publicity was undertaken as part of the preparation, discussed above.

3.28 In some cases, all, or most of the target groups have received information about the initiatives. For example, the Hope project is highlighted during prisoners’ induction, as is the Open Secret provision. The Hope project worker also receives information about people on the liberation list, and can try to make contact with these prisoners via the Link Centre. Prisoners may be advised by mental health staff about the stress centre in Barlinnie, and the Multidisciplinary Mental Health Team (MDMHT) helps to identify potential users. Staff and those involved with the Theatre Nemo project have also disseminated information about this.

3.29 With the MHFA course, the local Mental Health Manager in each establishment publicised this, and selected participants. With the Life Coaching project, prisoners involved as Listeners are told of the opportunity to be Life Coaches, and those interested are provided with a recruitment pack (and selected following interview). One of the Wise Group respondents also noted placing adverts in Job Centres, as well as recruitment officers trawling database information for ex-offenders, to whom mail shots are sent. For service users, the Mental Health Team issues an information form to all prisoners on the liberation list about 4-6 weeks before their discharge (enabling them to opt in). Listeners also explain the Samaritans’ post-release service, and give prisoners a permit slip to sign.

3.30 Some of the projects post information in prisons, aimed at potential users and make self-referral forms available. For example, information about the Life Coaching project is posted on all hall landings and work centres. The Samaritans, Stress Centre Open Secret and the Hope project also display and circulate material. The Stress Centre provides leaflets to prisoners, and posters about the Theatre Nemo work have
been put up throughout the prison. The Stress Centre reported having put information on some aspects of provision into prisoners’ canteen bags.

3.31 In some cases, access to a project is via referral (although this might include self-referral). Open Secret, for example, has developed procedures for this in Cornton Vale and Polmont (with Glenochil also developing this). All potential service users are screened by the Clinical Manager for Mental Health prior to use of the service in Cornton Vale for issues which may affect their capacity to work with Open Secret. For the two projects involving the use of quiet space, potential users are identified by staff. Women in Cornton Vale who might benefit from the use of the multisensory room are identified via the mental health team (although it is also anticipated that other staff in all parts of the prison will become more involved in identifying women who may benefit from the use of the room). Prison officers, social work or mental health staff can alert the chaplains to prisoners who might benefit from the use of the sanctuary facility in Aberdeen. Other organisations (such as Phoenix House) can refer prisoners to the Life Coaching project.

3.32 A number of respondents identified that, following the establishment and early operation of projects, information was also being shared via word of mouth.

3.33 Some projects also noted having been involved in more general awareness raising about their work through taking part in initiatives such as mental health awareness week and Choose Life awareness more generally. Some organisations also publicise the work as part of their general services, raise awareness with their other staff and highlight the work in talks to other agencies, voluntary organisations and conferences.

3.34 Service users who were interviewed reported having found out about the projects in a range of ways. Life Coaches generally identified having received information from another organisation, while service users generally (although not always) found out via a mental health or social worker. Most of the Stress Centre users interviewed had found out via word of mouth through prisoners or staff, and prisoners also shared information about Theatre Nemo (with others seeing publicity). Most of those using Open Secret had been told about the service by another worker with whom they had contact (although a small number approached the service on the basis of publicity).

Support to the projects

3.35 The projects have been overseen and supported by the National Co-ordinator who is the contract manager for all of the projects. The Co-ordinator engages in discussion with the projects and has provided an opportunity for organisations to come together twice yearly to discuss a range of issues. The Co-ordinator visits the projects when required (with no formal programme of meetings) and maintains contact via telephone and e-mail. The projects themselves also reported having received support from within their own organisations.

3.36 There is a specific Project Board with representatives from relevant parts of SPS which makes the key strategic decisions relating to the initiatives. The Co-
ordinator reports back to the Project Board in written form and anecdotally, and disseminates information (including a recent leaflet / newsletter providing details of the work undertaken). The reports to the Board were seen by participants to have been useful and informative and to enable members to keep up to date with progress in the projects. One respondent suggested that the information required from the projects has been consistent with the size of the initiatives.

**Evaluation arrangements**

3.37 The need for evaluation of the projects was recognised at the outset. There was an evaluation and monitoring section within each contract, setting out the requirements, including the requirement of regular reporting to the SPS National Co-ordinator for Choose Life. It had also been intended that the projects would use a health questionnaire (made available by SPS) with service users alongside any tools of their own which were developed.

3.38 Evaluation was, however, an area in which there was found to be considerable variation, both in the level and quality of the information (although it was also noted that the size of some of the projects limited the evaluation demands which were considered appropriate). The projects developed a range of varying methods to enable them to report on their progress and most (with a small number of exceptions), did not remember having received specific guidance about this. Some of the respondents with an overview of the projects identified this as an area in which there should perhaps have been greater direction provided from the start, alongside the completion of an overall review as the projects progressed (which would have helped to ensure greater consistency in the approach to this).

3.39 In one group discussion, it was suggested that there was an absence of the use of clinical psychological measures for these projects and that the use of such tools could be considered for future work of this nature. Others, however, noted that such measures may be of limited value in the provision of meaningful outcome information in an initiative such as this (which is short term, sometimes focused on addressing one very specific issue, or part of a number of interventions which may impact on service users’ experiences).

3.40 Overall, most respondents considered that the information gathered was sufficient for the purposes, and it was noted that it enabled adequate contract management. The most appropriate form of impact information for these projects was seen by most to be the presentation of the perceptions of all of those involved about their experiences of service use (which this review collected, and presents later).

**Approaches to evaluation**

3.41 Most of the projects gathered some information about the level of service provision and use (with the exception of the Sanctuary project) and some gathered more detailed information about the nature of the issues facing service users.

3.42 Two projects undertook formal independent evaluations to assess their projects and to identify best practice. The Mental Health First Aid project was
evaluated by the Scottish Development Centre for Mental Health and a report produced. The Wise Group was evaluated by the Scottish Development Centre for Mental Health, and Edinburgh University was preparing a report for Glasgow Healthy City Partnership (due at the end of March). In both of these projects, formal reports provided feedback to the Co-ordinator, with the Wise Group providing quarterly reports. These reports provided a useful source of statistical information and feedback about the perceived impact of the work.

3.43 It had also been intended that an independent evaluation of the Hope project would be carried out by Carstairs State Hospital, but this did not take place, with the project instead providing monthly reports to the Co-ordinator, containing some information about the work. These focused on basic statistical information about the number and sources of referrals, the profile of those referred, the support provided and a small number of other issues.

3.44 Theatre Nemo participated in other external research, as well as preparing a feedback report for this review, detailing the work undertaken. Some projects gathered their own information from which to provide feedback (e.g. Open Secret, Samaritans and the Stress Centre). Both Open Secret and the Stress Centre collected information from service users about their experiences, using tools which they designed for the purpose, and both provided regular written feedback to the Co-ordinator. The Samaritans project maintained caller contact sheets, and details of outcomes, as well as basic statistical information about the service and provided written reports to the Co-ordinator in the early stages of the project (although these have been verbal since July 2005).

3.45 At the time of preparation of this report, the multisensory room had developed a range of tools for subsequent evaluation of the resource (although these had not yet been used). The Sanctuary Room in Aberdeen did not compile any usage information.

3.46 There was also variation in whether, or how, the general health questionnaires (made available by SPS) were being used. Some of the projects (e.g. the Wise Group and the Stress Centre) distributed these and collated the results, sometimes alongside other evaluation tools of their own (e.g. the Wise Group gathers details of participants’ offending histories alongside this and the Stress Centre service uses its own pre- and post evaluation questionnaires and a questionnaire at the end of the treatment, as well as keeping other statistical information). Users’ views of the Stress Centre have been captured in the progress reports, particularly through client case studies and information from the client evaluation forms.

3.47 The Hope project noted the number of health questionnaires distributed (although the results were not collated in the monitoring reports). In other cases (e.g. Open Secret) staff used, or intended to use, their own tools to identify change or outcomes. This included material gathered during initial and subsequent appointments about clients’ perceptions of specific issues.

3.48 There was also found to be considerable variation in the collection of information about staff and service users’ views of the impact of the work. Some (e.g. the Wise Group, Stress Centre, Open Secret, Mental Health First Aid and Theatre
Nemo) gathered some information about users’ views of the initiatives (including, in some cases, perceptions before and after input from the project). Few projects had any systematic means of exploring and capturing the views of staff involved in the delivery of the work, nor those of other staff / organisations in the prisons. There was also found to be some variation in the nature (and frequency) of the reports provided, and the level of detail within these.

3.49 There has been little longer term tracking of those involved in the projects, although it is recognised that follow up work is very difficult where prisoners have been released (and there are additional ethical / confidentiality issues in cases such as the Samaritans and Open Secret). The Wise Group, however, noted that the project intended to carry out some tracking of the longer term impact of the work in the future.

3.50 The variations were seen to cause some problems in the evaluation of the projects. Even where systematic data collection was taking place, some of the respondents were not completely satisfied with the tools which were being used, and some gaps in individual projects’ information or methods were evident. Although these are not identified specifically here, this points to the need for a consistent approach to evaluation, coupled with the provision of advice and guidance to any projects which are continuing. The additional data which was collected as part of this review helped to address some of the problems, but some suggestions for future evaluation are also noted in the final section of the report.

Completion of the projects

3.51 By the time of preparation of this report, three projects were fully completed. The MHFA pilot project ended in June 2004 (although this has led to continuing work); the Sanctuary Room was completed in 2004 and the Multisensory Room was completed in July 2005. The other projects were continuing, with most funded initially until March 2006 (although it was anticipated that some would receive support to continue beyond this date). The Stress Centre was funded to April 2006 and Open Secret to August 2006.

LINKS TO OTHER WORK

3.52 A number of common links to other work were identified, nationally and at a local level. The focus of all of these projects, and the SPS initiative as a whole, was seen to be directly relevant to a range of other policy and practice areas (some of which were outlined in Section 1).

Choose Life and other national initiatives

3.53 The projects were seen to link directly to the aims and objectives of Choose Life at a national level. Most respondents (including those managing and delivering projects) were clear about links to the overall Choose Life initiative, with a focus upon issues which were seen to impact on mental health (including the prevention of suicide and self-harm, albeit difficult to measure). A number of project workers
mentioned the relevance of this work to the “See Me” campaign. One respondent noted that the prison projects were working with a harder to reach population who do not usually access services.

3.54 Links were also noted between some of the work being undertaken and other national policy areas, such as housing and homelessness; education; social exclusion; employment; community safety; community planning; social care; criminal justice (and reducing reoffending); violence against women and other abuse; and health policy (including drug and alcohol issues and reducing health inequalities).

**SPS policy and other work in prisons**

3.55 The projects were also seen to link to the other aspects of SPS policy. Some of the key staff with an overview of projects and the project workers commented on the links to other strategic work being done by SPS. For example, it was suggested that there were clear links to: the SPS prisoner outcomes; health promotion; addictions work; the care agenda (including throughcare); the ACT strategy, mental health work (including suicide risk management and the work of the MDMHTs).

3.56 Some of the project workers and the MDMHTs (during group discussions and in the postal survey) identified links to direct work taking place in prisons, most commonly to other mental health work (such as the provision of support via, for example, health and mental health staff, social workers, other organisations, peer support, Listeners and personal officers). The MDMHTs noted their involvement in assessment, planning, co-ordination, delivery, monitoring and review of mental health care and the promotion of positive mental health. Some identified particular work going on in their prisons (including, for example, anxiety group work, training for staff in self-harm interventions and some pre-liberation work). A number of prisons reported having a specific mental health strategy or plan, and all of the MDMHT respondents to the postal survey reported ways of identifying prisoners requiring support with mental health issues during their sentences (generally at admission, or subsequently by staff).

3.57 In some cases, the projects themselves reported having developed some links to other organisations in the prisons and in local communities (although some suggested that this had not been to any great extent). Particular links were identified as having developed in Barlinnie (in some cases including informal links between Choose Life projects) and the most common working links identified were to housing services, employment services, mental health teams and Samaritans / Listeners.

3.58 The Wise Group noted having made links to a number of organisations in prisons, including improved joint working with others and the creation of an operational group including a number of relevant organisations. The Samaritans noted links with initiatives such as Breathing Space and Families Outside and stated that local branches maintained links with voluntary and statutory organisations in their areas. The Hope project identified links to employment, housing and alcohol services in the prison and the community. Open Secret noted having developed links within Cornton Vale to CRUSE; chaplaincy; housing; social work and addictions workers, as well as links to services in the community providing support to survivors of sexual
abuse in other parts of Scotland. The Stress Centre noted links with the social work service and the MDMHT, and Theatre Nemo noted links to other Choose Life projects.

3.59 The only overlaps identified were in the Hope project, where one respondent noted that organisations in the prison were all “fighting for the same customer base”. Generally, however, the work of the projects was seen to complement other work being carried out.

OVERVIEW

3.60 It is clear that these projects were seen to offer a range of forms of support within a broader policy context of Choose Life and SPS policy. This section has described some of the arrangements in place for the preparation and implementation of the projects and perceptions of the broader context. A brief overview of the actual work undertaken by each of the projects is provided in the following section.
SECTION 4 THE WORK UNDERTAKEN

4.1 This section focuses on the work actually undertaken by the projects during the funding period. As noted previously it is impossible to detail all of the specific work undertaken, but a brief outline of the key aspects of each project is provided below. It is also impossible to measure the progress of each against its own objectives, but the overall perceptions of each project, and any specific issues which have been faced are highlighted.

WISE GROUP LIFE COACHING

4.2 The Wise Group Life Coaching project began in September 2004 and was originally funded for a fifteen month period until December 2005 (although this was continued to March 2006). The work began with information sessions and a selection process from September 2004 and went “live” in January 2005. The targets specified were the provision of 20 full-time places for ex-prisoners to train as Life Coaches and the provision of peer group and mentor support for 100 service users.

