

Appendix 1 Response to questions re request for submissions

Identification of Vulnerability

1. How would you define 'vulnerability' in terms of a young person (under 24 years) who is in NOMS custody? What factors in their previous experiences are most likely to increase their vulnerability?

- Those with current or previous mental health problems,
- Those who are first time in custody
- Those who have previously self-harmed or attempted suicide
- Those with drug and alcohol issues,
- Those where English is not their first language
- Immigrants ,who can be isolated from family and their own culture, may be under review by the UK Border Agency
- Those who are homeless.
- Those who are homosexual, transgender, or have difficulties with their sexual orientation
- Those who have been subject to bullying
- Those identified with poor emotional, social, coping skills
- Those with low aspirations/self esteem
- Those with poor, or no family support
- Those who are suffering a bereavement
- Those with learning difficulties,
- Those with educational, speech and communication needs
- Those with physical health, disability ,or mobility needs
- Those with literacy and numeracy difficulties
- Those who have been physically, emotionally or sexually abused

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

- Within the first three months

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?

- Clearly identifying those who are vulnerable and at most risk of self-harming /suicide in the first instance

- Improved and ongoing suicide risk assessment and screening tools
- Improved training for staff in suicide risk and mental health assessment
- Increase in Registered Mental Health Nurses and those with skills in working with young and vulnerable groups and improved resources, and multidisciplinary input from Mental Health In Reach Teams
- More systematic communications and information sharing between healthcare and prison staff
- Improved multidisciplinary/multiagency working/record keeping
- Healthcare /other relevant agency staff, for example Counselling, Assessment, Referral, Advice and Throughcare (CARAT) scheme, for prisoners with drug and alcohol problems (known to the prisoner where possible) should always be present at ACCT reviews.

4. How can vulnerability be better identified in custody in terms of:

- a. Mental health needs
 - b. Age
 - c. Maturity
 - d. Drug use
 - e. Alcohol use
 - f. Gender
 - g. Location/distance from home
 - h. Bereavement
 - i. Learning difficulties
 - j. Communication disorders
 - k. Educational needs
 - l. Physical health or mobility limitations
 - m. Sensory difficulties
 - n. Other
- More robust, evidence based screening / assessment tools to identify needs of this vulnerable group in the first instance
 - Assessments for those identified as being vulnerable and at risk are not a one off and should be ongoing
 - More time provided for staff to undertake them

- Improved training for staff in assessment, observation and reporting and recording skills
- Improved communications and information sharing

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

See attached (appendix 2) risk factors and warning signs taken from research and a review of the literature and also the experience and information gathered from DIC's undertaken in England and Wales in the past 3 years.

See attached (appendix 3) reference and literature review list, from these and the above a specific tool could be developed jointly by clinical and prison staff working in the prison, mental health and social care staff and others with expertise in the field .

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

- Yes definitely !In some prisons there is a focus on rehabilitation and establishing therapeutic relationships between prisoners and staff, where bullying between prisoners and intimidating attitudes from staff , is not tolerated and mutual respect is actively encouraged and in other prisons limited consideration is given to these issues.
- Those prisons identified in HMP Inspection reports could be used as flagship prisons promoting good practice in these areas

Information sharing

7. (a) What are the biggest barriers to effective information sharing about potential vulnerabilities within the criminal justice system?

- SYSTM1 (Electronic assessment and information recording system for mental and physical health) used in prisons does not enable effective information sharing, or provide a comprehensive assessment and clear identification of needs and risks associated with this vulnerable group

- There is no systematic process for sharing or coordinating key information from various documents, ACCT, SYSTM 1 between the disciplines and agencies involved
- Poor recording and record keeping
- Repetitive records by various disciplines
- “Territorial” record keeping
- Limited disciplines attending meetings
- Limited access to information re previous mental health or social care

(b) How these might be overcome, particularly in the context of existing resource constraints?

- More systematic and coordinated communications processes
 - Clear standards/policies on record keeping, sharing of information and communication processes
 - Raising awareness to nurses professional accountability in Record Keeping
 - A Suicide Prevention Strategy incorporating all these issues across the prison service
8. How can information sharing 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?
 - iii. From external agencies?
- A more robust and comprehensive multi-disciplinary and multiagency electronic information sharing assessment and evaluation process.

- Improved communication processes, between the various disciplines and agencies.
 - Joint conferences, forums and working groups and shared training opportunities
9. How can mental healthcare provision be improved to meet the needs of young people more effectively, in terms of:
- i. Information sharing pre-custody
 - ii. Information sharing in custody
 - iii. Information sharing post-custody.
- Improved access to and quality of mental health service provision from Local Health Boards
 - As in question 8
10. 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?
- Prison Healthcare Conferences, forums, meetings and post DIC debriefs where learning opportunities and best practice can be shared.
 - Prison newsletter or e- mail information outlining good practice and improvements relating to DIC's

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?
- The aims of the ACCT are appropriate and if implemented properly could contribute to the prevention and management of those at risk of suicide, however, where implementation does not comply with the standards and there is limited multiagency/multidisciplinary collaboration, it is ineffective.

- Also staff training in using the ACCT should incorporate improved and robust suicide risk assessment, identifying risk factors and warning signs, understanding/awareness mental health/, observations and engagement with prisoners and there should be clear criteria/standards for these important areas.

