Independent Review into Self-Inflicted Deaths in NOMS Custody of 18-24 year olds

Call for Submissions

Foreword by Lord Toby Harris

When I accepted the invitation from the Minister for Prisons to lead this Independent Review into Self-inflicted Deaths of 18-24 year olds in National Offender Management Service (NOMS) Custody, I was very conscious that this would be a once in a generation opportunity to improve the care of some of the most vulnerable people in custody.

All self-inflicted deaths are a tragedy and those that occur whilst individuals are under the protection of the state must be subject to the most thorough scrutiny. These tragic deaths have raised concerns not only from their bereaved families, but have generated criticism of processes from interested organisations and individuals.

I am determined that this review will pull together the key learning from these deaths so that we can help ensure that 18-24 year olds, and indeed vulnerable people in all age groups, including children, do not continue to die when they are under the protection of the state. I am pleased that all members of the Independent Advisory Panel on Deaths in Custody have accepted my invitation to join this review which will be enriched by the experience and expertise they will provide.

I want to develop a coherent set of recommendations that, once implemented, will help all offenders to be managed in a manner more conducive to their safety and well-being.
I invite you to share with us your expertise, experience, interest, and reflections so that we can take them into account in this important piece of work.

Lord Toby Harris

Introduction

On 6th February 2014 the Justice Secretary announced an independent review into self-inflicted deaths in National Offender Management Service custody of 18-24 year olds and invited Lord Toby Harris, Chair of the Independent Advisory Panel on Deaths in Custody to conduct it.
The purpose of the review is to make recommendations to reduce the risk of future self-inflicted deaths in custody. The review will focus on issues including vulnerability, information sharing, safety, staff prisoner relationships, family contact, and staff education and training and will seek these through this call for submissions alongside existing and commissioned research and meetings with stakeholders and people affected and interested more broadly.

This review is examining cases since the roll out of Assessment, Care in Custody and Teamwork (ACCT) – the care planning system for prisoners identified as at risk of suicide or self-harm. ACCT roll out was completed on 1st April 2007. From 1st April 2007 until 31st December 2013 there were 84 recorded self-inflicted deaths among 18-24 year olds in custody; this represents 19% of all recorded self-inflicted deaths in this period.

We would strongly welcome your contribution to the review and would like to invite you to make a submission to support the review process. Your submission can be based on your personal or professional experience, your organisation's experience, or knowledge from research or other means and need not conform to any specific format.

To give us the best chance of considering them, submissions should be received by midnight on 18th July 2014.

Please send contributions electronically, where possible, to the following email address: HarrisReview@justice.gsi.gov.uk

Alternatively, an online survey version of the Call for Submissions is available on Citizen Space via the link:

https://consult.justice.gov.uk/digital-communications/lord-harris-review

Any hard copy contributions should be sent to Harris Review, 8.24, 102 Petty France, London, SW1H 9AJ.

We have set out below a number of questions, which are potentially relevant to the Review and which we may want to examine during the course of our work. While we will be very interested in receiving submissions that cover these questions, at the same time, you are not limited by them. If there is something else that you would like to say, you should feel free to do so. Similarly, you should not feel obliged to respond to every question - please select questions that are most relevant to your experience and skills.
Please let us have any examples, case studies, research or other types of evidence to support your views.

Please note that anything you submit to the Review will be made publically available on the Review website unless you tell us that you don't want some or all of your response and any documents in support that you submit to be published. Be reassured that any information that you send to us will be managed under the Data Protection Act.

Please also note that the Review is not subject to disclosure under the Freedom of Information Act 2000 and therefore any requests for information made under this Act will not be considered.