4.3 The project has operated in Barlinnie, and Life Coaches have provided advice and signposting to service users in a range of areas, including: homelessness, health, finance, social networks, training and employment. The Coaches have worked with service users to draw up action plans for areas of need, as well as identifying other appropriate services.

4.4 The Life Coaches interviewed described visiting the prison to work out an action plan with service users (following referral and prior to the user’s release). Following release, Life Coaches and service users described the provision and receipt of advice and support with issues such as:

- Meeting at the gate.
- Accompanying to appointments (e.g. drug and alcohol services, health services, solicitors, Department of Work and Pensions, social work, housing and court).
- Supporting with life skills and interviews.
- Opening a bank account.
- Budgeting.
- Accessing leisure and social facilities.
- Getting bus passes.
- Providing information about agencies, services and courses.

4.5 The training for the Life Coaches involves a year long programme to an individual plan, which generally includes:

- Induction; Advice and Guidance (and ongoing SVQ Level 2 Advice and Guidance).
- First Aid and Mental Health First Aid.
- CEIH Health and Safety at Work.
• Personal development.
• Effective working practices and teambuilding.
• IT, job search and employability.

4.6 A period of approximately 39 weeks’ work experience is provided, and this normally lasts up to 12 months (but can be extended to 18 months). Life Coaches themselves noted having received support from colleagues, employment counselling and the Project Manager.

4.7 By December 2005 (the last point for which a statistical summary was available), the project had provided opportunities for paid employment to 30 ex-offenders (although there were never more than 17 involved in any one month, and one of the staff noted that early recruitment had been slower than anticipated).

4.8 Of the 30 who had been involved with the project, 15 had moved on and 15 remained. Of those who left the project, six moved into open employment and four to further education (with the remainder “unknown” or “other”). There were 54 individuals within the “active service user” caseload at the end of December 2005 and there had been a total of 137 registrations by that point (slightly higher than the 100 service users envisaged).

4.9 The work of the project accorded largely with the work envisaged, and the work which was described by the Life Coaches and service users reflected this. Views of the work were generally highly positive. The project had to deal with some difficult operational and practical issues during the period (including, for example: identifying how to deal with Life Coaches with their own drug use issues; issues relating to the referral process and the timing of initial appointments; barriers to Life Coaches carrying out their roles etc.). Further details of some of the issues faced are provided within the project reports.

4.10 There have been a range of changes to practice as such issues have arisen. Although these will not all be detailed here, they included, for example: changes to pre-release meetings and developments to the referral process; Life Coaches now working in teams of two; clarification of when to refer service users onwards; and the location of meetings in neutral venues. The Life Coach office moved to larger premises, with private meeting space. The project also created an operational group, instigated a number of working groups, had a change of team leader and employed a Systems Support Officer. Again, a number of additional developments are detailed in the regular progress reports. It was suggested that, overall, the project had dealt successfully with a range of challenges, and that there had been a number of positive outcomes.

OPEN SECRET

4.11 The Open Secret project began in March 2005 and will run until August 2006. There were no targets set for this service, with the stipulation relating to the number of hours of provision, rather than the number of service users. The contract specified 35 hours provision per week, with three days at Cornton Vale, 1 day at Polmont and
the remainder split between administration, training, provision in Glenochil and additional provision in Polmont.

4.12 The level of demand for the support was, however, seen to have been higher than was anticipated. During the year of its operation, the project worked with a total of 118 prisoners (of which 83, or 70% were female and 35, or 30% were male). Amongst the male prisoners, the majority (77%) were in Polmont, with the remainder (23%) in Glenochil. Most (52%) had not previously disclosed the abuse, and they faced a range of mental health issues, the most common of which were stress / anxiety; self esteem and depression.

4.13 The work of the project to date has largely reflected the provision which was envisaged, although the focus has been primarily upon the provision of a one to one service. Some groupwork has taken place in Polmont, but the level of need for one to one support in Cornton Vale has meant that such work has not yet taken place there.

4.14 Service users reported the receipt of one to one support, generally once a week for around an hour at a time (although a small number suggested that their contact was for a shorter period). Interviewees noted that their first sessions often involved simply talking about issues which they wanted to raise and becoming comfortable with their worker, who listened to them. Subsequent sessions involved addressing specific issues in a range of ways (including, for example, using writing, drawing and discussion). Service users suggested that there was a strong focus on discussion reflecting the areas of concern to them, and the workers responding to this.

4.15 Individual service users have an initial assessment, followed by up to 12 sessions (although the number is flexible and dependent on individual needs, and there was considerable variation amongst those interviewed in the number of sessions which they had received). The organisation uses a person-centred counselling and problem solving approach to support provision.

4.16 Some “crisis intervention” work has been carried out with prisoners on remand in Cornton Vale, with the provision of information and the identification of other sources of support to them. The project staff in Cornton Vale have also been involved in the development / piloting of training for staff (delivered by “Health in Mind”).

4.17 In terms of the actual usage of the 35 hours, this was rearranged due to the level of demand from Polmont (where it was felt that another day was needed). Some savings were made due to the administrative worker post not being filled for a few months, and this allowed the following provision (at the time of writing this report):

- 3 days in Cornton Vale (weekly).
- 2 days in Polmont (weekly).
- 0.5 days in Glenochil (fortnightly).
- 0.5 days in Open Secret (fortnightly).

4.18 The allocation of very few hours in the contract to enable the two workers and sessional worker to link to the main service and attend supervision, training etc. (as
well as providing additional support in Polmont and making provision in Glenochil) was seen to have been a major limitation within this contract.

4.19 The project has, therefore, faced some operational difficulties which have impacted upon the management of the workers in the prison project, leading to some concerns about these issues. There have been considerable demands on the workers’ time and some problems accommodating these within the level of provision specified. The difficulties in balancing the competing demands on the hours available were noted.

4.20 The involvement of three separate workers and three prisons in a project of this scale was also seen by some to have caused difficulties. Additionally, the recent loss of a member of staff (at the start of 2006) led to a short term difficulty, although cover was provided during this period by increasing the hours of a sessional worker. At the time of writing, a new member of staff had been appointed. The constraints on the time available, however, meant that any staff absence was seen to create a gap in the service.

4.21 In terms of the actual service provided, however, views of this were extremely positive amongst all of those involved, including service users themselves, and there was widespread agreement that there is a high level of need for support such as this in a prison setting.

STRESS CENTRE

4.22 The stress centre project was extended to run from the end of October 2004 to the end of April 2006 and the project has been operated by Royston Stress Centre. The initial agreed targets were that:

- The majority of the service should be provided as groupwork.
- There should be 6 relaxation and 3 stress awareness sessions per week.
- There should be 16 half hour massage and 4 one hour personal support sessions per week.
- 24 clients should engage in treatment plans and / or groupwork per week.

4.23 The statistical information available demonstrates that groupwork did form part of the provision, as envisaged, but that one to one support has been an integral part of the service (and formed much of the provision). The need for this has proved greater than anticipated.

4.24 The level of take up of the one to one service exceeded expectations. Additionally, the centre often exceeded its target of seeing 24 prisoners per week and this was borne out by the progress reports, which showed, for example, an average of 37 per week in the period to July 2005. The progress report in December 2005 stated that the average number of clients receiving a service and engaging in treatment plans or groupwork had been 30. At the time of the staff interviews, there was a waiting list for one-to-one work, although attendance at the groups was seen to have fluctuated
and there were some difficulties in achieving the targets relating to the provision of these at some points.

4.25 From November 2004 to the end of January 2006, a total of 496 clients had been through the stress centre in Barlinnie, of whom 411 had taken part in group work and 85 in one to one work. The service has been provided on four days per week (Tuesday to Friday) by 3 therapists.

4.26 Different programmes have been offered, including: groupwork; personal support; counselling; and other support. Prisoners have been assessed, provided with background information, their problems identified, and treatment and goals agreed. A maximum of 10 individual sessions is generally offered (although, as with Open Secret, this can be flexible, and one user noted having received additional sessions). The service users who were interviewed reported having participated in groups and one to one sessions (generally through weekly contact) and also described their experiences of meditation, relaxation techniques and discussions.

4.27 As with the other projects, operational issues have arisen for the Stress Centre. These included issues, at some stages, relating to, for example: referral and access; passage of information; uptake of groupwork; and problems of ensuring that prisoners were enabled to attend appointments. It was suggested, however, that these had been addressed as they emerged, with no major issues identified. Again, perceptions of this project have been very positive, from service providers, other staff and service users alike.

HOPE

4.28 The timeframe identified for the Hope project was from November 2004 to April 2006, although it actually began in December 04 and ran until March 06 (16 months).

4.29 At the projects’ seminar in September 2005 it was noted that the following targets had been agreed with the governor of Greenock prison:

- To have the capacity to take 25 referrals a month.
- To meet with a prisoner 4 times in prison.
- To meet prisoners at the gate and keep in touch for 4 weeks.
- To provide support to the family.

It was also stressed during the initial interview that it had been intended that, of the target of 25 referrals per month, support would be offered to 60% of these (15 people).

4.30 In practice, however, the level of use of the service was lower than anticipated, and it faced a number of operational problems. The monitoring reports suggested that there was a very low level of referral in some months. Even where there had been a level of referral which accorded with or approached the target, the actual level of take up was sometimes lower (e.g. in August 2005, 7 people took up
the service from 27 referrals, representing 26%). It was noted that the level of referral had been inconsistent across the period, although it did improve on the early months. The final interview also identified that there had recently been “patchy” use of the provision once again, with a recent drop in referrals and a “tailing off” in usage.

4.31 Where services were provided, the prisoners were offered a range of forms of support, and this included both referral to other agencies within the prison and contact with agencies in the community. The programme generally lasted four weeks, covering: introduction and discussion; relaxation, coping and discussion of family issues; discussion of interests and plans for liberation; and final discussion of support on release and arrangements. All prisoners using the project were also given information about HOPE.

4.32 Overall, however, a number of interviewees expressed a range of concerns and identified problems with this project. These related not only to the level of referral, but also to accommodation; staffing issues; concerns about duplication of provision; the level of support provided to the project within the prison and its overall functioning. This project was generally considered to have been less successful than had been envisaged, and at the time of completion of the final interviews for this report, the service was not being provided due to staff illness.

MENTAL HEALTH FIRST AID

4.33 The MHFA project was run on behalf of SPS by the Scottish Development Centre for Mental Health (SDCMH) and the work took place between March and June 2004. The delivery involved external trainers contracted by the Scottish Development Centre for Mental Health (SDC) and was consistent with the work which was proposed and the aims and objectives outlined.

4.34 MHFA courses were delivered in 7 establishments (Edinburgh; Barlinnie; Cornton Vale; Glenochil; Perth; Peterhead and Polmont) to a mix of staff and prisoners. Each course involved 12 hours of provision to participants, delivered in group settings, with formal input, group tasks, individual work and a training manual. The courses were delivered in a variety of ways to fit in with the needs of the prisons. A total of 98 training places were offered and a total of 78 places (80% of the target number) were taken up (largely by prison staff, although a group of prisoners received training in Barlinnie).

4.35 The pilot project faced no major problems (although there were some concerns expressed about the promotion of the project, some organisational issues and the provision of some of the materials for the course). The overall views of this initiative, however, were positive, as was the postal feedback from participants.

4.36 The pilot led to further work being rolled out across the estate, with training for trainers being provided at the time of completion of this review. Three SPS staff had been trained to deliver the course in-house, with 12 courses having been undertaken since May 2005. It was also noted that the course was being delivered to Wise Group Life Coaches, and that the Samaritans had been invited to be partners, with the provision also being broadened to include prisoners.
Again, some concerns were expressed about the number of trainers involved (which one respondent suggested was insufficient for a proper roll-out), the promotion of the work and the support provided (including the provision of materials and the backup provided to the trainers). It was also noted that there were still challenges in delivering the content of the course, which addresses attitudes to mental health. Overall, however, there was a high level of general support within the management of SPS for the project.

SAMARITANS

The Samaritans project received funding for the period from October 2004 to March 2006. The Samaritans were already involved in the “Listeners” scheme which operates in a number of prisons. Prisoners opt in to this service via a Listener, who informs the Listener Co-ordinator and Samaritans Project Manager. The Manager passes details to the relevant Samaritans branch, which then makes contact with the prisoner on liberation and provides follow-up support as necessary.

Although it had been envisaged that the project would be available in all prisons, this proved to be difficult in practice in the early stages. At the time of the stage 1 interviews in Autumn 2005, the project was not yet operational in a number of prisons and by the time of completion of the final report, the project was operating in 10 of the 16 establishments, with referrals accepted in 9.

A total of 1778 prisoners had been offered the service (1474 male and 304 female), of which 120 had accepted this and had been contacted. The largest number were in Barlinnie (75, or 63%). A total of 16 prisoners (13% of those who accepted) were from Cornton Vale, and smaller numbers accepted the service from Edinburgh (9, or 8%); Polmont (8, or 7%); Lowmoss (5, or 4%); Shotts (3, or 3%) Perth (2, or 2%); and one prisoner from each of Dumfries and Aberdeen. At the time of the stage 2 interviews, three local Samaritans branches had been particularly involved in making contact with ex-prisoners.

The overall view was that actual work carried out by the project was largely consistent with the aims and objectives specified. It was noted at interview that most of those who sought help required signposting to other services (with only 1 actually identified as potentially suicidal). Take up of the support ran at around 7% of offers.

The work undertaken was seen to have been useful, although the level of use was much lower than had been hoped (in terms of its coverage), and the project faced a range of operational constraints. Difficulties identified included enabling prisoners to access the service and maintaining the project generally (and staff morale). Additionally, there are some prisons in which there are no Listeners, making it difficult to make initial contact. There were, however, some changes undertaken to methods of contact (with, for example, some prisoners receiving letters about the work) to try to address this, although this was seen to remain an issue.
MULTISENSORY ROOM

4.43 The conversion of the multisensory “snoezelen” room took place in July 2005, with the project being run by healthcare staff in the mental health team in Cornton Vale. The Choose Life funded project involved the actual creation of the facility and the project, technically, was complete at that point (although the ongoing use is clearly of relevance to this evaluation).

