

Identification of Vulnerability

1. (b) What factors in their previous experiences are most likely to increase their vulnerability?

Previous psychiatric history/treatment, previous self-harm, depression/hopelessness, social isolation, unemployment.

3. At what points in their journey through custody are young people most vulnerable?

Early in to custodial sentence

4. How can systems and processes be improved in terms of identifying which young people in custody are most vulnerable and at risk of self-inflicted death?

Participants in my research suggested that all of those in custody should be deemed 'at risk' initially when entering custody. Participants suggested the possible integration of a multi-disciplinary approach when identifying 'risk', ensuring different individuals/agencies are consulted.

7. Do attitudes and behaviour contribute to vulnerability; staff/staff, staff/prisoner and prisoner/prisoner?

My research universally found that the attitudes of staff are crucial. Some participants went as far to say that the attitudes of staff were a 'contributing factor' towards individuals' self-inflicted deaths of those with mental health problems

Information sharing and Effective Communication

8. (a) What are the biggest barriers to effective information sharing and communication about potential vulnerabilities both within the criminal justice system and coming from external agencies?

Lack of multidisciplinary approach involving differing organisations results in lack of effective communication. One participant highlighted, 'there is a reluctance to share information and so the same problems come up time and time again'.

Management of ACCT

13. Have the aims of Assessment, Care in Custody and Teamwork (ACCT), which is intended to reduce risk for those identified as at risk of suicide or self-harm, been achieved?

Too much focus on 'risk' when many prisoners who do commit suicide were not deemed to be at risk.

16. Are the right people contributing to the ACCT document?

Family involvement welcomed and encouraged by participants

Procedures following a self-inflicted death in custody

26. Are adequate processes in place following self-inflicted deaths around notification and family liaison, and support?

This area is severely lacking according to participants. Families feel they are not notified quickly enough following a death and are not supported appropriately. Therefore many seek support through organisations such as INQUEST.

27. How can investigations into self-inflicted deaths in custody be improved, in terms of:

ii. Inquest procedures?

It became apparent during my research that the attitudes of coroners varied greatly when dealing with deaths in psychiatric detention. Participants stated that some coroners were understanding and sympathetic and some were the complete opposite. This was highlighted as an area in serious need of review.

iii. Opportunities for family input into investigations?

Families feel uninvolved in investigations. Participants suggested the importance of groups such as INQUEST in forging links between the state and bereaved families.

28. How might arrangements around Legal Aid better take into account the needs of bereaved families?

Participant in my research described the 'hoops of dreadful financial forms' Suggested automatic non-contributory Legal Aid for families to be represented at an inquest.

31. How are families kept informed following a self-inflicted deaths in relation to the inquest and coroner's report etc.?

Participants in my research all believed that bereaved families are not kept appropriately informed during these processes, from the moment of being informed of the death through to the final coroner's report. If information is provided to families it is often slow in reaching them.

Staff Training

32. Are staff (this includes all staff working with offenders within an establishment, whether NOMS staff or other agencies) trained and prepared effectively for working with vulnerable young people?

Participants believed healthcare staff needed for all, particularly healthcare assistants who work with those with mental health problems require additional training.