Identification of Vulnerability

1. (a) How would you define 'vulnerability' in terms of a young person (under 24 years) who is in NOMS custody?
(b) What factors in their previous experiences are most likely to increase their vulnerability?
There could be a number of predisposing factors that may increase their risk of vulnerability such as, first time in custody, history of illness, depression or mental health problems. They may also have a history of drug or alcohol abuse, unemployment, trauma, communication or learning difficulties, social isolation and a history of suicide in the family or suffer from anxiety and poor coping skills.
2. (a) Are there other things that should have been done to divert vulnerable young people from the criminal justice system and from custody?
Appropriate alternatives to custody should always be explored and custodial sentences should only be applied when all alternatives have been exhausted or deemed inappropriate due to the seriousness of the crime.
(b) If yes, what?
3. At what points in their journey through custody are young people most vulnerable?
The custodial journey can be a very traumatic experience. The admission process and first few days can be very daunting particularly if they are experiencing it for the first time. Trigger dates such as anniversaries, parole refusals, bereavements, impending court dates, ID parades, establishment transfers, completion of drug detoxification and even impending liberation dates could have a strong influence on their vulnerability. There may also be additional factors or considerations such as indiscipline, victim of assault or bullying that may also have an influence on their vulnerability.
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?
Improved effective communication between agencies is paramount. If young people are known in the community to be vulnerable then it is essential that this information is passed onto the relevant areas to help address the individual's specific needs. This includes partner agencies such as Police, social services, courts, prisoner transport providers and medical services.
5. How can vulnerability be better identified in custody in terms of:

i. Age ? Young offenders tend to be impulsive in behaviour due to a lack of coping skills, the pressures of their prison experience and problems outside
ii. Gender? May experience additional pressures such as separation from children, experience of previous sexual abuse or violence and clinical depression.
iii. Ethnicity?
iv. Psychosocial Maturity?
v. Drug use?
vi. Alcohol use?
vii. Location/distance from home? If establishments are significant distance from home address or financial constraints can have a profound effect of access to family visits this can lead to isolation.
viii. Bereavement? This can take many forms from recent bereavement prior to custody, sense of loss, anniversary dates or inability to grieve with family if death occurs when in custody

ix. Mental health needs? It is essential that individual mental health needs are addressed with individuals when in custody particularly to maintain medication levels to promote stability and to provide a therapeutic and engaging regime.
x. Learning difficulties? Appropriate Location and support services are essential to assist the individual when in custody to meet their specific needs. Appropriate care plan should also be adhered to outlining specific needs and interventions required.
xi. Communication issues? Language barriers would indicate vulnerability therefore essential this is overcome at earliest opportunity by utilising translation services.
xii. Educational needs? Custodial time should be maximised particularly to encourage attendance at educational facilities with many clients not having any formal education background.
xiii. Physical limitations? Prison location should be paramount when considering physical limitations in discussion with individual to establish what tasks they are capable of carrying out from climbing stairs, accessing a top bunk bed to appropriate working party.
xiv. Prior experiences of abuse and/or trauma? Some consideration and engagement with appropriate services to support this particularly to alleviate outbursts of anger and frustration and to support their needs.
xv. Other?

6. Are there any bespoke tools that would assist in identifying particular types of vulnerability?
Initial interview screening upon admission and any relevant paperwork that may accompany them upon admission.

7. Do attitudes and behaviour contribute to vulnerability; staff/staff, staff/prisoner and prisoner/prisoner?
There is a risk to increased vulnerability particularly amongst the individual and their peers. If the individual is at risk of physical threat or bullying this would increase the risk. There is also risk of being isolated from peers or poor relationship with staff. If staff display a negative attitude towards the care of the individual and do not behave in an open supportive role model manner then this may also contribute to the vulnerability of the individuals within their care.

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?
Organisations continue to be poor at communicating the correct information identifying potential vulnerable information with each other. Too often do custodial establishments receive individuals with little or no information upon admission yet within the community these individuals engage with a range of services? A lack of understanding between agencies on what information can be shared can also be a possible barrier therefore it is important that information sharing protocols are established between agencies.

(b) How these might be overcome, particularly in the context of existing resource constraints?
I believe the development of a supportive through care approach by all partner agencies would improve the information sharing and promote effective communication. A documentation that is recognised by all agencies would be beneficial with all partner agencies having a clear understanding if a standard document identifying risk could be utilised and recognised by all agencies. This would alleviate misunderstanding of different agencies completing different documentation.

