

Ministerial Board on Deaths in Custody

Remand and self-inflicted deaths session: 28 September 2021

Welcome, introduction and context

1. The chair set out the context for the discussion:
 - The use of remand and time on remand is increasing, partly due to COVID-19.
 - Remand status is a risk factor for self-inflicted deaths (SIDs).
 - COVID-19 has exacerbated and worsened some of these risk factors.
2. The session would focus on how the prison service can support people in prison rather than the upstream process around courts and sentencing.
3. In the initial discussion attendees raised:
 - a. The importance of data and a clear evidence base.
 - b. The responsibility of prisons to challenge custodial remands – in the past, prisons had special units for those being reviewed on bail.¹ Addressing this would reduce stress and anxiety and ultimately save lives.

Findings of deaths investigations

4. PPO investigations have found remand status to be a particular risk factor. Time on remand is often an individual's first time in custody and they may be frightened or concerned about family breakdowns. Often these factors are ignored by staff when they should be considered as a raised risk for suicide. This means people on remand are consequently not given the support they need.
5. The death of Mark Culverhouse at Woodhill was referenced as a case which highlighted failures in every part of the criminal justice system leading to his death. This case is a powerful demonstration of why prison should not be seen as a place of safety, and highlights system-wide failure and issue of information sharing.
6. The remand cohort are often held in prisons that are the most overcrowded, overstretched and least decent. The UN at Chelmsford had found that most prisoners found the staff dismissive and unkind, but the response lacked detail about changing staff attitudes and behaviours.
7. An academic recent review of self-inflicted deaths found that remand status was a noticeable risk indicator for SIDs, though was not associated with a risk of self-harm. People with alcohol problems on reception to prison are sometimes missed, as there is a focus on drugs and physical health. There is consistent evidence of some modifiable risk factors around treatable disorders and it was important to work out how to better identify these through improved assessments.
8. Attendees also noted:
 - a. The transition period when people come into prison is problematic. There should be a more joined up approach to care looking at mental health, psychological health and substance misuse.
 - b. The reception and induction process can be overwhelming for someone who has never been to prison before. Staff in reception areas can do better to explain basic processes in order to put prisoners at ease.
 - c. A lack of contact with families and how they are notified of deaths causes issues.
 - d. Issues about information sharing often act as a trigger at particular points during a sentence (for example trial dates and hearings).
 - e. The new contracts for accommodation support do not include remand prisoners, which is notable given the longer times prisoners are now spending on remand. There is also lack of support for foreign national prisoners.

¹ A dedicated six-month proactive Bail Information Service project was launched in early 2021 in remand prisons and a number of courts in north-west England and Wales. This has now been extended until April 2022. The project is gathering evidence to inform decisions around a dedicated Bail Information Service in England and Wales.

Support for those on remand – good practice

9. Attendees raised the following examples of good practice to support the remand population:
 - a. An HMP Low Newton prison pilot project arranged for an early days' worker to be attached to courts who knew the women coming in on remand. This individual was not part of the prison staff and treated her role as advocating for the women to help with arrangements, such as by ensuring rent would be paid.
 - b. The Butler Trust had recognised the 'Room Ready' scheme at HMP Risley, where prisoners ensured cells for new arrivals were always decent and had a safe space on their first night.
 - c. A vast majority of the general population use smart phones and that reliance is taken from them once they become prisoners. COVID-19 has presented an opportunity to install more technology into the estate. In addition, psychological therapies could be delivered through in-cell phones.
 - d. The Listener Support Scheme runs in most prisons across England and Wales, training and supporting prisoners to listen to other people within the prison system. There are 1,500 trained listeners, providing 30,000 hours of emotional support per year. They are keen to raise awareness of these programs and get them back up to normal running post-COVID. There is a pilot running to help support prisons to provide a better response to supporting prisoners and staff after a death occurs.
 - e. The work of the National Confidential Inquiry was referenced, as well as the need to take learnings from other sectors, such as in mental health services where a reduction in ligature points resulted in a significant drop in the number of SIDs. MoJ highlighted that there is work being done to convince HM Treasury to invest in ligature free cells.
10. In terms of offence categories, research evidence suggests that violence categories, and now sex offences (in the last 10 years) are associated with an increased risk of suicide and mortality. Offences such as burglary, drug use and theft are not associated with risk of mortality. There are gaps in risk prediction models research concerning what treatments are available and the overall strategy should focus on improving research access.
11. Other outstanding issues were highlighted:
 - a. A lesson learned from COVID-19 is that 22-23 hours spent in a cell is not productive, and leads to social isolation and loss of control. Prisons need to progress through the regime stages to support emergence from this arrangement. Work and peer support, along with caring and empathetic staff, make a significant difference.
 - b. There are remand prisoners who do not have access to lawyers (and this was heightened during COVID-19). They are spending longer in prison because of a lack of access to legal support. Lawyers have also been reluctant to visit prisons and have had to contact prisoners virtually.

Further discussion

12. The similarities between the prison and immigration estates was noted, such as the importance of the first night, safe spaces, ensuring individuals understand what they are going to encounter, and access to legal aid.
13. In closing, attendees noted:
 - a. The commitment to deploy 20,000 more police officers will mean more arrests and therefore more people on remand.
 - b. There is no evidence that the current process for bidding and contracting out of healthcare improves outcomes. The bidding process is disruptive and takes people away from serving the needs of prisoners. The NHS is the best provider to supply healthcare.
 - c. Importance needs to be placed on aftercare, particularly around mental health, housing, employment – this is particularly relevant for the remand population.