

**What is your name? - Name**

Kathy West

**What is your email address? - Email**

*[Information redacted as relates to personal contact information]*

**What is your organisation? - Organisation**

none

**Has this response been analysed? - Analysed**

No

**Has this response been approved for publication? - Approved**

No

**How would you define 'vulnerability' in terms of a young person (under 24 years) who is in NOMS custody? - 1 (a)**

Very wide including both individual, family and societal issues. A young person may have had poor parenting, been abused or neglected, have disabilities such as ADHD, dyslexia, or Asperger's syndrome (may be multiple), be from a minority race or culture, have made poor educational progress, unhappy in school, have various illness or long term health problems, may use drugs or alcohol, poverty, lack of opportunities to develop skills or see a future for themselves, have few or no people who are emotionally close or supportive, have parents who have anti-social attitudes, etc. etc. etc

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

Insecurity, lack of progress in school, racism, learning and other disabilities mostly undiagnosed and recognised, poverty, lack of family cohesion, gangs in neighbourhood, poor role models, drugs, staff in children's services who take advantage of children (e.g.. grooming), bullying, general lack of realistic opportunities (especially for boys) to train or become educated for a future where they have a trade or career to be able to support themselves, etc. etc.

**Are there other things that should have been done to divert vulnerable young people from the criminal justice system and from custody? - 2 (a)**

I know a lot about ADHD and dyslexia - and understand that a high proportion of those in prison have one and often both of these conditions. They need to be diagnosed early and dealt with /treated. Unfortunately in this country too many young people get through school unable to read properly or use numbers. ADHD is a struggle for anyone even treated - impulsive, hyperactive, short attention span, easily excited and attracted to risk and novelty. There are also lots of other things - but helping these areas plus poverty and poor general education are key factors increasing vulnerability.

**If yes, what? - 2 (b)**

See answer above. I used to run an advocacy project for adults and children with learning disabilities. The children needed special help in school but we often fought for statements, special interventions which never arrived, were not properly targeted, etc. This country does not properly help so many children with disabilities - especially some of the more hidden ones like dyslexia, ADHD, OCD, mild autism, etc. etc.

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

I suspect this varies - but certainly in understanding the legal processes and what they mean, in being out of touch with their families, in understanding whether and how there might be hope for the future, when major changes occur - moved between different facilities, if they are from an ethnic minority or in a setting where bullying is rife, if they are mentally ill (also badly recognised and treated - first serious symptoms often arise in teen years), with insensitive and uncaring staff who make life more difficult and remote. These are kids. Most are scared, sensitive, depressed, have no real idea what is happening, often adopt bravado strategies which can make things much worse once they 'hit the wall of reality'. A quote from the great Maya Angelou who recently died is so true: "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

**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? - 4**

Where to begin? Somebody who cares about them having a better future needs to get to know them first. If they are just young adults they still don't know anything much about life. Most of them are not intrinsically evil so they need to find a way out of what brought them to prison into a more positive life. What chance with the prison cuts and reports of prison care so dire and horrible?

**How can vulnerability be better identified in custody in terms of: - i. Age**

Must be many ways. My special wish is to identify learning disabilities and other disabilities as soon as possible so that these don't become such a huge burden for the future. Particularly ADHD, dyslexia and similar behavioural disabilities.

**How can vulnerability be better identified in custody in terms of: - ii. Gender**

Boys are more vulnerable. More parenting support/classes/ more intervention in a positive way when younger boys are getting into trouble. Hard question and must be many options.

**How can vulnerability be better identified in custody in terms of: - iii. Ethnicity**

Racism is a big issue. Very important for schools - especially secondary schools to deal with. Also positive strategies for individual boys/children to deal with racism, help combat, be proud of their race. Help with language if an issue.

**How can vulnerability be better identified in custody in terms of: - iv. Psychosocial maturity**

It varies. Children with ADHD act as if some years younger than non-ADHD and this persists into adult life for the majority.