9. How can information sharing and communication be improved and better utilised to identify vulnerable young people and what information should be provided from:
i. Within the criminal justice system?

ii. Within an institution?
This information sharing and communication should be shared within a multi-disciplinary approach. This allows a transparent communications platform between all internal agencies involved in the care of vulnerable individuals in custody.
iii. From external agencies?
All information that may be relevant to managing that individual when in custody should be made available? External interventions, care or management plans that would provide establishments with an insight into the support in place and the issues faced by external agencies in managing these young adults when not in custody should be made available and shared. This information could then be considered when managing the individual within custody.
10. How can mental healthcare provision be improved to meet the needs of young people more effectively, in terms of:
i. Information sharing pre-custody
an agreed information sharing memorandum of understanding should be utilised between NOMS and NHS colleagues to ensure that all available information is shared and utilised subject to medical confidentiality. This information should be shared both pre, during and post custody.
ii. Information sharing in custody
a multi-disciplinary approach should be utilised to inform all relevant staff within the custodial environment to be aware of the specific needs of the individual. This provides a more consistent approach to care if staff are made aware of the individual and their needs.
iii. Information sharing post-custody.
It is essential to ensure the provision of follow up mental health Care support within the community. This continued support is essential to provide consistency. There is little point utilising resources within the custodial environment if this is discontinued when they reach the community. This support is still essential regardless of community or custodial based individual. Through care support should be supported and encouraged to assist with appointments and the communication of any relevant information post custody within the community.
11. In the context of self-inflicted deaths in custody, how can any learning and best practice from the youth secure estate be best applied to the adult secure estate?
Information sharing and analysis of both youth secure estate and adult secure estate deaths in custody may establish common themes and practices that can be adapted and adopted by adult secure estate. The learning points and recommendations collated from each self-inflicted death in custody would also provide guidance and best practice that could be best applied to the adult secure estate.

12. Are there effective mechanisms for responding to information received relating to vulnerability?
I believe that ACT provides an effective mechanism for those identified as vulnerable who may be a risk to themselves. There are also mental health referrals available as well as utilising the listener scheme supported by Samaritans. Depending on the information received there are also specialist external agencies that can be utilised such as bereavement counsellors.

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?
Unable to comment on this accurately as unclear of effectiveness of ACCT. Scottish equivalent of (ACT) is effective at keeping individuals safe from harm once identification of risk has been established however the consistency throughout the establishments can vary significantly particularly when providing an out of cell regime that is appropriate to their level of risk and needs.
14. Has the identification and management of individuals at risk of self-harming improved since ACCT replaced F2052SH (the previous system used to manage those in custody believed to be at risk of suicide or self-harm)?
Unable to comment on this as I have no knowledge or experience with F2052SH system previously utilised.
15. Are ACCT documents being appropriately opened and closed?
I am unable to comment on this accurately as I have no knowledge or experience of this. However ACT documentation can on occasions be utilised due to a lack of alternative options available. Staff can be risk adverse at times and utilise the ACT process where perhaps other alternatives could be explored.
i. Should an ACCT be opened more frequently for this age group?
In my experience of the Scottish Prison Service ACT2Care strategy should only be used when risk is identified, if there are triggers, cues and clues specifically associated with individuals then ACT2Care is appropriate. I do not believe that the strategy should be utilised solely on age group it is specific for individuals who are identified vulnerable and “at risk” age should be a considering factor and not a deciding factor.
ii. Is the document adequate for managing the risk in this age group?
I am not aware of the content, structure and layout of the ACCT documentation therefore I am unable to comment further.
16. Are the right people contributing to the ACCT document?
ACT2Care strategy adopts a multi-disciplinary approach involving managers, officers, NHS colleagues as well as specialist invitations subject to individual needs such as chaplaincy and social workers. I believe this is the correct mix of people contributing to the documentation if this approach is utilised within ACCT?
17. How can the ACCT management process be improved to better ensure the needs of those identified as at risk are more effectively met?
The management process can be improved by ensuring that an individual approach is adopted by developing an individual care plan unique to their needs. This approach is essential to effectively meet the needs identified within the case conference environment.
18. Are relevant mental health needs sufficiently covered in current ACCT processes?
Resources have a huge influence on meeting the needs of individuals. I believe if adequate NHS staffing resources are readily available and case loads are manageable then there is sufficient coverage within ACCT process.

Management of Vulnerability in Custody

19. How might we most effectively take into account the needs and particular vulnerabilities of specific groups, including for example Black, Asian and ethnic minorities and young women?
By providing unique support and training for staff who works with these specific groups and their particular vulnerabilities. Scottish Prison Service provides specific training support to work with female offenders.