4.44 The room has a range of facilities, including: soft padding; slouch chairs; fibre optic lighting; aromatherapy; music; a massage mat; a “milky way carpet” and “galaxy curtain”; a projection disk; hand held wands and other portable equipment. Prisoners can have sessions lasting around 20 minutes, for 6-8 weeks, during which they can either simply use the room and relax, or speak with a facilitator.

4.45 There was general agreement amongst those involved that this was a positive facility (although it was suggested that there had been some less positive attitudes expressed by some staff). The main problem with this project related to the low level of usage, as a result of staff shortages in the mental health team. At the stage of the initial discussions it was noted that the room had not yet been used (although some prisoners had been shown the facility), with delays to the start of use as a result of other developments in Cornton Vale. At that stage, it was noted that three staff had been trained to use the equipment safely and were able to facilitate sessions (two nurses and one Occupational Therapist).

4.46 By the time of completion of this report in March 2006, there remained problems with staffing and usage of the room, with the mental health team reporting serious staff shortages which led to difficulties both in facilitating prisoners’ use of the room and in providing training to other staff to enable them to facilitate use of the room. It was reported that, since the start of use of the room in late 2005 / early 2006, there had been 8-10 regular users, with these users having 2-3 sessions per week. There were, at the time of the final interviews, 3-4 regular users, although it was envisaged that this would increase substantially in the near future, with the recruitment of additional staff.

4.47 It was also intended that training would be provided to prison officers in due course in order to enable them to facilitate sessions and to broaden the use of the room. This training will take around 20 minutes and will also include the provision of written information to the staff involved. The facility will be available in Cornton Vale indefinitely.

THEATRE NEMO

4.48 The Theatre Nemo project started in July 2005 and was originally funded for three 10-week blocks of 2 sessions of 2 hours per week, to be completed by March 2006 (with two ten week sessions in Barlinnie and one in Polmont). It was envisaged that there would be a maximum of 15 prisoners per session.
4.49 In practice, the project delivered three 10 week blocks in Barlinnie (although this was part funded by other sources) and one ten week block in Polmont which was underway at the time of completion of this report (funded fully through the Choose Life budget). The Choose Life funding supported 25 prisoners (of a total of 60 with whom the project worked over the period).

4.50 Participants described some of the work they had been involved in during the sessions, and reports also identified that the work undertaken through the workshop blocks in Barlinnie involved a number of stages. For example, prisoners were introduced to circus skills such as juggling, unicycle, diablos etc. as an icebreaker. Following this, the workers used drama, music (including drumming), film making and other methods as a means of boosting self-confidence and learning social skills, including teamwork and negotiation.

4.51 A short film in DVD format was produced, expressing prisoners’ feelings about life in prison, as well as photographic stories, a collection of poems and a collage (to be displayed in the visitors’ area). A performance was created in the second block and presented to an audience in the chapel building. At the time of completion of this report, the Barlinnie work involved the postproduction stage of film making.

4.52 As with most of the projects working in prisons, some operational issues affected the practical operation, as well as impacting on the numbers attending (which sometimes dropped by around a third). In Barlinnie, it was difficult for the project to keep a group for ten weeks, because people were moved and released, as well as put onto other courses. It was also noted that a small number of prisoners decided that the project was not for them and stopped attending. The project was working with the prison to try to ensure that the people who were offered the chance to participate were likely to be available for the full ten week period.

4.53 Again, however, the overall views expressed of the work undertaken were extremely positive, and these are discussed as part of the overall views of the impact of the projects in the following section.

SANCTUARY ROOM

4.54 The refurbishment of the area for the sanctuary room (referred to by the Chaplains in Aberdeen as the “multi-faith centre”, “sacred space” or “chapel”) began in July 2004, and was completed by the time the first stage evaluation interviews took place. As with the snoezelen room in Cornton Vale, this was the part of the work funded by the Choose Life initiative, (although, again, the ongoing work is relevant to this review).

4.55 The area provides a space that is quiet, unobtrusive and relaxed, where issues which prisoners are facing can be addressed, as well as being a place of “sanctuary” and providing a facility in which the chaplains can address prisoners’ spiritual needs. The ongoing running of the facility is by the four prison chaplains, in conjunction with other prison staff, and the area is theoretically available between 7am and 9pm.
4.56 The project was found, however, to have faced some problems in relation to its practical operation, as a result (as in Cornton Vale) of staffing issues. Although it was noted that there were “plenty of ideas”, these could not be implemented due to the staff shortages. There was no statistical information available about the level of use, as this had not been collected due to the very low numbers involved.

4.57 The chaplains were found to be using the room for some purposes (generally for meetings of various types and group discussions), but there had been very limited use of the room for one to one, therapeutic work. One Chaplain noted during discussion that there had been difficulties with this, as a result of the need for a staff presence during usage and that this had constrained the operation of the facility. The chaplain was using the room with a small number of prisoners where there was perceived to be a “low risk”. The Chaplains also stated that the room is used on occasion as a chapel. One member of staff also noted that ACT to Care conferences took place in the room and that it had been used by PT instructors to deliver healthy living courses, but there was a general view that the potential of what was seen to be a valuable resource has not yet been fully realised.

OVERVIEW OF THE WORK UNDERTAKEN

4.58 Overall, a number of projects were seen to have been very successful by those delivering and those receiving the services. Although most faced some constraints (which are outlined later), the projects for which largely positive views were expressed included:

- The Wise Group Life Coaching.
- Open Secret.
- Stress Centre.
- Mental Health First Aid.
- Theatre Nemo.

4.59 Two projects faced considerable problems in the level of recruitment and usage:

- The Samaritans (although the value of the work was recognised).
- Hope Project (which faced additional difficulties).

4.60 Two projects faced operational problems in their usage, although the facilities are well-regarded and can continue to provide resources to the prisons involved in the longer term:

- Multisensory room.
- Sanctuary.

4.61 Although it is impossible to measure each against their individual aims and objectives, the work which took place accorded largely with the work which was envisaged in most cases. Perceptions of the impact of these projects on a number of key issues are identified in the following section.
SECTION 5 THE IMPACT OF THE PROJECTS

5.1 The impact of all of the projects (considered together) is detailed in this section. It is recognised, and has been stressed throughout, that this cannot comprise a detailed account of the impact of each project, nor is it possible to provide statistical “measures” of their impact in any detailed way. There is, however, a large amount of evidence (which has been gathered from the views of those overseeing this initiative, prison staff, project managers and workers, MDMHTs and service users) of the perceived overall impact of the initiative and its impact on specific issues, providing an indication of the actual and potential outcomes from this work.

EXPECTATIONS AND OVERALL EXPERIENCES

5.2 Service providers identified a wide range of needs amongst service users, and reports by Open Secret and the Stress Centre, for example, suggested that service users experienced a range of issues relevant to their mental health (including self-esteem, stress / anxiety, sleep problems, depression and other issues). Similarly, the Wise Group noted that, from a sample of 115 service users, more than half showed evidence of distress or signs of severe problems.

5.3 Service users themselves reported a range of forms of support which they hoped to get from the projects, including:

- Someone to talk to, listen and understand (Wise Group service users, Open Secret users, Stress Centre users).
- Help with a specific issues such as relaxation, sleeping, depression and abuse (Stress Centre users, Open Secret users).
- Work experience, education, training, tasters, qualifications and employment (Life Coaches).
- Opportunity to help others (Life Coaches).
- Practical help with issues such as housing, finance etc. (Wise Group service users).
- Something new / different (Theatre Nemo).
- Justice (Open Secret).

5.4 A number stated that they had been unsure, at the start, what they hoped to get from their contact and many stated that they had not been clear about the type of support which they would actually receive (or noted that they had had misconceptions about the service at the start). They were, however, clear about the services which had been provided and their views of these.

Overall satisfaction and general impact

5.5 Overall, there was a high level of satisfaction with the operation of the projects, both amongst those taking a strategic overview of the projects, those implementing the work and service users. All of those taking a strategic overview were satisfied overall with the operation of the projects, and almost all of the
respondents from the organisations also expressed overall satisfaction with their projects. Where this was not the case, this tended to reflect the concerns and frustrations identified in the previous section.

5.6 A number of projects were identified as having been particularly successful and these reflected the findings in the previous section. A number of reasons were given (particularly by workers) for perceptions of overall satisfaction, and these included:

- A high general level of commitment to the projects.
- Provision of support to people who might not generally have engaged with services.
- Operation of the projects in ways which are consistent with the work anticipated.
- Positive feedback and evidence of “making a difference”.
- High demand for provision.

5.7 Although, as noted earlier, there were difficulties for projects in gathering statistical “outcome” information, it was noted that workers’ overall satisfaction, where this was expressed, was informed by the provision of feedback from prisoners and staff about the impact of the projects. Some also commented on having noticed changes in the behaviour of prisoners over time.

5.8 Amongst the service users, the questions which explored their overall satisfaction reflected the different nature of the support provided by different services, but the views expressed about all of these projects were consistently positive.

5.9 All of the Wise Group Life Coaches believed that the support which they had received was useful and all of the service users in this project interviewed found the contact which they had had in prison to be useful. Additionally, all found the support that they had received since they were released to have been useful. Almost all of the users of Open Secret who were interviewed had found their initial meetings with the workers to have been useful and all found their subsequent meetings to be useful (some adding that they were very useful). All of the Stress Centre service users and Theatre Nemo participants who were interviewed had found their sessions useful.

5.10 All of the service users from all of the projects (32 respondents) stated that they were satisfied with the ways in which their needs had been addressed and the ways the projects had worked with them. All of the service users were satisfied with the workers’ knowledge of the issues and (where relevant) with the information which they had received, as well as the ways in which the support was provided. All but one of the service users was satisfied with the kind of things they did in their contact with the projects (although one felt “awkward” at the time). Two Wise Group respondents had some concerns about specific aspects of the operation of the project (in terms of teething problems and staff changes, and the high expectations upon Life Coaches) but were satisfied overall. Only two respondents (both using the Open Secret provision) had any concerns about the time taken to receive the support.
5.11 For almost two thirds of service users interviewed (63%), their experience of the project or service had not been what they expected, but in almost all of these cases, respondents stated that it had been better than they had expected, in a number of ways. Examples included that they had “grown more than I expected” or that they had “got a lot more out of it than I expected”. One stated that they:

“... thought it would have just been a load of rubbish but it's been unbelievable – brilliant”.

5.12 Amongst service users interviewed, reasons for their high levels of overall satisfaction included the:

- Opportunity to find out about support available.
- Opportunity to talk with someone who is there for them.
- Provision of appropriate advice.
- Provision of an appropriate service, relevant to their needs.
- Approach of staff.
- Outcomes for service users, in terms of how they felt (discussed later).

5.13 A number of the Open Secret service users were particularly satisfied with the approach of the worker, in that they had listened to them, understood the issues, made them feel at ease and enabled them to take their own time. One stated that:

“I found every session useful. I came away from each one with a smile on my face. I thought I would never move on and forget it – now I can”.

IMPACT ON SPECIFIC ISSUES

5.14 As well as the general impact of the provision, there were many ways in which the work of the projects was seen to impact on specific issues.

Impact on suicide and self harm

5.15 The specific impact of the projects on the actual level of suicide and self harm is impossible to measure (as it is difficult to know what has been “prevented” and is difficult to quantify), and these issues were stressed by the projects. There was a strong belief amongst those involved, however (at a strategic level and in the delivery of the projects) that the projects had had an impact on these issues, through:

- Changing the “mood” of participants (with the assumption that “if people are feeling good, they won’t do it”).
- Addressing problems which impact directly on mental health and risk of suicide and self-harm (e.g. experiences of childhood sexual abuse, stress / anxiety; depression).
- Developing and promoting coping strategies (including enabling people to seek support).
5.16 There was also seen to be some evidence of such an impact and, at the broadest level, one of the respondents with a strategic overview of the projects noted that the level of suicide in prison had risen, but there had only been one instance of this amongst all of the users of the projects. One of the respondents in Cornton Vale noted that the level of self-harm in that prison was down to a third of the level of three years ago, and although clearly this was not attributed solely to the Open Secret provision, this was seen to have had an impact upon the figures. One Barlinnie respondent also noted that there was a reduced need to use other techniques to manage self-harm.

5.17 Other respondents provided anecdotal evidence of the impact on individual people who had been involved with the projects. The Wise Group project, for example, during interview, was able to identify the specific diversion of three individuals who were considered to have been potentially suicidal. One member of prison staff in one prison also noted some people having reduced their medication and the third Stress Centre report (May-July 2005) noted that over a fifth of respondents had lowered, or stopped their medication. One service user during interview noted that they had been able to cut their methadone by half.

5.18 Amongst service users who were interviewed who were asked directly about whether the project had had an impact on their suicidal thoughts / feelings, it was found that over half (55%) believed that it had (particularly respondents using the Stress Centre and Open Secret). Of the remainder, a number stated specifically that they had had no problems with these issues previously. This provides direct evidence of the impact of this work on thoughts and feelings about suicide and self-harm.

5.19 One worker from the Open Secret project also noted having been aware of a service user stopping self-harming when they had had contact with the project, and one of the users also noted that:

“Since I’ve seen [the worker] I’ve never harmed myself. I’m a bad self-harmer and tried to take my life a few times on remand but since meeting with [the worker] I haven’t done it at all.”

5.20 Another service user of one of the projects stated that:

“When I came here I was like a down and out. I woke up wanting to drink. I came in and got my act together and they helped me see a different viewpoint. At first I was angry and depressed and now I’m 100 times better. At the start before I got help I felt suicidal and that all changed”.

