

Stakeholder Engagement 3

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Background on the PPO

The post of Prisons and Probation Ombudsman provides independent investigation of deaths in prison, Approved Premises and immigration custody. It also provides independent adjudication of complaints from prisoners, immigration detainees and those under probation supervision.

After they have conducted their investigation into the complaint or death, the PPO produces a report, which may include recommendations. The service investigated has an opportunity to check for factual accuracy and is required to state whether a recommendation is accepted and, if so, action taken.

The PPO has published a series of "Learning Lesson" bulletins using findings from their investigations. Of particular relevance to the review are the January 2013 *Learning Lessons Bulletin: Child deaths* and the April 2014 publications *Learning from PPO Investigations: Self-Inflicted Deaths of Prisoners on ACCT* and *Learning from PPO Investigations: Risk Factors in Self-Inflicted Deaths in Prisons*.

SELF-INFLICTED DEATHS

The recent increase in self-inflicted deaths has occurred across all types of institutions: prisons, HMYOIS, open prisons, prisons that score well during HMIP inspections and prisons that score badly, no pattern seems to be emerging. What is observed is that most self-inflicted deaths will happen in a local prison, this is where a prisoner will go when first sentenced and a higher proportion of the population is held in these. There is also a higher turnover of prisoners in local prisons, individuals at first reception into prison may present with the most acute problems and are more vulnerable in the early part of custody.

CHARACTERISTICS OF 18-24 YEAR OLDS

The PPO has generated some thematic work to see if repeated issues crop up with this age group and will produce a learning lessons bulletin to support The Harris Review.

Whilst statistics indicate that 18-24 year olds are not disproportionately represented in self-inflicted deaths in custody they are a particularly difficult, challenging and vulnerable group. In prisons the 18-24 year old age group has the largest number of assault and self-harm incidents.

Mental Health issues and particularly challenging behaviour are prevalent among 18-24 year olds in custody and individuals often have both characteristics. The prison system is struggling to manage the challenging behaviour alongside the mental health and self-harm

issues. The PPO regularly identifies mental health issues being present in its investigations into self-inflicted deaths of 18-24 year olds.

The difficulty of managing those 18-24 year olds who are both challenging and vulnerable places an onus on staff to achieve an appropriate balance in response. A significant number of self-inflicted deaths occur whilst individuals in this age group are on the basic, most restrictive, level of the Incentives and earned privilege scheme (IEP) where protective factors against suicide such as association and TV may have been removed. Challenging behaviours are often managed through discipline and security measures when there may also be a need for care for vulnerabilities. In complex cases, a senior member of staff should look at the young person holistically and ensure a balance is found between discipline and care.

18-24 year olds who transition from the juvenile to the adult estate move from an environment which is relatively well resourced and child orientated to an environment with much less resource and this presents a risk.

STAFF AND CULTURE IN PRISONS

There are a number of talented members of staff working in custody and the PPO see a lot of care being given. However, the range of professionals working in the prison environment means that there are disparate approaches and it is for senior management to develop and lead holistic, joined up working patterns. Improvements are needed with regard to assessing risk, at prison Reception there may be very little information available about a prisoner and if there are inadequately trained staff on duty, known risk factors may not be identified and acted on. Staff perception of risk although valuable should not over ride known risk factors. It is important to spend time with prisoners and consider any warning signs in the Prisoner Escort Record (PER), issues identified in the PER are not always recorded. If the known risk factors are present an ACCT should be opened, it can always be closed, even at first review.

Sometimes challenging behaviour is not just a discipline issue, and may result from vulnerability. Senior managers should take into account the balance between security and care when dealing with a breach of discipline. Senior managers must also ensure that staff from different organisations and different working cultures work effectively together. This applies to different staff contributing to the ACCT document, and the holistic approach is outlined in Prison Service Instruction 64/2011 – Safer Custody.

ACCT

ACCT has brought a greater consistency of response to risk and a multi-disciplinary involvement in the management of vulnerability. The document, the guidance and the procedures are sound, but implementation can be ineffective. ACCT documents are often insufficiently completed; it is a question for NOMS whether there is sufficient resource in prisons to carry out the ACCT process sufficiently well to manage the risk.

ACCT reviews should be chaired by a consistent level of seniority to ensure that staff from the different areas of the prison are working together to keep the prisoner safe. Leadership and training are critical to this and multi-disciplinary training can support it.

If any risks are identified an ACCT should be opened; it is the primary mechanism the prison system has for managing risk of self-harm and it should be used, it can be closed if the risk is believed to have gone. Staff should not be concerned about opening too many ACCTs, it is the duty of staff to keep prisoners alive.

HEALTH AND MENTAL HEALTH

There is now a much greater standardisation of care in prisons but mental health issues are such a huge issue and the demand for mental health care is so high that any paucity of provision presents a significant risk. The vast number of people that present with mental health issues means there may never be enough resource to meet their needs.

A high proportion of people who go on to take their own lives had been seen by health care within 72 hours of the event. This is something to reflect on and whether anything more could be done.

FAMILY ENGAGEMENT

Greater family involvement in the ACCT process could be beneficial if the family are willing. There should be better access to telephones, it can be even more difficult to access phones when on basic IEP. In-cell telephony, as at Cookham Wood is good to support access to family and friends.

Ensuring family involvement following a death in custody can be a difficult issue. Trained family liaison staff are crucial. The PPO, NOMS and Police all have Family Liaison Officers (FLOs) who operate at the different stages of the process. Inevitably, trust between the bereaved family and the prison can be an issue and some young people come from dysfunctional families who may have been part of their problems.

THE PPO'S INVOLVEMENT FOLLOWING A SELF-INFLICTED DEATH

It would be useful for the PPO position to have statutory footing and access to its own clinicians. The growing custodial population and increasing number of deaths means there is a greater demand on the PPOs services, which is becoming more difficult to meet with existing resource.