20. When a young person is remanded or sentenced to custody, what issues should be taken into account in terms of initial allocation into an institution, and any subsequent transfers to minimise risk of self-harm and self-inflicted death?

The core screen/ induction process upon initial admission would allow staff to identify specific needs or vulnerabilities which may influence location. This screening allows staff to interview the individual on a one to one basis in confidence where needs as well as vulnerability can be discussed and addressed.

21. (a) Do you think the recent changes to the Incentives and Earned Privileges scheme, which means those sentenced to custody will have to work towards their own rehabilitation to earn privileges - they will not receive them through good behaviour alone - have an effect on vulnerable young people in custody?

I believe this may be a positive step depending on the vulnerability of the individual. Although it is important to note that when considering this proposal particularly for vulnerable individuals that the goals are achievable and realistic for the individual to increase motivation and self-esteem. The negative effect may be that the goals are unrealistic and this may have a negative effect on the individual.

(b) If your answer is yes, please set out why you think this is the case, noting in your answer any evidence, case studies or research that show why this is particularly the case for this age group.

They may benefit from an incentive programme providing them direction and focus to achieve a goal or in this case privileges. Motivational levels may be increased which may promote their wellbeing and reduce levels of vulnerability although this is all dependant on the severity of risk and vulnerability of the individual.

22. How do you think that processes to support young adults who are transferring from the youth estate to the young adult estate can be improved to help mitigate risk of self-inflicted death?

Accurate information is essential to prepare young adults for the transition. Where possible staff or ex-offenders from young adult estate could attend the youth estate to inform the young adults of the realities of transferring, answer their concerns as well as dispelling any potential fears and myths that may be worrying them. If this information can be communicated in an appropriate easily understood platform this may alleviate concerns rather than exasperates them. Two way communication from each area also essential as well as young adult estate informing the youth estate this should be reciprocated with any issues, care or management plans in place within the youth estate should be communicated to the young adult estate for consideration.

23. (a) Are 'safer cells' effective or not, and why? (Safer cells are cells that can assist staff in the task of managing those at risk from suicide by ligaturing. Safer cells are designed not only to minimise ligature points, but also to create a more normalising environment.)

The ethos is to normalise as much as possible individuals who are identified "at risk". An individual risk assessment is then completed to identify the most appropriate location for that individual. In extreme circumstances where individuals are experiencing suicidal thoughts and behaviours then a safer cell is effective in keeping that individual safe for the period of crisis. It is important to note that their use should only be for that period of crisis and individuals should be encouraged to interact with peers and regime plan to minimise time spent within safer cell.

(b) Does more need to be done to reduce the number of ligature points in cells?

Where possible a reduction in ligature points would be advantageous however this may not be practical due to the diversity of cell specifications throughout the estate considering the newer accommodation areas in comparison to the Victorian built establishments. However if the cell specifications for all new built establishments or accommodation areas were to consider a reduction in potential ligature points at the design phase this would benefit the estate over the longer term.

(c) What could be done further to improve the design of safer cells?

A standard cell specification would be advantageous, as mentioned there are diverse differences throughout depending on which establishment you are in. A safer cell should be developed as much as possible to resemble a mainstream cell with the distinction that items can easily be removed to transform into a safer cell rather than a specific specification. This would then promote normalisation if there were no significant difference between mainstream and safer cells.

24. In the context of self-inflicted deaths, how can safety, including violence reduction and bullying, be improved in custody in terms of:

i. Effectiveness of systems to report violence and bullying (both by inmates and by staff)?

Establishments should have in place or implement an anti-bullying strategy, this provides staff with both the guidance and skills to effectively manage and report those who carry out violence and bullying. Within this strategy should be an awareness campaign for prisoners reassuring them to report such behaviour to staff in confidence.

ii. Effectiveness of systems to tackle violence and bullying (both by inmates and by staff)?

iii. Use of restraint?

Use of restraint should only be utilised as a last resort when all other options including negotiation are exhausted. Exception to this is when personal safety of staff and prisoners are at risk and use of restraint is reactive rather than pre-planned. Ensuring minimum force is used.

iv. Reducing access to dangerous items or materials?