5.21 Comments by other respondents included that:

“I’m still depressed but I’m thinking about suicide less”,

and
“I used to have suicidal thoughts all the time and I tried outside a couple of times, but I’m able to shut the thoughts out now.”

A worker from Theatre Nemo also stated that they knew of one “high risk” prisoner who had now been mainstreamed, and that responses from prisoners in the workshops showed a positive impact on them.

5.22 Evidence of a reduction in distress was also provided by the Wise Group, using the findings of the health questionnaire, which suggested that there was:

“... a clear decrease in the number of service users showing evidence of distress and severe problems and a large increase in service users attaining the ‘typical’ score”.

5.23 The August 2005 report for Open Secret also suggested that prisoners noted that there had been an impact on their understanding and acceptance of their feelings and on their ability to cope with everyday life. Similarly, the second and third Stress Centre reports (February – April 2005 and May – July 2005) noted (amongst other impacts) participants feeling better about themselves; feeling calmer / relaxed; managing problems better and feeling less isolated. Material in Theatre Nemo’s business plan also provided feedback from individuals who had been involved in the initial work in 2004, identifying benefits in terms of their overall mental health and quality of life.

5.24 Almost all of the service users interviewed across the projects (91%) believed that their involvement with the project had improved their mental health generally and several also noted that it had had an impact upon issues such as stress, anxiety, depression, sleep problems and other difficulties. As one of the Life Coaches stated, for example:

“I’ve suffered from depression for years, but no longer. My mood has lifted, I’ve got some hope and plans for the future.”

These issues were also seen to link to the prevention of suicide and self-harm.

Understanding of suicide and self-harm

5.25 As well as being seen to impact upon the likelihood of suicide and self-harm, it was also widely suggested that the work of the projects had helped to raise awareness and understanding of the issues. The Mental Health Aid First Aid course was cited specifically as the most obvious example of this. The course was described as creating “pockets of people with greater understanding of suicide and self harm” and leading to the identification and referral of people for support before they reached crisis. There was seen to be evidence to support this conclusion both from the course evaluation sheets and from anecdotal feedback, and the evaluation report stated that:

“After having participated in the training they [participants] were clearer about the different signs and symptoms and felt that this would help them in their interactions and interventions with prisoners.”
5.26 It was also suggested that the existence (and work) of some of the other projects had helped to develop increased understanding of mental health issues (although it was also noted that, in some cases, this was not amongst the project’s aims). This was recognised by the staff involved in the overview and delivery of projects, and was reiterated in discussions with other prison staff (who were not directly involved).

5.27 A number of respondents from several projects (e.g. Wise Group, Samaritans, Open Secret, Theatre Nemo) suggested that the level of understanding of suicide and self harm had increased. With Open Secret, for example, it was noted that the project had raised awareness of sexual abuse issues and its links to mental health. It was also suggested that there had already been some impact of the multisensory room upon prison staff understanding of some aspects of suicide and self-harm, with a shift in some staff attitudes to the provision since the start. It was also clear, however, that there were still some staff with less positive views, and there was direct evidence from the staff discussions that some retained scepticism about the value of work such as the Stress Centre and the multisensory room.

Recidivism

5.28 As with the impact of the projects on suicide and self-harm, the impact of the work upon recidivism is impossible to measure quantitatively, but there was again a shared view that the projects reduced the likelihood of this, for many of the same reasons (i.e. addressing problems which contribute to this, promoting coping strategies and changing people’s experiences on liberation). One of the MDMHT group discussions also noted that some of the projects addressed issues which contributed, for example, to alcohol and drug use (which were seen to be used to “blank out feelings”, and to lead to reoffending).

5.29 The project which was considered to link most directly to reducing recidivism was the Life Coaching project, and this project did try to gather some more direct measures of this (although the statistical information to December 2005 was unable to draw conclusions, as the majority of those in the sample of 17 service users had been registered with the project for only a short period). Although it was noted that two of the service users were “days away” from having been at liberty for a time equivalent to their previous average liberation period, and that only one service user in the sample had returned to prison since registering, it is impossible to draw any definitive conclusions about the overall impact on recidivism on the basis of these statistics. It was suggested that the final independent evaluation would provide evidence to support the project’s impact upon this, and one of the workers noted that 50 service users had been tracked in October 2005, by which time only a fifth were back in prison. Amongst the Life Coaches, one of the Wise Group workers stated that they only knew of one who had re-offended, and even this individual (described as a “serial re-offender”) had stayed out of prison for a “record period” (for him) of 6 months.

2 It may be that these custodial sentences resulted from offences committed before offenders joined the project.
5.30 Amongst the other projects, although some noted that their work did not link directly to this (e.g. MHFA), other projects (e.g. Samaritans, Stress Centre, multi-sensory room and Open Secret) suggested that their work could provide support which would impact upon issues which made prisoners vulnerable, and enable the development of self-esteem and coping skills. These, in turn, were seen to “inevitably have some level of impact”. Theatre Nemo suggested specifically, in an outline of the prison work in their Business Plan, that none of the prisoners released since the end of the initial project had re-offended at the time of writing the plan (despite long histories of being in and out of prison), and this was reiterated at interview in late 2005. One of the workers from Open Secret (which has operated in Cornton Vale for some years) also suggested that they were aware of individual instances of service users who had not re-offended.

5.31 Those with a strategic overview of the projects also believed that the work had reduced re-offending (particularly the Wise Group work). Individual respondents also suggested that there were individuals whom they would have expected to return to prison quickly who had not done so. (One of the interviewees also noted this, stating that they “usually only last 2 or 3 weeks” at liberty but had been out for much longer on this occasion.)

5.32 In the views of the service users themselves (which are perhaps the best indicators of the likelihood of re-offending), half stated that they believed that their involvement with a project made it less likely that they would re-offend in the future. Some of the others were unsure (and one of the Life Coaches had never been in prison), but these views provide clear evidence of participants’ perceptions of the impact of the projects on this issue.

5.33 A number of service users made more detailed references during their interviews to the ways in which their involvement impacted on their re-offending. One of the Life Coaches noted, for example, that the project had directly prevented their re-offending, and two Life Coaching service users expressed similar views, with one stating, for example, that:

“It’s helping me keep out of prison because I realise there is help out here for me and with the right help I can stay on the straight and narrow.”

5.34 One also noted that they had been to court for a historical charge, and had received a deferred, rather than custodial sentence, as a result of their involvement with the project. One of the users of the Stress Centre also stated that:

“It’s raised my self-esteem, which has always been low. It helps your stress and depression, and meditation helps you see the real you, so you’re less likely to re-offend.”

5.35 Others discussed being able to control their anger, handling problems in a different way and knowing how to deal with things more appropriately. For example, as one stated:
“I used to lose my temper, now I count to 10. I won’t go out and go back to drinking and come back.”

Another stated that:

“I’m dealing with things in a different way instead of just being angry all the time.”

5.36 One of the Open Secret service users summarised that:

“All the baggage I had is disappearing slowly – it’s going away. I’m not a victim any more.”

These (or similar) issues were reiterated by a number of respondents, one of whom stated that:

“If there had been things like this outside then maybe I wouldn’t be doing a life sentence”.

Other benefits for individual participants

5.37 A number of other benefits for individual participants were also identified by many respondents. There was a general view amongst those with a strategic view of the work that the projects were:

“... making a difference to individuals’ lives and their families. Their quality of life is better and there are examples of people who are more settled here, there and everywhere”.

This view was shared by those delivering the projects, by many of those involved in the group discussions and by many service users.

5.38 Individual “success stories” were highlighted by most of the projects, in a number of ways. Some examples were given at a project seminar held in 2005 (e.g. in case studies by many of the organisations delivering the work). Some projects also highlighted individual developments in their reports (e.g. in the presentation of a number of case studies by the Stress Centre and Open Secret) or through other means (e.g. a video prepared by Theatre Nemo).

5.39 Many examples were also provided during interviews and discussions, and some of the additional benefits for participants (highlighted by respondents of a range of types) were seen to include:

- Improved overall sense of well-being.
- Development of skills.
- Being supported and a “sense that they are not alone”, with the chance to talk and be listened to.
- Recognition of the issues facing participants.
• Awareness of other sources of help.
• Practical assistance and support.
• Development of self-esteem, confidence, self-awareness and “self-sufficiency”.
• Improved communication.
• Development of responsibility for choices.
• Improved relationships with family members and others.
• Development of strategies for liberation and improved ability to cope.

5.40 One respondent suggested that a lot of people participating in the projects are “taking off”, while another identified participants who “smile and interact more” and stated that:

“People who have used services are given the opportunity to shine and understand themselves, and achieve more than they imagined.”

It was also suggested that they can be “more hopeful about the future” and one respondent suggested that the supportive approach meant that:

“People can cry, deal with pain, work through their issues.”

5.41 Amongst the prisoners and ex-prisoners interviewed, all but one (97%) of those using the services (from the range of projects) stated that their involvement had had an impact on how they felt (and their perceptions reflected some of the issues noted above). Many respondents identified growth in their self-confidence (particularly those using the Life Coaching and Open Secret projects). Most of the prisoners and ex-prisoners (88%) interviewed across projects believed that their involvement had improved their self-esteem.

5.42 Life Coaches also identified the development of work experience and skills, and one stated that:

“... having a job and working every day to collect a wage feels good. Explaining to people what you do is good.”

One also noted being “treated with more respect”, and all of the Life Coaches interviewed believed that their involvement with the project had improved their own skills. One of the Theatre Nemo participants also stated that they had:

“... done a lot of crazy things that I never believed I was capable of doing”.

5.43 A number of respondents noted generally being happier, being able to cope better, or taking a different view of issues. All of the Wise Group service users who were interviewed stated that they believed that their involvement with the project was helping them to cope with being released. In the other projects, most of the service user respondents (84%) stated that the projects had had an impact on their ability to cope with their daily lives, and almost all of those interviewed across the projects
noted an impact on how they felt generally, and upon understanding or accepting their feelings (94%).

5.44 A number of respondents also identified an impact on their emotions, and one Open Secret service user, for example, stated that they were:

“... able to show my emotions now. I’m able to cry and I know that it’s okay. It’s a big difference from before. Having emotions is very scary, but I can have a laugh and a joke now too.”

One of the Life Coaching service users also noted that the project was:

“... bringing all the feelings and emotions, the trust and self-respect back to me. These are all the things I thought that I had lost.”

5.45 Several respondents noted that they had improved their contact with their family or others (including, for example, other prisoners). A high proportion (88%) of service users interviewed believed that the projects had had an impact upon their quality of life and relationships. One respondent suggested, for example, that they had been refusing family visits prior to their involvement with the Stress Centre, but were now taking them.

5.46 Many of the users of the Open Secret service identified that the service had helped them to deal with the specific issue of sexual abuse, and several noted the “huge impact” of the service upon their lives.

5.47 All of the service users in prisons believed that their experience of the service / project would benefit them on their release. Many made additional comments such as that the service had been “brilliant” or had “done me the world of good”. Some also suggested that there should be more services of a similar nature provided, for example:

“... all I can say is that if the service wasn’t here a lot of prisoners would be stuck”.

5.48 Many of these perceived benefits by individual participants serve to lend additional support to the views reported earlier about the positive impact of the work upon mental health (and, in turn, upon suicide, self-harm and recidivism).

SPS and individual prisons / staff

5.49 There were also seen to be some benefits of the projects to SPS as a whole, in a number of ways, and these were recognised by those with a strategic role, those delivering the projects and those involved in other discussions.

5.50 It was suggested that this type of initiative allowed SPS to identify whether particular types of work could make a difference (which would, in turn, inform future developments). For this reason, the value of operating pilot projects was identified by some of the respondents (particularly those with a strategic overview of the work). It
was also noted that the work helped to “put mental health on the agenda” and to identify developments which might work in other prisons (although there were varying levels of awareness in individual prisons of much of the Choose Life work being undertaken in other establishments).

5.51 Some respondents also highlighted the potential for projects such as this to impact upon changing the culture of SPS, at least amongst some of those directly involved, by demonstrating the benefits of new approaches. One project, for example, identified that they had successfully challenged some prison staff attitudes to this type of work, and that they were now more likely to recognise its benefits. As has been noted, however, some less positive attitudes persisted and, as will become clear, there remained some additional issues with these.

5.52 The provision of additional services to prisoners was also seen to enhance the level of support available within the prisons, making additional resources available for staff to access in order to deal with issues arising. One of the MDMHT groups noted that, for people who are difficult to engage with, it is essential to use different methods of communication (with Theatre Nemo and the Stress Centre providing examples of this and giving the team more options). The work was also seen to contribute to identified prison outcomes (relating to mental health).

5.53 Staff who had participated on the MHFA course noted a range of benefits to them of the specific training which they had received, in bringing issues to their attention and enabling them to take appropriate action, for example:

“The course complemented the best practice we already use […] and gave me more confidence that what I was doing was going along the right lines.”

5.54 All of the participants who returned postal follow up questionnaires stated that the course had been useful to their work and many noted that they were now better able to cope with prisoners with mental health problems. For example, one noted that:

“I tend to listen with more patience and try to understand with a bit more compassion.”

5.55 The impact of the provision made through the projects upon the prisoners (which has already been highlighted) was also seen to be of benefit to SPS, in terms of prisoners’ behaviour whilst in prison and their reduced likelihood of return. As one respondent noted:

“Difficult to manage people become engaged, less angry, more easy to deal with.”

It was suggested that it was then less likely that a prisoner’s anger would impact upon the prison (e.g. in terms of assaults) and that there would be a calmer environment overall. This, in turn, was seen to lead to more effective use of staff time. A number of project workers noted the impact of the support upon prisoners’ challenging
behaviour. For the mental health team, it was noted that some projects may lead to a reduction in mental health referrals.

