

Equality and Human Rights Impact Assessment Publication Document



This template summarises the key decisions/actions taken in the EHRIA, and is published on the SPS external website in compliance with legal requirements.

Title of Policy:	Self-Harm Guidance		
EHRIA Lead Person:	Dawn McCarthy	Role & Establishment/Business Area:	Health Policy Manager Strategy & Stakeholder Engagement
Date EHRA Completed:	25/11/20	Is this a new or revised policy/practice?	New <input checked="" type="checkbox"/>
Date EHRA published and where:			Revised <input type="checkbox"/>
Review Date and frequency:	25/05/22 then on annual basis		
Aims of policy/practice:	This Self-Harm Guidance addresses the requirement to have a separate and recognised process in place to manage those who self-harm. The Self-Harm Guidance describes a recognised process which will be introduced to manage those who self-harm in order to reduce and manage self-harm and attempted suicide within the estate. Minimising the harm or reduction in self-harm behaviour in prisons is the responsibility of everyone who works with people in custody.		

<p>What quantitative and/or qualitative evidence as well as case law relating to equality and human rights have you considered when deciding to develop new or revise current policy/practice?</p>	<p>Overcrowding, as well as related problems such as lack of privacy, can also cause or exacerbate mental health problems, and increase rates of violence, self-harm and suicide. (Penal Reform International 2020). It was also concluded that 'self-harm was higher when overcrowding and turnover increased' (International Journal of Environmental Research and Public Health 2017)</p> <p>Harm minimisation approaches do not encourage self-harm nor do they seek to stop the self-harming behaviour in the short term, it is about maximising safety in the event of self-harm. Where people have accurate information on how, where and what with regards to basic anatomy, physiology, first aid, wound care and safer ways to harm, the risks can be reduced (Shaw, 2012).</p> <p>About 3 in 100 people who self-harm over 15 years will complete suicide. This is more than 50 times the rate for people who do not self-harm. The risk of suicide increases with age and is much greater for men. (Royal College of Psychiatrists, 2020)</p> <p>Equality Act 2010 and Prison (Scotland) Rules 2011</p>
<p>Who did you consult with?</p>	<p>Trade Union Side. NSPMG which includes external partners Breathing Space / NHS. SPCPAG. Local Suicide Prevention Coordinators in Grampian, Shotts, Edinburgh and Greenock. Mental Health Team HMP Shotts Doris Williamson NHS Barlinnie and Low Moss.</p>
<p>What did you learn?</p>	<p>Feedback was very supportive of the emphasis on harm reduction, and a multiagency approach to supporting individuals through individualised care planning.</p> <ul style="list-style-type: none"> •Plans for staff training - All staff must be equipped to implement new guidelines. Training should provide staff with knowledge about (i) self-harming behaviour; (ii) the principles of a harm reduction model; (iii) the policy; and (iv) in situ skills practice and development in the sensitive interviewing style required for the assessment and care planning proposed. •It would be helpful to state that self-harm can serve multiple functions for the same person at different points in time. Also, to briefly explain the many other functions of self-harming behaviour including for example a means of communicating distress, care seeking behaviour, a form of self-punishment, a survival strategy, and even the re-enactment of trauma and abuse. •Additional studies are reviewed for inclusion, specifically research that has explored prison related factors that may impact upon rates of self-harm. •Review the wording to indicate that the risk attached to the use of a ligature whether with suicidal intent or not is such that it will always be managed under the TTM process. •Include a slightly wider range of coping strategies and also explain in a little more detail some of the strategies that are recommended. •The information leaflet be checked for readability based on the average reading age of the prison population
<p>How did the consultation shape the policy/practice?</p>	<p>Staff Training will be developed to include the learning from above.</p>