Staff observations and risk assessments of potentially dangerous items should always be carried out particularly when managing individuals who are vulnerable or have been identified “at risk”. Effective care planning should also assist by detailing items or materials that are permitted in use and those that have been identified as dangerous and are removed.

v. Availability of safer cells?

All establishments should have the capacity and design for a number of safer cells. If they do not have the capacity perhaps due to open conditions it is essential that there is an agreement to transfer individuals to an establishment that does provide safer cell accommodation for the period of crisis. Although it is important that establishments do have a number of cells the ethos is to minimise their use where possible encouraging risk to be managed within their normal accommodation. They should only be utilised to manage individuals experiencing crisis for the shortest possible time. Availability tends to be related to client group and establishment. Female and young offender establishments may have more availability than a more settled long term male establishment.

vi. Prescription drug sharing? Medication being handed to an individual on a weekly basis should be risk assessed depending on specific medication thus minimising the risk of abuse or bullying.

vii. Illegal drug use?

Particularly within custody may increase vulnerability where potential to bullying is associated.

viii. Effectiveness of emergency response systems?

I believe emergency response systems are very effective in dealing with vulnerability both from officer initial responses to NHS support.

ix. Role of external agencies?

To communicate any relevant information or concerns they may have which will assist the establishment in its decision making process.

x. Observation of those identified as at risk including timed observations and CCTV?

Timed observations should be discouraged and a more flexible approach adopted, the risk is staff stick strictly on the hour for example to carry out observations and this leaves the opportunity for the individual to recognise patterns and timings within observation periods, the

observations should be carried out at random times and not fixed by the clock. CCTV observations should be utilised to support staff and not be the sole method of observation this is a very impersonal approach and personal engagement should be encouraged during observation periods.

xi. Other?

25. (a)Are emergency procedures sufficiently well-developed both within prisons but also in respect of other agencies to deal with self-inflicted injuries as swiftly and effectively as possible?

I believe that emergency procedures within establishments are developed enough to deal effectively with self-inflicted injuries. Both officers and NHS colleagues are aware of emergency procedures and utilise them to great effect when required. These procedures also enlist the support and assistance of NHS hospital staff when the injuries are severe enough to require hospital attention.

(b) How could they be improved?

I believe the immediate responses from both establishments and emergency services are adequate perhaps if there were outlying establishments from local hospitals then attendance and commuting time may be a consideration

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 process is currently under review within a bereavement care working group. This has identified the need to develop a supportive structure incorporating the establishment chaplaincy services as the family contact.

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

i. Prison and Probation Ombudsman (PPO) processes? I have no knowledge of their role or processes.

ii. Inquest procedures?

Inquest or Fatal Accident Inquiries should focus on the facts of the death and the circumstances surrounding it incorporating any learning points and recommendations. There is the risk that these inquests are there to blame someone and identify someone accountable which is not constructive or appropriate within such a traumatic event.

iii. Opportunities for family input into investigations?

There is always the risk that families are seeking to blame someone within the investigation therefore consideration should be given to extent of their input. I do believe their opinion is valued however should be relevant to investigation and not solely seeking out someone or organisation to blame.

iv. Ability of the Inquest and PPO to consider the context of a particular death?

Ability would be influenced by how much information and circumstances were made available to them to make a judgement. If there was adequate information made available then I suspect they would be in a good position to consider the context.

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

I have no experience of legal aid perimeters so cannot comment.

29. How might processes be improved immediately following a self-inflicted death so that valuable information at the scene of the incident is better preserved and recorded?

Where possible preservation of evidence is essential however in the majority of cases staff responding to the discovery of a body will automatically enter the area and attempt to resuscitate the individual until medical staff pronounce the individual dead. This initial response is the greatest risk to the preservation of evidence. In these circumstances it is essential for a manager or identified person who is trained in evidence preservation to control the area minimising risk of loss or damage to potential evidence. Once initial response is concluded the

area should be sealed off from anyone entering the area where possible until Police attendance who can then manage the preservation and recording of any evidence.