5.56 It was also suggested that there were benefits to SPS in the development of links to other organisations, through promoting positive partnership working and raising the profile of SPS. In relation to the MHFA work, for example, it was suggested that the involvement of trainers from the health and voluntary sectors was a useful way of breaking down barriers. One of the MDMHT discussions noted that the projects could allow people to network in a very positive way. Another respondent stated that:

“Even if it has done nothing else it has helped embed prison in local community services and make people more aware of prison issues”.

5.57 A related issue was seen to be the ability of SPS, through work such as this, to demonstrate the ability to undertake innovative provision. The recognition of the health dimension to the work of SPS was also seen to be positive as was the recognition of the existence of some issues by prisons (e.g. childhood sexual abuse).

5.58 In the case of the conversion of space within prisons, it was noted that these rooms provided long term resources for the establishments involved.

Organisations delivering projects

5.59 The organisations involved in the delivery of the projects (along with some of those taking an overview of the provision) identified a number of benefits to these service providers themselves. For example, their involvement in the initiative was seen to develop and enhance the support which they were able to provide, and to develop their experience in (for some) a new setting.

5.60 As with SPS, the work was also seen to provide an opportunity for some to try new forms of provision, which might then lead (in some cases) to the further development of provision. For example, for the Samaritans, the project was seen to have provided an opportunity to initiate a different form of practice with this group of service users, with the volunteer making first contact with the client (rather than waiting for the client to contact the service). The Wise Group noted the opportunity to extend their work with harder to reach groups, and both Open Secret and Theatre Nemo noted the opportunity for further development of experience / learning amongst the workers (and this view was reiterated by some of the workers themselves). Theatre Nemo also identified that the work in prisons had led to further consideration of the provision of workshops for ex-prisoners. The Stress Centre identified benefits in promoting a practice model to assist people with mental health problems in a prison setting.

5.61 It was also suggested that the types of work undertaken could provide additional exposure for the organisations and raise their positive profile, making more people aware of their services. This, in turn, could have a positive impact upon their work in the community. Theatre Nemo, for example noted that representatives of the
project had received an increased number of invitations to speak at events, and that there had been considerable interest in the video which had been compiled as part of the project. The Stress Centre noted that referrals were being received from the prison to their resource in the community.

5.62 It was also suggested that the initiative could bring additional funding to organisations to enable them to provide the types of support involved.

Several respondents also expressed the view that:

“All of the organisations involved get a sense of achievement and all caring organisations can see the positive impact of their work on people’s lives”.

5.63 As with SPS, the networking and development of new links was also seen to be a beneficial aspect of this work, which had an impact upon the organisations delivering the services.

Other issues

5.64 Finally, a small number of other benefits were identified by respondents (relating to different projects), which included:

• Developing safer communities.
• Assisting in the rehabilitation of prisoners.
• Helping families by addressing individuals’ problems.
• Reducing unemployment.
• Addressing a range of social inclusion needs.
• Challenging stigma and overall attitudes to mental health.
• Working across prison / community boundaries.
• Providing “joined-up” services.
• Changing perceptions of prisons, to recognise their role in the provision of support.

VALUE FOR MONEY

5.65 All of those taking a strategic overview of the projects, and almost all of those involved in provision, believed that the projects in this initiative represented value for money, with the perceived reasons for this linking to the impact of the initiative in the ways identified earlier in this section. These outcomes (e.g. prevention of suicide and self-harm, reduction in reoffending and changes to individuals’ lives and experiences) were seen to have substantial implications in terms of the appropriate use of resources.

5.66 Additionally, some Wise Group respondents raised the issue of the cost of imprisonment compared to the project (although clearly there are issues with making such direct comparisons). Other workers in other projects identified the range of provision made, and the level of benefit, for the relatively low cost. One respondent
identified the potential to attract other funding through the demonstration of the value of the work. The potential for the “cascading” of the MHFA course was also identified as cost-effective.

5.67 One respondent summarised a view shared by several participants in this review of the high level of benefit against the low cost of provision, as follows:

“We’re getting everything cheap. The benefits to the people using services are enormous in relation to the costs”.

Another stated:

“How do you put a value on a person? How can you put a value on someone’s quality of life and mental health?”

5.68 Only one project was suggested by any respondents as not constituting value for money, where it was suggested that the work was very similar to that being undertaken by other existing organisations working in the prison.

OVERVIEW

5.69 It is clear from the findings detailed here that the initiative as a whole (which this review set out to assess) is seen to have had a positive impact on a wide range of issues, individuals and organisations. The review has gathered evidence from those most closely involved with this work (in a number of different capacities) to suggest that most of the projects have brought a variety of benefits.

5.70 It is also suggested, however, that the projects have helped to highlight some potential constraints to this type of work, as well as demonstrating “what works” and some of the key lessons which have been learned. These are considered in the following section.
SECTION 6 CONSTRAINTS, LESSONS LEARNED AND SUGGESTIONS FOR DEVELOPMENT

6.1 Although there were many positive benefits identified for these projects, it was also clear that the organisations involved faced a number of constraints which impacted upon their operation. Respondents highlighted some of these, before identifying their perceptions of “what works” and some of the lessons learned from the initiative which can help to inform this type of work in the future.

CONSTRAINTS FACED

6.2 A number of constraints were identified at various stages, which were seen to have impacted upon the operation of some of the projects.

The establishment of projects

6.3 In an initiative such as this, which involved the establishment of nine projects, it was inevitable that some problems were experienced. All of the projects identified some early constraints and difficulties which they faced.

6.4 One project noted that it had been difficult to negotiate with the SPS procurement service at the outset. It was suggested that the service had tended to approach the contract “as though it was building a prison”, and the service provider suggested that there were different considerations in establishing provision such as this.

6.5 The main cross cutting issue, identified by a number of projects, related to the difficulty of introducing work of this nature to a prison setting, and the difficulties in securing the commitment of all of those in the jails. Although there was a high level of commitment from those most centrally involved in the projects, a number of respondents involved in the delivery of the work identified issues with the attitudes (and often misconceptions) of some staff about the work which they were doing. This is discussed further later in relation to some of the constraints of working in a prison setting, but focused largely on the “cultural challenge” to the prisons in adopting these approaches and on issues such as: some staff suggesting that the work involved “pampering” prisoners; concerns about providing resources to this work (although the resources did not come from the prison); and a lack of recognition of the potential benefits of the initiatives.

6.6 Otherwise, the early problems were found to have been largely practical and related to individual projects (with almost all of the projects reporting some teething problems). These practical problems often related to the arrangements required for their operation, and other demands on the prisons and staff. For example, the need to “backfill” posts for people attending the MHFA course was identified. In Cornton Vale, the opening of a new block also meant that the early work on the multisensory room was delayed. Health, safety and security issues were also seen to have contributed to the delay, with a need to provide assurances that the equipment could not be used for self-harm.
6.7 There were also some initial issues which required to be resolved for the Wise Group, particularly in terms of bringing ex-prisoners back to work in the prisons. A number of projects also noted the need to establish appropriate information, access and referral processes to enable people to use the services.

6.8 In terms of other problems, one organisation had a member of staff who had some early concerns about working in the prison setting. Another organisation experienced a number of changes to key prison personnel and the lack of an identifiable contact person in the prison. One project also stated that nobody appeared to know that the project was being introduced. Two projects faced early difficulties in finding appropriate locations for the work and one faced problems in the allocation of time to meet the demands of different prisons. As noted previously, the two projects involving the creation of space experienced problems relating to the availability of staff to enable their use.

6.9 Although a number of projects noted that some of the prison staff were sometimes less co-operative than they hoped, only one project faced a systematic lack of co-operation from key staff who would be involved in ensuring the delivery of the work. A small number of projects experienced negative media reporting.

6.10 Where early issues arose, these were largely addressed (and were seen to have been overcome in most cases) through meetings and discussions with the Co-ordinator and staff within the prisons. Some projects (e.g. the Samaritans) made changes to their actual operating processes in order to address some of their early referral problems, as well as taking additional steps to raise awareness of the provision. It was also noted that there had been some changes to attitudes as staff began to see the benefits of the work taking place.

6.11 There was, however, clearly little that could be done to address the media coverage (although it was noted that additional information was made available to staff about the projects, with clear support provided at a senior level). There were also some continuing practical issues for some of the projects, and one service continued to have significant problems in its operation. Additionally, the two rooms, as noted previously, were still underused at the time of completion of this report.

**Operating in a prison setting**

6.12 All of those with a strategic overview of the projects and almost all of the projects identified specific constraints relating to operating in a prison setting. These issues were also raised in the group discussions and in the postal survey of MDMHTs. Similarly, many of the service users interviewed (66%) identified some problems for projects operating in a prison setting (although this was less common amongst Wise Group respondents, as contact with the project by these service users was largely outwith the prison setting).

6.13 The most common issue identified (as noted above) was found to be the attitude of staff to the work and tensions between welfare and control. Many respondents identified problems with some staff being resistant to this type of work
and antagonistic to the notion of making the provision available. This was seen to have led to a number of problems in practice, and those which were identified included staff:

- Failing to refer prisoners to the services.
- Failing to transport prisoners at times required.
- Being obstructive to projects’ and prisoners’ needs.
- Failing to communicate and pass on information.
- Identifying prisoners’ personal issues in public settings (e.g. shouting across a hall for a prisoner to attend an appointment with a particular project).
- Interrupting discussions between projects and prisoners.
- Disparaging the work of the projects.

6.14 One project worker summarised some of the difficulties as follows:

“Sometimes we phone over for people but they don’t come and we don’t get a proper explanation of why. Sometimes we find out that people wanted to come and didn’t get to, but the reason is not clear”.

One of the service users also suggested a problem with:

“... the way the Prison Officers can act at times – if they don’t like it, prisoners won’t get involved in it.”

6.15 A number of prisoners also highlighted their initial lack of knowledge of the service, although only three service users had any problems in contacting the services once they were aware of them. One noted that an officer had put hurdles in their way, asking why they wanted to see the project worker and stating that they should talk with them instead. Another stated that the original paperwork was lost, and they had had to ask again, and a third waited 6-8 weeks and “started to wonder if it was worth it”. One of the group discussions also suggested that:

“Staff have not got the time to tell people about things and it depends on their attitude whether they would want to. Different halls work in different ways and even different floors within the same hall, depending on staff attitudes.”

6.16 One service user also identified the potential impact of negative attitudes amongst staff or other prisoners, suggesting that:

“At first before I came I could hear a lot of people saying it was a lot of shite and I thought the same.”

6.17 It was recognised that these issues were difficult to resolve (and there was some evidence that they continued to pose some problems). The provision of information about the work; the identification of high level support; encouragement of “ownership” of the work; and demonstrating the benefits of the work were seen to be the most appropriate means of dealing with these issues.
In terms of other constraints, one MDMHT discussion identified the lack of provision of one of the services to prisoners on remand (even where the remand is for a lengthy period) and a staff member also noted in a separate discussion that:

“This is often the first time [an issue] is disclosed and staff are not able to do anything about it with remand prisoners – you have to tell them to tread water, and you lose their trust”.

Another group discussion noted similar problems for short term prisoners in accessing and continuing with support. One service noted that it was not available to prisoners on protection in one of the prisons, and another that there were no group sessions for sex offenders.

Most of the other constraints which were identified for projects operating in a prison setting related to practical arrangements and other demands of, and on, the regime and staff. These included:

- Routines, rules, shift changes and “lockdowns” affecting the times at which provision can be made.
- Differences between prisons (causing problems for projects operating at more than one site).
- Differences within prisons, in terms of consistency of approach to issues.
- Availability of staff / provision of escorts at the appropriate times and generally “getting people to the projects”.
- Interruptions to prisoners’ contact time with the Choose Life projects, for other appointments and tasks (e.g. employment, addictions work).
- Availability of suitable accommodation or other requirements (such as storage space, facilities, refreshments etc.).
- Other constraints in the physical environment (e.g. noise and distress of other prisoners in some areas).
- Communication problems (e.g. the prohibition of mobile telephones, access to appropriate e-mail, access to up to date information on computer systems), all of which could make contact with core organisations difficult.
- Movement of prisoners (sometimes at short notice) to court, other prisons (where the same service may not be available), and liberation.

One organisation also identified a lack of clarity in the role of the prison in relation to a project as a whole, and particularly in the management of project staff. One respondent with responsibility for managing a project stated that some aspects of the specific circumstances of working in a prison setting could lead to workers being physically separate from their own organisations and seeking advice or receiving management from prison staff (for which the prison staff clearly do not have a remit). It was suggested that this could lead to a “blurring” of boundaries and difficulties for workers in balancing the demands of different organisations and staff.

A number of the service users interviewed identified other constraints relating to operation of these types of services in a prison setting, which it was considered might deter prisoners from seeking support. One of the most common issues raised
was any perceived lack of privacy, and this related not only to the need for prison staff to respect their confidentiality, but also to other issues. In one prison, for example, it was noted that there is a need for those using the Link Centre to sign a book (which it was suggested might deter people from using services). Another prisoner noted that:

“If there’s one thing, it’s other people knowing that you’re going to see someone – people don’t want people to know”.

6.23 It was also suggested that prisoners’ own lack of self-esteem and self-confidence in the prison could deter them from approaching services (particularly if this was coupled with a lack of clear knowledge of the service and what it could do).

6.24 One worker in a project identified the prison setting as being “a difficult, exhausting environment” for those delivering the support.

Other constraints

6.25 A number of other constraints were also highlighted and many of the projects identified very specific issues which their projects faced in their implementation. Wherever possible, these were generally addressed in their ongoing practice through changes to the means of operation to acknowledge and tackle development issues.

6.26 More general additional constraints, however, included the level of demand for some of the support and the lack of capacity or availability of some of the provision to address the needs fully. This, in turn, was seen to create pressures on the organisations delivering the services, and led to difficulties in undertaking additional work or developing different forms of provision. In one case, a group discussion raised concerns about the waiting time for access to support.

