



Royal College of Nursing submission to the Independent Review into self-inflicted deaths in National Offender Management Service (NOMS) custody of 18-24 year olds

With a membership of more than 410,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the opportunity to respond to this review of the tragic cases of self-inflicted deaths in NOMS custody. It is worth noting that the RCN is aware of a number of streams of work in this area including from NHS England and the Equality and Human Rights Commission. Whilst it is encouraging that this issue is being thoroughly explored, some centralisation of multi-agency approaches of purpose and outcomes would be encouraged.

Identification of vulnerability

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

Defining vulnerability is multi factorial and can be magnified by several pre disposing factors including, but not limited to, a past history of self harm, mental ill health (particularly bi polar), learning disability, social issues such as involvement in gangs, past history of sexual abuse, homelessness and relationship breakdown.

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

People are most vulnerable at the point of arrest, when possibly intoxicated and emotionally fragile. It is extremely important to have strong nursing links at this critical interface to assist with signposting to appropriate agencies and services, as well as providing care. The transfer to court and to prison are also times when young people may be at additional risk. This is compounded by limited contact with family and long periods of travelling including anxiety and uncertainty. The first 24-48 hours in prison is a recognised as a particular time of vulnerability.

The RCN would like to see further emphasis on looked after children, children who have been excluded from school and children who are homeless. The transition from child to adulthood often leads to a breakdown and fragmentation of service provision. The role of school nurses and community support, who can support important interventions, is essential during this stage. Greater professional input for families in crisis would help in identifying those at risk and providing the necessary support. Intensive community outreach teams are

invaluable but insufficient at present in terms of numbers and their reach. The RCN would like to see greater and improved communication between health and social care agencies, alongside police custody health care support and stronger links to education agencies.

An example of school nurses being pivotal in early intervention and preventative measures is the further funding of school nursing in Hampshire, which has been given a £2.5million boost¹. The objective of the project is to address physical and mental health problems early and prevent incidents such as arrest and interaction with the police. The initiative supports teachers in listening to children and creating liaison with parents and the school nurse. Initiatives such as these, which are driven by nursing and reduce risk from an early stage, are particularly encouraging.

3. 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?

The assessments of young people could be improved; more time for staff to complete comprehensive health checks would provide a better basis for identifying any risk and providing appropriate care. The skilled nursing assessments within prisons and custody settings are commonly under resourced with low numbers of staff for increasing prisoner numbers who require assessment.

Better access to IT infrastructure is essential and remains 'work in progress' which needs to be rectified so that integration of services and sharing information is more seamless. Practitioners are commonly working without the benefit of GP records to hand and have often to rely upon what is told by the young person, rather than a full medical history.

The RCN believes that careful consideration should be given to the creation of a new family liaison worker could potentially reduce the anxiety, stress and distress of young people in criminal justice settings, which can lead to self harm and suicide attempts.

4. How can vulnerability be better identified in custody?

The most critical time of concern is when a young offender moves to an adult prison. Young people who are withdrawing from drugs or alcohol are also at greater risk of harm. As are those who have run away from home and who have limited cognitive function. Again, if practitioners are better informed through health records and information already obtained by other agencies, these risks are much easier to identify.

5. Are there any bespoke tools that would assist in identifying particular types of vulnerability?

The learning disability screening questionnaire (LDSQ) has been utilised in some but not all prison. The LDSQ is being adapted and used in some police custody health care services but it is not widespread. The RCN would like to see the LDSQ in all criminal justice settings.

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

It is not uncommon for criminal justice staff to have limited awareness of mental health and learning disability issues because training is currently only scantily available, the RCN calls for such training to be increased. Because of a lack of awareness amongst criminal justice staff, attitudes vary, but distress and vulnerability can often be mistaken for someone simply being 'difficult', 'un-cooperative' and 'aggressive'. Labelling of certain prisoners who present

¹ http://www.dailyecho.co.uk/news/11325103.Millions_ploughed_into_nursing_school_to_improve_health/

with challenging or unusual behaviours can result in regular visits to a segregation unit where behavioural distress can increase. Young people can be persecuted by their peers too if they do not appear to 'fit in'. A sense of not belonging will increase distress. Victimisation and bullying are all factors that may be sufficient to lead to suicidal ideation.

Information sharing and effective communication

7. 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?