30. How might the learning from deaths be better disseminated?

Learning from deaths to my knowledge is disseminated from the findings of the Fatal Accident Inquiry and is public information. However this official process can take a considerable time depending on location throughout the country. There would also be a local establishment review post incident which would encompass a more local quicker response. I would suggest a more specific question who are we targeting to disseminate the information to?

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

To my knowledge the coroner or court would have a responsibility to keep family informed directly alternatively there may be a family lawyer who would act as a liaison to communicate this information.

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?

Scottish Prison Service currently adopts mandatory core ACT2CARE training for all staff internal or external who come into contact with a prisoner. This training requires a full day (7.5hrs) with 19 learning outcomes. In addition refresher training incorporates an e-learning and classroom discussion which is required on an annual basis (2hrs). Although this training is specific for vulnerability and risks associated with self-harm and suicide.

There is also training specific to dealing with female available for staff working with that client group.

We are in the process of developing training for staff to give them skills in working with young people. This year we are rolling out training titled Emotional and Social Wellbeing training which has been developed in conjunction with Education Scotland which aims to equip staff with unpinning knowledge about working with young people. It includes: brain development; responses to trauma; attachment; communication issues; resistance building; goal setting. Also, On-going coaching and mentoring is being delivered to all Personal Officers in using a new workbook we have here. There is other training undertaken here but we have in development a course titled Working with Young People which is a bespoke modular programme to equip staff with skills and knowledge to work with young people to support agenda of learning environment. It will include elements of Restorative Practices; literacy/numeracy; programming; Emotional & Social Wellbeing; Respect Me. This course will be rolled-out to young offender staff in 2015.

33. What specific skills do you think staff working with young people should be supported to develop so they can better identify and manage vulnerability?

Motivational interview and more effective communication skills would be advantageous for staff to extract information from individuals who may present as low in mood and not be willing to disclose information. This additional training would support staff in identifying risk factors and the training provided within ACCT would support them to manage the vulnerability.

34. Should volunteers be used to identify and manage individuals at risk, and if so how?

Volunteers are currently trained to identify individuals at risk by completing mandatory Act2Care training if they engage with prisoners within their respective role. They are also responsible for completion of appropriate documentation if they are the staff member initiating the process due to concerns they may have. They would also be encouraged to attend and contribute within the multi-disciplinary case conference. However I am unclear beyond this how they could be utilised to manage individuals at risk beyond the input discussed.

35. Are 'listeners' being used to best effect?

Scottish Prison Service recently held a 20th Anniversary celebration of Listeners operating within SPS highlighting their effectiveness. At the moment Listeners are present within all 15 establishments. A recent questionnaire was distributed to listeners within 5 establishments to share and collate their experiences. The findings were positive with listener support being well received from their peer group. Listeners could be utilised more within admission areas and First Night in Custody centres to provide initial support to admissions.

36. How should staff be sufficiently trained so that vulnerability is effectively reported and acted upon?

A range of specific training should be identified and implemented. This should consider training available within the community developed by subject matter experts to allow staff to gain a better understanding and awareness of the signs of vulnerability amongst young adults. This would in turn improve the reporting and actions of staff to respond to such situations.

37. How can procurement processes ensure that staff are trained and prepared effectively for working with vulnerable young people?

Family, support network

38. Should arrangements around family and support network contact be improved to:

i. Support vulnerable young people?

I believe family and support network contact is invaluable particularly engaging at the earliest opportunity. This early intervention and support allows an opportunity for the most appropriate and effective interventions to be utilised potentially reducing the risk to the individual. The family and support workers may still have a strong influence over the individual at that age therefore it is essential that this avenue is maximised.

ii. Better ensure families and friends can alert establishments to concerns?

Scottish Prison Service recently introduced a "Procedure on Receiving an External Call Regarding a Prisoner" (December 2013). Upon receiving such a phone call the prisoner is interviewed by officers or Health centre staff depending on the nature of the concern. This ensures a robust and effective reporting process when a concerned family or friend does contact an establishment with concerns about a prisoner. This information received is then recording in the appropriate location. For medical issues health centre would record the information and non-medical issues would be recorded electronically within prisoner records PR2). The process also allows a feedback call to be made to the concerned party (subject to prisoners consent) to alleviate the callers concerns. This process could be improved with awareness and publicity perhaps posters in visit rooms notifying relatives of the process.