6.27 One group discussion also suggested that there could be conflict between organisations’ needs and the prison’s needs, in terms of issues such as sharing information, with the observation that:

“... if they open a can of worms then people are at higher risk and staff don’t always know, so they need to pass on the appropriate information. Some organisations do this well and some don’t”.

6.28 Conversely, one of the projects suggested that prison and health staff were sometimes unwilling to share information with them, and several stressed the importance of maintaining confidentiality in the provision which they made.

6.29 A further issue raised in one of the group discussions and by some of the individual projects related to the availability of provision to continue to make support available on release, with the observation that services are beginning to address issues within prison, without follow up support necessarily being available later. It was noted that there are “huge variations across the country” in different forms of support, as well as:
“... a whole lot of red tape and a lack of joined up thinking in the criminal justice system”.

6.30 The availability of resources was raised by a number of projects, with funding issues identified at interview as constraining the level of provision which could be made by some of the projects and, in some cases, limiting the time period for which people were able to engage with a project. There were concerns about the short term nature of the funding, the lack of core funding and the implications of this. Some specific projects also expressed concerns about the future of their provision in the longer term. Two projects also identified constraints to the type of provision which they were allowed or able to make, and another noted their reliance on voluntary effort to ensure provision. A general lack of resources for the range of mental health work was also highlighted by one of the MDMHTs. All of these problems were seen to constrain the broader impact of the prison work.

LESSONS LEARNED AND SUGGESTIONS FOR THE WAY FORWARD

6.31 Although these constraints led to some difficulties for the projects in their operation, it was also argued that lessons could be learned from them, in terms of undertaking future work of this kind. In addition, a range of other elements of good practice and suggestions for the future were identified, and all of these are considered below.

Preparation and publicity

6.32 A number of suggestions were made about the preparation and publicity for projects at an early stage (as well as during their operation). The importance of appropriate preparation in the prisons was stressed by many of the projects, in order to ensure that staff are aware of the work which will be undertaken, and to ensure that the arrangements which are required are in place. The importance of staff commitment from the outset was identified, suggesting the need for clarity about why a project is going into a prison and a need for staff to understand the projects. The need to prepare prison staff emerged frequently as one of the key elements of success. One respondent also noted that:

“The reduction of suicide rates is not always everyone’s priority – there’s a need to understand links to mental health and suicide and the wider picture”.

It was also suggested that projects must have the appropriate equipment, accommodation and other requirements in place from the start.

6.33 Several projects and service users made reference to the need for effective publicity to enable potential users and others to become aware of the projects. It was considered important to ensure that posters and leaflets are as effective as possible, by making them high quality, clear, easy to read and up to date. Service users emphasised particularly the need for clarity about the nature of the support. One project also suggested that the practice of disseminating information to prisoners via
canteen bags could be extended. In relation to the MHFA course in particular, it was suggested that information could be placed on the SPS intranet, and that “roadshows” and “governors’ briefings” could be undertaken.

6.34 The need for a range of staff to be aware of the projects, in order to inform prisoners, was also identified. Some of the project workers also stressed the need to overcome the “residual resistance” of some of the prison staff to this work, and one suggested a workshop involving service providers and prison staff, to describe the provision in detail and to discuss the implications of prisoners not getting to the projects on time.

6.35 It was suggested that there is a need to ensure that appropriate referral systems are in place, and that any problems with the operation of the referral process are identified and addressed.

Management and co-ordination

6.36 The value of the provision of support to projects was identified by a number of respondents, and the need to respond quickly to concerns and issues was highlighted as an element of good practice.

6.37 In terms of the contracting process, it was suggested that a standard outline contract would be beneficial. Two project workers also noted that they had found difficulties with some of the SPS contract language, and it was suggested that these documents should be in plain English, reducing “legalese”.

6.38 Some project workers identified the need for clarity, on the part of projects and SPS, about the services which would be provided, the needs of the organisations, the means of delivery and the anticipated outcomes.

6.39 One of the respondents identified a need to ensure that there is communication from the Project Board to SPS corporately at the most senior level, as well as (in this case) with the Health Department of the Scottish Executive.

6.40 A number of respondents identified the benefits of senior management support to these projects in prisons (with Barlinnie seen to be a good example of this). It was also suggested that it is important to have an identified member of staff within the prisons with responsibility for liaising with each of the projects. This can provide a local contact point to help to identify and address any difficulties arising. It was also suggested that this provides continuity in contact for the projects. One worker also suggested that there could be a link person in each hall with specific knowledge of the projects who could help to facilitate access to them and another member of staff suggested that an overall Choose Life Co-ordinator within Barlinnie, where there a number of projects operating, would be useful.

6.41 It was also noted that the importance of appropriate management within the projects, with adequate support provided to the workers, was vital. It was stressed that there is a need to identify and discuss any anxieties amongst the staff working in the
prisons, as well as to provide a means of discussion of practice and service developments.

6.42 One respondent suggested that they would like to see service users being involved in the management of the projects, but also noted that the turnover of short term prisoners made this difficult. It was also suggested that Life Coaches could perhaps be more involved in providing feedback to inform the operation of the Wise Group project.

6.43 The need for joint working and co-operation was also highlighted, and one of the respondents suggested that one of the factors which impacted upon the success of this initiative was that there had not been a need to construct partnerships from scratch, but that the work built upon existing co-operative working.

Operating arrangements

6.44 The importance of local “champions” of services within prisons was identified repeatedly as one of the ways of increasing the likelihood of success of a project such as this.

6.45 A number of projects also identified the need for “robust confidentiality and communication arrangements”. One of the group discussions also highlighted the need for continuity and consistency of provision from week to week, and the importance of projects being given a high priority was also noted.

6.46 One of the group discussions also identified the need to recognise the particular needs of specific groups of prisoners in the nature of provision. For example, the importance of recognising that women may have particular requirements in relation to the nature of services to address mental health issues was stressed.

6.47 The need for services to take an appropriate approach to their provision was also stressed, and service users referred frequently to the need to have someone to talk to who would listen, as well as the importance of being “treated as a human being”. The overall importance of the service provider’s approach was summarised by one worker as follows:

“Let’s all treat each other as people, then profound and extraordinary things can happen.”

6.48 One respondent identified benefits in having a number of projects in the same prison, because “one size does not fit all”, and it was suggested that this enables prisoners to move from one service to another, or to receive complementary forms of provision.

6.49 One project suggested the need to ensure that evaluation arrangements are clearly specified, in order to provide the information sought by SPS. Another respondent noted that the project reports would have benefited from some more structured statistical information, focusing on issues such as the targets and progress to targets, as well as outcome data.
6.50 Service users identified the need for provision to reflect the need for speedy access to support, in an appropriate location, with prison officers being “more discreet”. One suggested that it would be helpful to be able to self-refer, rather than going through the mental health team, which was seen to be “a bit daunting”.

6.51 The continuing need for widespread staff training relating to mental health issues was highlighted, and one respondent noted the importance of:

“sending a message that this is a very important service and ensuring that staff challenging the culture are supported”.

6.52 The need for support to those delivering the services was also stressed. In terms of specific training developments for project workers, four workers suggested that it would be useful to carry out refresher training on SPS issues and breakaway techniques (perhaps annually), and to have a staff session on coping with the prison environment. One of the service users suggested that the project workers might benefit from specific training relating to self-harm, and one of the Life Coaches suggested that they themselves might benefit from additional support with SVQs. Two of the MHFA participants also suggested regular follow-up meetings or a refresher for those who had completed the course, to continue to focus on the issues covered in the course.

6.53 Some respondents identified the need to continue to develop links to other organisations in prison and in the community (including through prisons themselves inviting more services into the establishments and through projects improving their own links to relevant organisations). One project worker suggested the development of awareness sessions with other organisations about the Choose Life projects and another that there should be an improved forum for voluntary services to meet more often to address overlaps and gaps. One of the projects also highlighted the need for the inclusion of project staff in relevant meetings.

6.54 The need for the further development of work in the community was also identified. For example, one of the MHFA participants suggested that:

“Many workplaces, organisations like the one I work in, still have a very macho image. Mental health / illness is still commonly seen as a weakness, despite courses like these taking place. Perhaps delivering this sort of course within schools / youth clubs can help to dispel this view at an earlier age.”

6.55 It was also suggested that there was a need for further development of appropriate community services to address gaps in provision in some parts of the country (e.g. services for survivors of sexual abuse).

Promoting and sharing good practice

6.56 It was also suggested by many respondents that it was important to continue to promote and share good practice, through, for example:
• Continuing to produce and disseminate the newsletter about the Choose Life work.
• Identifying other means of sharing “good news” with prison management, Link Centre staff and mental health teams.
• Information sharing between projects.
• Enabling meetings between those with an interest in the projects and those delivering them.
• Encouraging the service providers involved to have input to staff training / briefing events.
• Raising public awareness of mental health issues (including suicide and self-harm).

6.57 One MDMHT noted that services that have shown to be of benefit in one establishment should be made available within other comparable establishments.

THE WAY FORWARD

6.58 Finally, some additional comments were made on the way forward, on the basis of the experiences highlighted in this report. Some suggestions were made for the development of individual projects, to address issues which they faced (and all of the project workers and some other respondents made suggestions about how individual services could develop). These were, however, were often very specific to the service and generally related to practical and operational developments (such as: referral processes; service delivery; the nature of elements of the provision; operating practices etc., which are not presented in detail here). Comments were also made, however, about some cross cutting issues.

The need for the projects

6.59 All of the project respondents and all of the service users believed that there was a need for this work to continue in prisons for a range of reasons, including the:

• Need to provide further opportunities to participate in this work.
• Impact of the projects on suicide, self-harm and reoffending (discussed in the report).
• Importance of credible, independent services.
• Potential for further development and information gathering.
• Level of demand and existing gaps in provision.

6.60 It was noted in one of the MDMHT group discussions that the level of demand was high and that the work to date was:

“scratching the surface of the surface of the surface.”

One of the service users also stated that:
“I’ve seen a lot of people coming in and out for years and self-harming. Years ago we had no one to talk to. We felt there was no one who could understand. We have now.”

6.61 One of the group discussions identified the particular value of service providers from outwith SPS being involved in supporting prisoners (with the suggestion that prisoners are less concerned about the consequences of disclosure of mental health issues). This was reiterated by some of the service users themselves.

6.62 Those taking a strategic overview of the work identified a need for the initiative as a whole, and for the continuation of some of the projects, based upon the assessment of those which were proving to be particularly successful. There was general agreement that the Life Coaching work and Open Secret should be mainstreamed (and extended to other prisons wherever feasible) and that the MHFA course should continue to form part of the overall training programme available in SPS.

6.63 It was suggested by a number of respondents that there should continue to be a stress service in Barlinnie, with some input of this type becoming part of the prison provision in the longer term. It was also suggested that the Theatre Nemo provision could continue to have an input, potentially in a number of prisons (if funding could be found from other sources). The Samaritans work was identified as potentially continuing in the longer term as part of their ongoing service provision.

6.64 There is clearly no need for the provision of further support to the Sanctuary room and multi-sensory room, and it was suggested that the existence of similar services to the Hope project in Greenock prison precluded the need for this.

Funding

6.65 A number of projects indicated the need for additional resources (e.g. staff, time, number of sessions etc.) to enable them to extend their provision and to develop their work further. These issues were also raised in group discussions, with the extension and development of services being a common theme. Some project respondents also highlighted specific ways in which they could enhance their services if they received further funding support, and some service users identified that they would like to have additional sessions (or to engage in other forms of work).

6.66 One service user also identified the need for a range of other services in the prison, noting that:

“the only person I see every week is [the worker] and I find it very helpful but I don’t have anything else. I look forward to it, but if you need other help with other things you can’t get it.”

6.67 The need for additional forms of support to complement the work of the projects was also highlighted in one of the MDMHT group discussions, and many respondents also stressed the need for additional mental health resources in prisons to meet the high level of need.
6.68 Some suggested other specific developments to mental health work which would be useful, including allowing day care as a “substitute” for work / programmes (which would address some of the issues relating to competing demands). Some of the MDMHTs also identified developments to mental health work in specific establishments, although resource constraints (and the impact of these on the work which could be done) were also highlighted.

6.69 The general need for adequate and appropriate funding for support provision (if this work were to continue) was stressed by almost all of the projects. One of the MDMHTs noted that the provision of services is “funding-specific” and that some of the work has created a demand which cannot currently be fulfilled.

6.70 One respondent suggested the need for continuing Scottish Executive funding (given the links to the Choose Life priorities) while others suggested a need for continued funding from SPS. It was also suggested that services should explore other potential sources of funding which are relevant to their own particular areas of work. A number of respondents also identified the need for mainstreaming of specific services which were filling identifiable gaps in provision.

OVERVIEW

6.71 All of these suggestions reinforce the value of such an initiative as a means of learning lessons which can inform the way forward. It was noted by one project that it is now important to take stock of the findings of this evaluation and to consider the nature of the services and the means of future evaluation, before developing provision on the basis of this reflection.

6.72 The final section summarises the main conclusions which can be drawn from the initiative and the review, and their implications for work in the future.
SECTION 7 CONCLUSIONS AND IMPLICATIONS

7.1 A number of conclusions and implications can be drawn from this review of the SPS Choose Life initiative, which are summarised briefly below.

CONCLUSIONS

7.2 It is recognised that this broad overview of the SPS Choose Life work makes it difficult to draw conclusions about specific individual projects, but general conclusions can be drawn relating to a range of aspects of the initiative as a whole.

The nature of the projects

7.3 The range of pilot projects in prisons in Scotland, funded through the Choose Life initiative, provided an opportunity to test a variety of interventions. The value of such a pilot in identifying lessons for the future was well-recognised.

7.4 The work which was undertaken was seen to be consistent with the Choose Life initiative overall, as well as with other strategic work in SPS. There was a general recognition of the relevance of the work undertaken to addressing suicide, self-harm and recidivism with prisoners, and the potential to impact on these (and other) issues. These projects were seen to have been based upon identified need and the experience of the providers involved.