**How can vulnerability be better identified in custody in terms of: - v. Drug use**

Treat ADHD - very susceptible to drug use. Those treated with appropriate medication (different ones for different people) are less likely to get in trouble with the law - Ritalin and Dexadrine are 2 often used and for someone with ADHD the effects are counterintuitive compared to those who do not have ADHD.

**How can vulnerability be better identified in custody in terms of: - Alcohol use**

Again - heavy use more likely to lead to anti-social behaviour/crime especially if addicted - so education, treatment.

**How can vulnerability be better identified in custody in terms of: - Location/distance from home**

Must be a really important factor. They need to reach and hear from people who love them and are there for them.

**How can vulnerability be better identified in custody in terms of: - Bereavement**

Very important in making things much worse for most people - but especially those walking a tightrope.

**How can vulnerability be better identified in custody in terms of: - Mental health needs**

Very common and pervasive. Little properly diagnosed and recognised and supported positively.

**How can vulnerability be better identified in custody in terms of: - Learning difficulties**

Very important - may be several. Dyslexia/discalcula in high proportion of those in prison as is ADHD which is not specifically a learning disability but seriously effects learning.

**How can vulnerability be better identified in custody in terms of: - Communication issues**

An issue related to many of the above - more so if a person is not fluent in English/from an ethnic minority - also important to identify any learning disabilities which may affect.

**How can vulnerability be better identified in custody in terms of: - Educational needs**

See above. Make sure all young people are able to read and work with numbers. If they are dyslexic as many young people and others in trouble with the law evidence shows that giving them these skills cuts recidivism.

**How can vulnerability be better identified in custody in terms of: - Physical limitations**

Important

**How can vulnerability be better identified in custody in terms of: - Prior experience of abuse and/or trauma**

Prior abuse, losing a mother at an early age, serious injuries, bullying, lack of love and communication in the family - etc. all affect young people's attitudes, how positive and constructive they can be in life, their mental health, their hope, etc. etc.

**How can vulnerability be better identified in custody in terms of: - Prior experience of abuse and/or trauma**

I think I got a bit confused with the labelling but have made the main points I wanted to.

**How can vulnerability be better identified in custody in terms of: - xv Other**

Much better training for prison staff! Young people are VERY vulnerable and may not act like it. There is a lot of pressure to be tough, bad, invincible etc. and not express inner feelings. Young people should get the help they need to see some kind of a positive future - especially important if they have received a long sentence.

**Are there any bespoke tools that would assist in identifying particular types of vulnerability? - 6**

People who know how to talk to young people and find out what they really care about. Counsellors - or good ones maybe. It is about feelings, confidence, hope, how to cope in an impossible place.

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

DEFINITELY

**(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? - 8a**

Not sure - there are plenty of big barriers.

**(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? - 8b**

Don't know as I don't know the system that well.

**How can information sharing and communication be improved and better utilised to identify vulnerable young people and what information should be provided from: - 9i**

Better trained psychiatrists - to look more broadly than just ability to plead. Psychiatrists should be required to reflect on their practice in the way counsellors and psychotherapists are so as to understand better the consequences of their actions and interventions - and then their assessments would be more useful.

**How can information sharing and communication be improved and better utilised to identify vulnerable young people and what information should be provided from: - 9ii**

I don't know - but it needs improving.

**How can information sharing and communication be improved and better utilised to identify vulnerable young people and what information should be provided from: - 9iii**

More guidance to external agencies as to what is most useful? More understanding of them about the dangers and realities. Less racist police which have been an issue in cases I know of.

**How can mental healthcare provision be improved to meet the needs of young people more effectively, in terms of: - 10 i**

Don't really know the system - but much better mental health assessments - or indeed any - might be a start. Early on!

**How can mental healthcare provision be improved to meet the needs of young people more effectively, in terms of: - 10 ii**

Do it for one thing. I know of an example where this didn't seem to happen.

**How can mental healthcare provision be improved to meet the needs of young people more effectively, in terms of: - 10 iii**

DK

**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? - 11**

DK

**Are there effective mechanisms for responding to information received relating to vulnerability? - 12**

Probably not very effective. I know of staff who don't like to admit or deal with vulnerabilities - too soft, they don't deserve coddling, punishment is the issue, etc.