One of the biggest barriers to information sharing between agencies and practitioners is the inadequate IT infrastructure. A more robust system of logging health history and care already given, would be hugely beneficial in enabling practitioners to identify those who are at risk of harming themselves. In this respect, it would be helpful to consider a memorandum of understanding between the professional regulators and the health justice services regarding sharing of information. This would be both useful for practitioners and would also encourage safe practice of what information can and cannot be shared with whom and to what extent.

8. How can information sharing and communication be improved and better utilised to identify vulnerable young people and what information should be provided?

A personalised care plan for every vulnerable young person would be extremely beneficial, as well as strengthened links with safeguarding leads, local authorities and families. Again, a family liaison staff member would be a great asset to ensuring the necessary support is in place.

9. How can mental healthcare provision be improved to meet the needs of young people more effectively?

Better liaison with GPs particularly at admission and discharge. This happens in an 'ad hoc' way at present.

10. In the context of self-inflicted deaths in custody, how can any learning and best practice from the youth secure estate best be applied to the adult secure estate?

Again, data sharing is essential including better links between the Prisons and Probation Ombudsman and death in custody report recommendations. This would aid in highlighting lessons and in sharing best practice across all services, which is essential.

It is also important to ensure that there are sufficient staff, with the right skill mix, at all times. It is often the case that mistakes are made, when staff numbers are too low to deal with the number of prisoners and the complexities of their care. The RCN's report '*Running the red light*' explains in detail the critical issue of safe staffing levels.²

Management of ACCT

11. 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?

² http://royalnursing.3cdn.net/e678a38646d8d670b1_rdm6bgu19.pdf

There have been 84 deaths between 2007-2013, an average of 17 per year, which is far too high. On this evidence the aims of ACCT have not been realised.

13. Are ACCT documents being appropriately opened and closed?

Where the documents are appropriately being opened and closed they are still not enough. It is about training and attitudes, staff skills and adequate numbers of staff.

Management of Vulnerability in Custody

18. 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 RCN is aware that some deaths of vulnerable people have occurred whilst 'constant watch' are in force. 'Constant watch' refers to the posting of a person, either health practitioners or prison staff, to a cell, room or bed bay, to monitor a person in order to prevent self-inflicted harm. This can be effective if executed in the appropriate way, however, this is often not the case. For those who are identified as an acute risk to themselves, constant watch should be carried out by health practitioner and be made an absolute priority with all safeguards enacted. It is vital that suitably skilled nursing staff who have therapeutic skills and knowledge are available to monitor these situations. The RCN would encourage a review of protocols in this area.

The RCN would also like to see greater attention paid to Cardiopulmonary resuscitation (CPR), including the training of all criminal justice staff, not solely health professionals, in CPR. This currently is severely lacking in criminal justice settings and could be pivotal in saving lives. Annual training reviews of all staff would likely improve the outcomes for those who have inflicted self harm.

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

iii. Use of restraint

The Department of Health (DH) published new guidance on restrictive practices in April 2014.³ The RCN were commissioned by the DH to lead a multi-professional consortium on the development of this guidance. The RCN consulted all of our members but with a particular focus on nursing members working within settings where restrictive practice is commonly used. This guidance will apply to criminal justice settings and will require attention to training, ongoing professional updating and induction for new and agency staff. The RCN would like to see this guidance should be employed in all suitable settings.

Staff Training

28. Are staff trained and prepared effectively for working with vulnerable young people?

Safeguarding is an area that training should be increased and prioritised for practitioners in health and criminal justice settings, as a matter of urgency, it is currently not sufficient.

³ file:///rcn.local/lhq/users/dowdl/Downloads/DH%20Positive%20&%20Safe_document.pdf

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

Staff working with young people should be particularly aware of mental health issues, learning disabilities, autism, self harm and CPR. An overall goal of increased knowledge about safeguarding is also necessary.

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

Volunteers should only be used when carefully selected and supported by trained and qualified professionals. Practitioners can often be best placed to mentor volunteers to ensure that they have the skills necessary, but appropriate time must be available for practitioners to perform this role effectively.

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

As above, listeners should receive appropriate supervision and support to enable them to carry out their roles effectively and sufficiently. Proper safeguards should be in place to support volunteers, including the correct supervision by a health practitioner.

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

Health practitioners, who are suitably qualified and trained, are best placed to report vulnerability and to take subsequent action. The use of volunteers or other staff to carry out this task must be properly supervised by a health practitioner.

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