7.5 There were not seen to be major gaps in the work undertaken, and it was noted that it had never been intended that this initiative would aim to cover all potential forms of provision.

7.6 A number of projects were seen to have been very successful by those delivering and receiving the services. Although most projects faced some constraints, the most successful projects were generally seen to have been:

- The Wise Group Life Coaching project.
- Open Secret.
- Stress Centre.
- Mental Health First Aid.
- Theatre Nemo.

7.7 Some issues arose in the course of the operation of some of these projects. It was suggested, however, that these were recognised, discussed and addressed (or are being addressed) in the course of the projects’ operation and that they did not detract from the overall need for, or value of, the provision.

7.8 Although there were some concerns about the level of use of the service, the work undertaken by the Samaritans was also seen to be useful.
7.9 There were more substantial concerns about the Hope Project (which faced recruitment problems and a number of additional difficulties, and was seen to have been less successful overall).

7.10 Two projects faced operational problems in their usage, although the facilities themselves are well-regarded and can continue to provide resources to the prisons involved in the longer term:

- Multisensory room.
- Sanctuary.

7.11 Although it is impossible to measure each of the projects against their individual aims and objectives, the work which took place accorded largely with the work which was envisaged in most cases.

**Preparation for the projects**

7.12 The selection of projects was seen to have been appropriate by those involved, with the use of a scoring system and the decision by a group which was convened to assess the bids.

7.13 The levels of funding and the costs of the projects varied considerably, with most of the funding met by the Choose Life budget. Only two projects received funding from other sources.

7.14 A low key approach was taken to the preparation for the projects within prisons, with the focus of this being largely upon practical issues and ensuring that those involved received the SPS induction which they required. Where specific meetings were held within prisons, these tended to be with the relevant management, rather than making information available to staff on a large scale. There was also some further preparation with the workers of the projects, although the nature of this varied.

7.15 A range of means of enabling prisoners and ex-prisoners to access projects was identified, including: targeting potential users; providing written information, leaflets and posters; providing information at induction; and referral by other staff (with other staff and organisations being found to be a common means of information and access).

**Implementation, evaluation and monitoring**

7.16 The overall co-ordination of the projects was generally seen to have been undertaken in an appropriate and effective way, and it was considered helpful to have had an individual with responsibility for the co-ordination of the work.

7.17 The Project Board was considered to have been a useful means of overseeing the work, and the feedback provided to the Board was seen to have been valuable,
although some suggestions were made for the development of additional information. These link to some of the suggestions for future evaluation, which are discussed later.

7.18 Most of the projects had written contracts and identified their aims and objectives, but there were some differences in the nature of these, in terms of the information included. Some of the specific objectives were quite ambitious for the size and timescales of the projects. Additionally, there was not a consistent approach to the specification of targets, outcomes and the anticipated impact of the projects.

7.19 While a range of information was gathered by the projects, there were variations in the evaluation undertaken, with some conducting independent evaluations, while others gathered information themselves. There was no consistent approach to the types of information collected, the tools used, nor the means of presentation of data. A specific gap was identified in the collection of information by some of the projects about the impact of their work.

7.20 While the links to other areas of work were generally recognised by the projects, the links which developed at an operational level were varied. Although links to other work or organisations within the prisons and in the community had clearly developed to an extent, these were more extensive in some projects than others, with some scope for further development.

The impact of the projects

7.21 Service users had a wide range of needs from the projects, although often did not know what to expect from the provision. The work of the projects was seen to have had a wide range of benefits, and it is clear that it did serve to address the objectives of the initiative as a whole.

7.22 There was a very high level of overall satisfaction with the services provided, amongst those taking a strategic overview, as well as those involved in the overall management of the services and in the delivery of individual projects. Service users themselves also expressed very positive views of the provision overall, which often exceeded their expectations. All of the service users from all of the projects were satisfied with the way in which their needs had been addressed and the ways the projects worked with them.

7.23 There was a strong belief amongst those involved that the projects had had an impact on suicide and self-harm, and although the difficulties of measuring this were acknowledged, there was considerable evidence to support these perceptions. This included evidence from participants and other sources, as well as the logical links between addressing issues which impact upon mental health and reducing the likelihood of suicide and self-harm. The projects were also seen to have had an impact on the understanding of suicide and self-harm.

7.24 Similarly, there was a strong belief that some of the projects impacted upon reoffending in a range of ways (particularly, but not only through the Wise Group Life Coaching work). Although again there was limited statistical evidence of this,
there was considerable evidence from participants themselves and other sources to support this assertion.

7.25 Other benefits to individual participants were seen to include improvements to their overall quality of life; well-being; skills; support and understanding; self-esteem; communication; choice; relationships and coping.

7.26 Benefits to SPS were seen to include: enabling SPS to “test” different forms of provision, and identify “what works”; challenging aspects of the culture of SPS; increasing resources and support available; improving work with prisoners; improving prisoners’ behaviour and the overall atmosphere; developing positive links and partnerships; and demonstrating the ability of SPS to promote innovative work, recognising the relevance of health-related issues.

7.27 Benefits to the organisations involved in delivering the projects were seen to include: developing their provision and experiences; providing an opportunity to promote new experiences; raising their profile; providing an opportunity to attract future funding; and enabling networking.

7.28 There was a widely held view that the initiative as a whole represented value for money, as did almost all of the projects individually.

Constraints and problems

7.29 Most of the projects were found to have faced a number of constraints at various stages in their operation, some of which related to working in the prison setting and some to other issues. At the start of the projects, the main cross-cutting issue was the introduction of work such as this to the prison setting, and the lack of acceptance of the work by some staff. There were also some practical constraints for individual projects, many of which were addressed, although some continued.

7.30 Many of the ongoing constraints also related to specific difficulties in operating in a prison setting, with the main issue raised again being the attitudes of some staff (and the consequent impact of these upon the operation of the projects). Other constraints related to the limited availability of services to some groups and to other demands of the prison regime (such as routines; rules; approaches; other tasks; staffing issues / escorting prisoners; movement of prisoners; environmental issues and a perceived lack of consistency). Communication and management issues were also raised, along with the need for appropriate accommodation and privacy.

7.31 Other constraints included: the level of demand for support; difficulties with information sharing; the availability of follow up support and a perceived lack of funding (and continuing, long term funding).

Lessons learned and suggested developments

7.32 On the basis of all of these findings, a number of lessons were seen to have been learned from the pilot project which are relevant to the further development of
work of this type, and the implications of the findings will help to inform the way forward for any similar initiatives in the future.

IMPLICATIONS OF THE FINDINGS

7.33 The implications of the findings are outlined below, in terms of the need for different types of work, the nature of projects, a range of aspects of their implementation, evaluation and monitoring and the dissemination of information.

Types of work

7.34 There is a clear link between some of the work undertaken through these projects and mental health issues for prisoners. The findings suggest that there is potential for the implementation and development of a range of forms of work, which can impact upon the overall mental health of prisoners and, in turn, help to prevent suicide, self-harm and some re-offending. The work can also bring a wide range of other benefits to individual prisoners, SPS and the organisations delivering the work.

7.35 The need for the provision of support at the time of leaving prison is well-recognised, with scope for projects following the model developed by the Life Coaching project to develop in other areas. This would extend the use of peer support as well as developing employment opportunities for those involved as Life Coaches (and is perhaps more successful than projects which might duplicate existing support or provide a form of service which is less likely to be used). There is also likely to be value in the continuation of the proactive provision by the Samaritans project to prisoners on release (although the level of take up suggests that this should perhaps be one of the options of the general Samaritans service, rather than a specific project).

7.36 There appears to be a widespread need for work to tackle issues for survivors of childhood sexual abuse in prisons, through the provision of specialist support by community organisations with appropriate expertise.

7.37 Staff training for prison staff, and provision of training to prisoners, can challenge assumptions and attitudes about specific issues which are relevant to mental health, and can enable them to provide basic support to others. There is a need to continue to address attitudes to mental health, and the potential to continue to provide training to cover a larger number of staff in the future. Additionally, the potential to extend the methodology to cover other issues is clear.

7.38 There is scope for the use of innovative methods to tackle stress and other mental health issues in prisons. It would seem beneficial to continue the type of provision made through the Stress Centre, and this could be made available in other prisons. Although there may not be scope for the establishment of specific “stress centres”, it may be possible for sessional individual and groupwork by appropriate workers. Similarly, innovative, arts-based projects such as Theatre Nemo could be extended to other prisons, to address some of the issues which prisoners experience and to provide positive experiences. The provision of such spaces and equipment such as the multi-sensory, “snoezelen” room would also seem to have the potential to be
implemented elsewhere (and there is general value of the creation of appropriate space / surroundings for work which may have an impact on mental health).

7.39 Some of these projects and developments could clearly be implemented in combination. Consideration should also be given to whether there is a way of including prisoners who may benefit from, but are currently unable to access, services (e.g. remand prisoners).

7.40 It is recognised that all of these findings have resource implications, and where such work is extended, it is clearly essential that any provision is resourced appropriately. It is also vital that the providers involved have the capacity to meet the needs identified.

**Preparation for projects**

7.41 The findings suggest a need for preparatory work in the prisons in an initiative such as this, with the provision of information to staff about the work which is anticipated, the reasons for this, and the ways in which they may be involved.

7.42 Whilst the potential difficulties of publicity are recognised, it may be appropriate to consider briefing some relevant prison officers and other organisations prior to implementation, clarifying the nature and purpose of the provision which is envisaged, as well as the procedures for accessing the resources. It may also be useful to provide regular briefings to staff about the work which is taking place and to identify one key link person within each hall.

7.43 It is clear that the provision of visible and high level support, as well as building ownership at a local level, can be beneficial in securing support for work of this type. It is also important to ensure at the outset that the work will not duplicate the work of other organisations.

7.44 Some preparatory work should also be undertaken to identify any potential practical problems for projects. It is important to clarify exactly what will be required from the prison and to ensure that this is in place from the outset (including, for example, space / accommodation, processes and procedures, equipment, communication etc.).

7.45 All of the projects should also be brought together at an early stage in an initiative, to discuss the overall goals and to set their work in its broader context. It may also be useful to discuss some of the constraints of working in a prison setting with the project workers, and to identify potential means of overcoming these.

**Management**

7.46 In terms of overall implementation, the employment of a Co-ordinator and the Project Board approach (involving the key organisations at a strategic level), appears to work as a model, particularly where the initiative brings together a range of different forms of work. It is suggested that this model should form the basis of future work of this type, with the Co-ordinator supporting projects and the Board taking a
strategic overview, with regular feedback from individual projects in a form which enables members to consider the initiative as a whole. It is also important that there is regular communication between the Project Board and SPS corporately at a senior level, as well as with any sponsor department.

7.47 The mechanisms for the provision of support to organisations, as required, should be built into an initiative from the outset. Similarly, the means of provision of support to individual staff who are delivering services from the managing organisations should also be clear.

7.48 Services should be aware of the main source of advice and information, as well as the means of raising any emergent issues. It is suggested that a brief proactive contact with projects each month (e.g. by e-mail or telephone) might identify any potential issues at an early stage and provide additional support.

7.49 It would be valuable to have a standard contract format in plain English for each individual project in a composite initiative such as this, within which it is clear what constitutes an overall aim and specific objectives for a project (in terms of the information that should be included). Any targets should be specified clearly in all of the contracts, as well as the overall and specific means of measurement. The level and nature of the service to be provided should be identified clearly, as should the expected outcomes and links to other relevant work.

7.50 The regular reports provided by projects should be examined, and any emergent issues discussed with projects at that stage. A one-off visit to each project, at some point in the initiative (involving all of the workers), should also be considered.

7.51 There is a need for clarity of management and operating arrangements between prisons and projects, and a need to identify the role of prison staff. There is also a need for a key link within each prison for the projects (while the overall management of projects is located clearly with the main organisations). Consideration should also be given to identifying ways of feeding prisoners’ views into the management of projects and the initiative as a whole, on a more regular basis.

**Implementation and development of provision**

7.52 As projects are implemented, there is a need to ensure that effective publicity, referral and operating arrangements are in place, with consideration of innovative means of making potential participants aware of services.

7.53 There is also scope for continuing discussion of ways of overcoming some of practical difficulties which have been highlighted in this report, in order to maximise the use and benefits of the projects.

7.54 It is important to clarify when and how information will be shared and consideration should be given to developing protocols between prisons and some projects, as required. Similarly, it is vital to develop positive and effective communication amongst all of those involved with projects.
7.55 Individual projects such as this have wider relevance, and there is scope for the further development of links to a range of organisations working in prisons and the community. It is considered important that these links (and the promotion of multi-agency working generally) are identified and encouraged as aspects of good practice.

7.56 The reasons identified for positive views of the projects, along with the lessons learned, suggest that the implementation and development of projects should reflect the need for:

- Clarity of goals, provision, value bases and operating procedures.
- Thorough planning and preparation.
- Understanding of the issues and setting.
- Positive attitudes.
- Positive co-ordination, management and support.
- Timely access to well-publicised and accessible support.
- Provision of appropriate advice and information about other services.
- Development of an appropriate approach (which is responsive to users’ needs, flexible, non-judgemental, “listening” and understanding).
- Provision of opportunities for service users to talk, with workers who are seen to be “there for them”.
- Respect for privacy and confidentiality.
- Continuity and consistency in provision.
- Good communication, networking and joint working.
- Commitment to the work from the highest level and “a will to make it work”.
- The identification of the work as a high priority.

7.57 It is also important that the staff delivering the projects receive appropriate ongoing training and support to enable them to work in a difficult and demanding environment and to address particular issues. Staff should be consulted regularly in relation to their training needs, and appropriate provision should be made to meet these needs, as required.