**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? - 13**

DK

**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)? - 14**

DK

**Are ACCT documents being appropriately opened and closed? - 15**

DK

**Are ACCT documents being appropriately opened and closed? - 15 ii**

DK

**Are the right people contributing to the ACCT document? - 16**

DK

**How can the ACCT management process be improved to better ensure the needs of those identified as at risk are more effectively met? - 17**

DK

**Are relevant mental health needs sufficiently covered in current ACCT processes? - 18**

NO

**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? - 19**

Positive about all cultures. Staff in tune with young women and races, cultures, religions and ability to treat all with knowledge and respect.

**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? - 20**

Care, kindness, time, association, contact with family, phone calls to family, information about opportunities, assume vulnerable and likely to self-harm;

**(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? - 21 (a)**

DK - doesn't seem enough to me.

**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? - 22**

I am writing this because my step-grandson killed himself 4 days after arriving in Belmarsh. The inquest probably won't happen for another year or so - but so far the interviews done by the prison service ombudsman (in DRAFT) show that in a long and complicated process just about everything that could possibly have gone wrong did go wrong. So in my view just about everything needs to change.

**(a). Are 'safer cells' effective or not, and why? - 23 (a)**

DK

**(a). Are 'safer cells' effective or not, and why? - 23 (b)**

Yes

**(a). Are 'safer cells' effective or not, and why? - 23 (c)**

Not sure - but something!

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

The above would be a start - I don't know the prison system well at all. I do know of a lot of the problems - some of which are touched on above and elsewhere.

**(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? - 25 a**

NO

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

Don't know. My one experience has been reasonable - but it was obvious the death should NEVER have happened and that everything went wrong.

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

So far PPO has been good. A lot of what led up to my grandson's death was because of the complete incompetence of a Social Services Department - which lied, didn't do their job and didn't respond AT ALL to a begging from family at TWO meetings that our teenage relative was a serious danger to himself and others. If they had taken the situation seriously the following tragedies need not have happened. Serious mental illness was ignored - in my view bi-polar when symptoms had been readily observable including psychotic delusions and mania.

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

DK

**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? - 29**

DK

**How might the learning from deaths be better disseminated? - 30**

More information about the realities of what happens and what can go wrong - some in more easily digested formats than, for example, hundreds of pages from the Ombudsman interviews. There is a lot to learn. Also more supervision and maybe requirements for staff to reflect on their practices. Do

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

Don't know in general. We have an excellent lawyer found by Inquest and the Prison Ombudsman has sent full information about his interviews so far. Much more to do before inquest.

**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? - 32**

If some are certainly all are not. My grandson also had had a very serious head injury affecting his behaviour seriously but staff and psychiatrist who assessed him did not really understand its effects. More co-operation with Headway in all cases. More knowledge about disabilities in general such as ADHD, dyslexia etc. I have seen some research which estimates half ish of all inmates have one or

more of these conditions - which will by their nature be hugely important.

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

Like kids, like working with them, prepared to find a way to get to know them, know about vulnerability and all the things they do to hide it. People who care about feelings and what they mean. People who can build genuine self-esteem.

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

Don't know - having managed a volunteer project for awhile they can vary greatly in their abilities to work with people.

**Are 'listeners' being used to best effect? - 35**

DK

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

DK - BUT they should and some/many obviously don't have a clue or don't care.

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

When I needed to hire good staff - who were essential to have - I always gave them scenarios about possible clients with complex needs - and asked what the priorities were, key issues, short and long term actions, etc. This works better than just questions and you find out what people are like and what their skills are. I am a fan of this method and always got good, caring staff who could prioritise the issues and actions.

**Should arrangements around family and support network contact be improved to: - 38 i**

Yes

**Additional comments - 39**

Lots needs to be done. Suggest you invite Dyslexia, ADHD (ADDIS) and head injuries organisations to contribute. *[Details of additional individuals the Review was invited to approach redacted for the published version].*

Last Modified Date

22:48.5