<p>What quantitative and/or qualitative evidence as well as case law relating to equality and human rights have you considered when deciding to develop new or revise current policy/practice?</p>	<p>Overcrowding, as well as related problems such as lack of privacy, can also cause or exacerbate mental health problems, and increase rates of violence, self-harm and suicide. (Penal Reform International 2020). It was also concluded that 'self-harm was higher when overcrowding and turnover increased' (International Journal of Environmental Research and Public Health 2017)</p> <p>Harm minimisation approaches do not encourage self-harm nor do they seek to stop the self-harming behaviour in the short term, it is about maximising safety in the event of self-harm. Where people have accurate information on how, where and what with regards to basic anatomy, physiology, first aid, wound care and safer ways to harm, the risks can be reduced (Shaw, 2012).</p> <p>About 3 in 100 people who self-harm over 15 years will complete suicide. This is more than 50 times the rate for people who do not self-harm. The risk of suicide increases with age and is much greater for men. (Royal College of Psychiatrists, 2020)</p> <p>Equality Act 2010 and Prison (Scotland) Rules 2011</p>
	<p>An Understanding Self-Harm information sheet for staff includes added detail regarding the functions of self-harm as well as detailing the variety of coping strategies which can be recommended.</p> <p>Addition studies were undertaken to include overcrowding and bullying as factors which can impact on rates of self-harm.</p> <p>Guidance states the risk attached to the use of a ligature whether with suicidal intent or not is such that it will always be managed under the TTM process.</p> <p>The information leaflet will be checked for readability based on the average reading age of the prison population prior to implementation of Guidance.</p>

What effect does the new/revised policy/practice have on:	
<p>1. Contributing to eliminating discrimination, harassment and victimisation?</p>	Positive <input checked="" type="checkbox"/>
	Negative <input type="checkbox"/>
	No effect <input type="checkbox"/>
<p>2. Advancing equality of opportunity between those who share a protected characteristic and those who do not?</p>	Positive <input checked="" type="checkbox"/>
	Negative <input type="checkbox"/>
	No effect <input type="checkbox"/>
<p>3. Fostering good relations between those who share a protected characteristic and those who do not?</p>	Positive <input checked="" type="checkbox"/>
	Negative <input type="checkbox"/>
	No effect <input type="checkbox"/>
<p>4. Ensuring Human Rights articles compliance</p>	Compliant <input checked="" type="checkbox"/>
	Breach <input type="checkbox"/>

Recommended Course of Action	
<p>Outcome 1: Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified.</p>	<p><input checked="" type="checkbox"/></p>

Recommended Course of Action	
Outcome 2: Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity and fostering good relations or breach of human rights articles.	<input type="checkbox"/>
Outcome 3: Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out).	<input type="checkbox"/>
Outcome 4: Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified.	<input type="checkbox"/>

<p>Summary of results, including the likely impact of the proposed policy/practice advancing equality and human rights</p>	<p>The positive impact:</p> <p>Article 2 - Right to life (e.g. suicide prevention). Self-harm can serve multiple functions for the same person at different points in time. Self-harming behaviour can function as a means of communicating distress, care seeking behaviour, a form of self-punishment, a survival strategy, sensation seeking, averting suicide and even the re-enactment of trauma and abuse.</p> <p>In most cases, people who self-harm do it to help them cope with overwhelming emotional issues, distressing thoughts or feelings which may be caused by, but not limited to:</p> <ul style="list-style-type: none"> • social problems - Such as being bullied, having difficulties at work or school, having difficult relationships with friends or family, coming to terms with their sexuality or identity, or coping with cultural expectations, such as an arranged marriage • trauma, bereavement & loss – Such as physical or sexual abuse, the death of a close family member or friend, or having a miscarriage • psychological causes – such as having repeated thoughts or voices telling them to self-harm, dissociating (losing touch with who they are and with their surroundings), sense of worthlessness, a loss of control and the implosion of emotions (turning them towards themselves rather than outwards to others). <p>Article 8 - Right to respect for private & family life (e.g. confidentiality and access to family) Providing equality of opportunity. Good relationships between staff and those in custody are fundamental in ensuring those in distress ask for help. Effective relationships are integral to the reduction and management of self-harm and attempted suicide. Involvement of family members will be encouraged in the support and care of the person.</p> <p>Consideration was also given to Individuals with learning disability or low literacy levels as well as individuals from a particular religious' background where suicide ideation or self-harm may be seen as a breaching that religion. Information and actions were identified to mitigate any negative impact.</p>
---	--

Next Steps

Conduct a test of change within two establishments.

Development of Self-Harm Guidance training for all staff to include awareness and understanding of self-harm and the management of individuals who self-harm.

Implement the Guidance during 2021.

Monitor self-harm incidents.

Review the Self-Harm Guidance on an annual basis.