**Evaluation and monitoring**

7.58 In the development of work such as this, where a range of separate projects come together under an overall initiative and common aim, there is a need for clarity and consistency in the approach to evaluation and monitoring.

7.59 It is suggested that an overall evaluation framework should be developed at the outset, specifying the approach which will be adopted for the evaluation of the initiative as a whole, and the approach to evaluation which is expected of each individual project.

7.60 It is suggested that, rather than individual projects undertaking different forms of external evaluation, it may be useful to have an overall external evaluation of all
the projects, co-ordinated by SPS from the start. This can adopt a more consistent overall approach, whilst enabling specific individual projects to gather additional relevant information.

7.61 It would be reasonable to expect each project to collect basic statistical information, and the nature of this should be specified clearly. Again, there can be scope for individual projects to gather additional material, but the identification of core essential data would provide a consistent body of basic information.

7.62 There is a need for clarity about the methods of collection of meaningful outcome and impact information for projects such as these. If tools such as the health questionnaire are to be used, it is important to specify to each project the ways in which this should be done, and the findings should perhaps be collated centrally, rather than by individual projects.

7.63 It may, however, be more appropriate to design a specific questionnaire which can be used to measure a small number of relevant outcomes by all of the projects. Again, where organisations wish to use other materials (e.g. as part of their therapeutic work) these can be used alongside this basic questionnaire, to supplement the information gathered. This would perhaps help to ensure consistent and comparable core data collection.

7.64 It is also considered important to build in, from the outset, a means of capturing regularly the views of service users and staff delivering projects. There may also be scope for one-off exploration of these views at specific stages. All of the information gathered should link to the overall aims and objectives of the initiative as a whole, and those of the individual projects.

7.65 It may be valuable, in an initiative such as this, to arrange an evaluation seminar at the start of projects’ involvement to identify and clarify these arrangements. This would be supplemented by one to one meetings to discuss the means of undertaking the evaluation and to ensure that projects are clear about the use of tools. There may also be value in specific evaluation seminars at various stages in the project.

7.66 It is suggested that projects should be asked to provide reports at a specified time, to an agreed structure and length, in order that the material can be collated and disseminated to members of the relevant Project Board.

7.67 At this stage in these projects, it is perhaps inappropriate to introduce wholesale changes to information gathering, but it is suggested that a meeting to discuss evaluation information required during the remaining period should be held with each of the projects. Any projects which have faced specific problems in information gathering should be assisted to develop and use appropriate tools for this period.
Funding

7.68 Following the current funding period, the issue of future longer term funding for projects such as this is clearly complex, given the variation in the nature of the work, the potential for further roll-out and the mix of establishments involved. At the time of writing of this report, a reduced level of Scottish Executive funding had been made available to the SPS initiative, and it was intended to extend the contracts of a number of projects for a further six month period from their end dates (including the Wise Group, Open Secret, the Samaritans and the stress service provision, with the latter being re-tendered). The Co-ordinator’s post also continued to be funded.

7.69 Whilst this additional funding enables provision to continue in the short term, it is suggested that consideration should be given as soon as possible to the provision of secure mainstream central funding for those services which are addressing gaps in provision of key forms of support (e.g. peer support and support with sexual abuse issues), and the potential to extend provision to other jails should be explored.

7.70 The MHFA course should continue to be part of the range of training available to prison staff and should be promoted widely. The Samaritans work should become an integral part of that organisation’s service to prisons. Additionally, individual prisons, wherever possible, should be encouraged to provide some of the other forms of provision which have proved successful (e.g. Stress Centre work and arts work).

7.71 Consideration should also be given to service providers exploring other sources of funding for their work with prisoners (as has been the case with the Wise Group and Theatre Nemo).

7.72 For those projects which receive continuing funding in the short and longer term, it is considered important to take account of the implications of the findings of this review, consider the arrangements for the provision of the services in the light of the findings, identify clearly the means of future evaluation and develop provision on the basis of these considerations.

Dissemination of information and promotion of good practice

7.73 There is clear value in projects learning from each other, as well as in other establishments learning from existing projects.

7.74 It is considered essential to continue to disseminate information about the projects and their impact, and to continue to raise awareness of the value of such work. This can be undertaken through the use of written material (such as the newsletter) as well as other means (such as briefings, discussion in a range of networks, awareness raising sessions etc.). A summary of the findings of this review could be disseminated widely to highlight the benefits of the work which has been undertaken to date.

7.75 It is also considered important to continue to tackle some of the issues which have been raised relating to staff attitudes, and to provide training and awareness to challenge and address these. The inclusion of specialist organisations in the provision
of training might also help to raise awareness of some of the specific issues which prisoners face.

7.76 It is also important to challenge negative publicity through strong endorsement of the work from the highest level, supported by evidence of the value of the initiative.

Other developments

7.77 There are many issues which have emerged from the report which will be of wider relevance than to SPS and the organisations involved, and which will be of interest to, for example, the broader Choose Life initiative and the work of the Community Justice Authorities. It is suggested that these findings should be raised and considered wherever appropriate.

7.78 The findings suggest that there is a general need to see mental health work as an integral part of addressing prisoners’ needs, and to identify the most appropriate ways of ensuring that prisoners who require this support have access to it (perhaps involving more flexible approaches to their daily routine).

7.79 It is also important to see this as part of a wider range of developments to address mental health needs in prisons and to ensure a “joined-up” and consistent approach.

7.80 It has also been suggested that there is a need to develop additional support in the community for prisoners who are released, and to enable seamless provision to address their needs. The need for broader public awareness of mental health issues is also clear.

OVERVIEW

7.81 It is evident that this initiative has had a positive impact on a number of issues, including self-harm, suicide, recidivism and the promotion of mental health and well-being amongst service users. There have also been many lessons learned from the implementation of such a multi-faceted piece of work, which should be beneficial to SPS and the organisations involved.

This report has provided an overall summary of some of the key aspects of the SPS initiative, which should help to inform mental health developments and other similar initiatives in the future.
ANNEX 1 METHODOLOGY

The research undertaken included the use of a range of methods to consider the initiative overall and the individual projects.

BACKGROUND

It was recognised that, in order to provide an overview of the SPS Choose Life initiative, the review needed to identify, as far as possible:

- Whether the projects are working.
- The impact of the projects.
- Good practice and lessons learned.

The scope of the review

In identifying the methodology which would be used to undertake this, it was important to recognise a number of issues which would have an impact upon the scope and nature of the review.

Firstly, it was identified that it was clearly impossible, within the resources and timescale available, to conduct a full individual evaluation of each of the projects and to provide comprehensive information about each. For that reason, it was important to work with the information which was available, as well as to provide some supplementary information wherever possible.

Secondly, it was also recognised that there are many difficulties in measuring the specific impact of this type of work upon overall issues such as instances of suicide and self-harm and recidivism, for a number of reasons, including:

- The difficulties of assessing cause and effect in considering statistical information about rates of suicide, self-harm and recidivism.
- The potential longer term impact of the work which would not be identified through current measures.
- The potential for a range of other influences upon, for example, a prisoner or ex-prisoner’s mental health, the length of time an offender spends at liberty and an offender’s lifestyle.

These issues made the use of broad statistical measures problematic (although clearly these help to supplement other information).

Thirdly, many of the projects faced difficulties in the actual measurement of the effect of their implementation. Where views expressed about the impact of the projects were supported by evidence, this tended to be anecdotal, short term and qualitative material from those involved in the projects. This provided, however, a large amount of valuable information for the identification of the impact of the work.

Finally, there were difficulties in identifying the views of service users of at least some of these projects, for the following reasons:
• The nature / sensitivity of some of the issues being addressed.
• The difficulties of introducing evaluation when participants face stress or personal difficulties.
• Practical problems of follow-up of ex-prisoners in the community.

The methodology was designed to take account of these difficulties, whilst gathering significant additional information.

METHODOLOGY

Within the constraints outlined earlier, the following broad areas of work were carried out, for most projects:

• Examination of existing documentary information and the use of evidence therein.
• Examination of statistics relating to the level of usage of projects (compared to targets, where relevant).
• Collection and analysis of the views of those delivering the project.
• Collection and analysis of the views of some other key staff (including prison officers).
• Collection and analysis of the views of some service users.

The review took place in two stages, with the first examining the nature and scope of the work and the evaluation information available, and the second the collection and collation of the information to form the basis of this report.

Stage 1

Stage 1 involved two main strands: the examination of background material and preliminary discussions with individual projects.

Examination of background material

It was recognised from the start that the SPS Choose Life projects were being carried out within the overall context of work to address suicide at a national level (and particularly the National Strategy and Action Plan) as well as developments within SPS.

The first strand of stage 1 involved the exploration of existing background material relating to the National Strategy and relevant SPS work, as well as the examination of evaluation reports which were prepared about any of the projects.

Visits to projects / interviews with key personnel

The other main strand of the first phase involved the arrangement and completion of visits to each of the projects, and the completion of interviews with key personnel. The purpose of these visits and interviews was to discuss:
- The nature of the work undertaken.
- The evaluation information collected by each.
- The ways in which their evaluation, review and assessment of work was carried out.

An interview was also conducted at this stage with the Choose Life Co-ordinator.

**Stage 2**

At the end of stage 1, considerable information had been gathered, and the types of information which were required at stage 2 had been identified. The second phase involved the collection of additional information and the collation of all of the material. This is summarised below.

**Documentary evidence and statistics**

For each of the projects, some documentary material was made available and assessed, and the nature of the information available is summarised below.

<table>
<thead>
<tr>
<th>Project</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health First Aid</td>
<td>Formal evaluation report.</td>
</tr>
<tr>
<td>Wise Group Life Coaching</td>
<td>Quarterly progress reports and interim evaluation reports.</td>
</tr>
<tr>
<td>Samaritans</td>
<td>Reports to the Co-ordinator.</td>
</tr>
<tr>
<td>Hope</td>
<td>Monitoring reports.</td>
</tr>
<tr>
<td>Open Secret</td>
<td>Progress reports.</td>
</tr>
<tr>
<td></td>
<td>Existing tools (developed further in consultation with staff).</td>
</tr>
<tr>
<td></td>
<td>Statistical information.</td>
</tr>
<tr>
<td>Stress Centre</td>
<td>Progress reports.</td>
</tr>
<tr>
<td>Multi-sensory room</td>
<td>None available due to the stage of the project.</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>None available due to the stage of the project.</td>
</tr>
<tr>
<td>Theatre Nemo</td>
<td>Documentary material about the project.</td>
</tr>
</tbody>
</table>

**Views of staff**

The views of the staff involved in delivering the projects were also sought, as follows:

<table>
<thead>
<tr>
<th>Project</th>
<th>Interviews / discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health First Aid</td>
<td>SPS staff member with responsibility for this; trainer involved in pilot; and those delivering the current project.</td>
</tr>
<tr>
<td>Wise Group Life Coaching</td>
<td>Co-ordinator; staff of the project; Glasgow Healthy City Partnership; and key prison staff.</td>
</tr>
<tr>
<td>Samaritans</td>
<td>Overall co-ordinator; and volunteers in local branches.</td>
</tr>
<tr>
<td>Hope</td>
<td>Co-ordinator, worker and key prison staff.</td>
</tr>
<tr>
<td>Open Secret</td>
<td>Open Secret staff member with overall responsibility for the project; project workers in the prisons; other relevant staff; MDMHTs (Cornton Vale, Polmont, Glenochil) and prison staff.</td>
</tr>
</tbody>
</table>
Stress Centre Co-ordinator; project workers; and key prison staff.
Multi-sensory Room Key staff; manager; and other prison staff.
Sanctuary Chaplains; and key prison staff.
Theatre Nemo Overall co-ordinator; sessional workers; and key prison staff.

Views of service users

The views of some service users, wherever possible, were also sought, as outlined below.

<table>
<thead>
<tr>
<th>Project</th>
<th>Interviews / discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health First Aid</td>
<td>Those involved in the course (NIC prisoner group and key staff) alongside self-completion forms to other course participants.</td>
</tr>
<tr>
<td>Wise Group Life Coaching</td>
<td>Life Coaches and service users.</td>
</tr>
<tr>
<td>Samaritans</td>
<td>None (considered inappropriate).</td>
</tr>
<tr>
<td>Hope</td>
<td>None (considered inappropriate).</td>
</tr>
<tr>
<td>Open Secret</td>
<td>Service users in Polmont, Cornton Vale and Glenochil.</td>
</tr>
<tr>
<td>Stress Centre</td>
<td>Service users in Barlinnie through group discussions and individual interviews.</td>
</tr>
<tr>
<td>Multi-sensory Room</td>
<td>None (implementation at an early stage).</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>None (implementation at an early stage).</td>
</tr>
<tr>
<td>Theatre Nemo</td>
<td>Service users in Barlinnie through group discussion and individual interviews.</td>
</tr>
</tbody>
</table>

Other work

The following additional work was carried out:

<table>
<thead>
<tr>
<th>Work undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background reading and development of background material.</td>
</tr>
<tr>
<td>Circulation and analysis of a questionnaire to MDMHTs in all prisons in which there had not been a project.</td>
</tr>
<tr>
<td>Group discussion with prisoners in Barlinnie about general mental health needs of prisoners.</td>
</tr>
<tr>
<td>Discussions with prison staff (Barlinnie, Polmont, Cornton Vale, Glenochil) about general mental health needs and views of projects.</td>
</tr>
<tr>
<td>Group discussions with MDMHTs in relevant prisons.</td>
</tr>
<tr>
<td>Interviews with SPS Choose Life Co-ordinator and other identified participants with a strategic overview of the projects.</td>
</tr>
<tr>
<td>Final follow up telephone discussions with a key contact in each project to ensure that the material was up to date at the time of completion of the review.</td>
</tr>
</tbody>
</table>

OVERVIEW

The two stage review process provided a very large amount of information about the projects and perceptions of these.
The material which has been summarised in the report, from all of these sources, provides a number of lessons which can help to inform work of this type in the future.