I am unsure if a review of the ACCT implementation been undertaken across the prison service ? It should be regularly monitored /audited for compliance and quality and improvements made where relevant

12. 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)?

- If there has been no monitoring or a review of the effectiveness of the ACCT process, this would be difficult to conclude !

13. Are ACCT documents being appropriately opened and closed?

- No, often closed prematurely and without full consultation with relevant multidisciplinary /multi-agency staff
 - i. Should an ACCT be opened more frequently for this age group?
- Yes , the age and other vulnerabilities should be part of the criteria for opening an ACCT and should include other associated risk factors and warning signs
 - ii. Is the document adequate for managing the risk in this age group?
- No

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

- No, not always, it's an ad hoc process, assessments and decisions relating to care and management are often decided on by one member of the prison staff and ACCT reviews are not always attended by multidisciplinary (healthcare and prison staff) or multi-agency (e.g. CARAT) staff

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

- As identified above, but a full audit/review of the ACCT process should be undertaken in each prison and identified areas for improvement made and each

prison should regularly monitor/audit the process, with a view to ongoing improvement in compliance and quality.

16. Are relevant mental health needs sufficiently covered in current ACCT processes?

- No

Management of Vulnerability in Custody

17 How might we most effectively take into account the needs and particular vulnerabilities of specific groups, including ethnic minorities?

- Improved assessment process and identification of needs, including cultural, and other vulnerabilities and risk factors being identified at an early stage in custody
- Improved training for staff in identification of needs and problems, strengths, weaknesses and vulnerabilities, mental health and suicide risk issues, cultural awareness and diversity

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?

- All prisons should have specific assessment processes and locations for these young and vulnerable prisoners with ; specific and focused risk and mental health assessments, staff trained in care of the young and vulnerable prisoner, care of those with mental health and drug and alcohol issues, a clear focus on rehabilitation and effective and collaborative multidisciplinary/multiagency working and communication processes with other relevant community support services and agencies.

19 (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?

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.

- I am not fully conversant with this scheme, all I know is that vulnerable young people with mental health problems, psychological, emotional, or behavioural difficulties, or other issues identified in Q1, are normally poorly self-motivated and have low self esteem,so they need a structured environment, supervision and encouragement to enable them to develop confidence in achieving anything and this system seems wholly inappropriate to meet their very specific needs

19 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?

- Answered in previous questions

20 (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.)

- Yes ,should be used as part of an overall risk management plan, where the prisoner continues to be risk assessed, is carefully monitored and observed and the level of safety/security and the option or a safer cell assessed and implemented accordingly

a. Does more need to be done to reduce the number of ligature points in cells?

- Yes

21 What could be done further to improve the design of safer cells?

- Environmental risk assessments and a more contemporary safer cell design eg beds attached to the floor with no ligature points, ligature free door handles, collapsible shower rails, ligature free taps and furnishings and safe clothing and bedding and CCTV for those prisoners who present a high risk of self-harm or suicide
- Individual risk assessments undertaken by trained, multidisciplinary staff, good relationships and level of safety and security adjusted as part of the risk management plan, which has to be regularly reviewed and adjusted accordingly

22 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).
- ii. Effectiveness of systems to tackle violence and bullying (both by inmates and by staff).
- iii. Reducing access to dangerous items or materials.
- iv. Availability of safer cells.
- v. Prescription drug sharing.
- vi. Illegal drug use.
- vii. Effectiveness of emergency response systems
- viii. Role of external agencies.
- ix. Observation of those identified as at risk including timed observations and CCTV.

- Promote a culture where anti bullying policies/strategies are developed, implemented and actively supported
- More robust risk assessments
- Individual care and risk management plans for those identified at risk
- Structured Observation Processes, levels 1,2 and 3 (as used in mental health services) with improved reporting and recording mechanisms

- Clear expectations, policies and standards developed across the prison service , to incorporate all of the above, a serious commitment to the policies and strong leadership to ensure implementation, and integration,regular monitoring to ensure compliance and improvement and mandatory training and awareness for all staff
- Implementation of the “personal officer scheme” throughout the prison service
- A review of the emergency policies and procedures (eg,Cardiopulmonary Resuscitation (CPR) and training for all staff , to reflect current professional and national guidelines and best practice

23 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? How could they be improved?

- Prison staff (usually first on scene of emergency) will often wait for healthcare staff to attend to commence emergency treatment/ basic life support, losing valuable minutes .All prison staff should be trained in basic resuscitation and emergency procedures, with clear expectations that as part of their role, they will use this training.
- In my experience Emergency services (ambulance, first responder paramedics) are usually prompt in attending an emergency in prisons and procedures for entering prisons and escorting to the right location is well established in the prisons in Wales.

Procedures following a self-inflicted death in custody

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

- i. Prison and Probation Ombudsman (PPO) processes.
- ii. Inquest procedures
- iii. Opportunities for family input into investigations.
- iv. Ability of the Inquest and PPO to consider the context of a particular death.

Continuous improvement processes (audit, quality monitoring and reviews of the investigations) to ensure ;

- effective, consistent and collaborative working between Health Inspectorates and PPO's
- a high standard of Health Inspectorate clinical reviews and reports of DIC's
- improved opportunities for family input in to investigations
- follow up of recommendations and action plans to ensure implementation and improvements have been made
- recruitment and training for staff undertaking investigations and reviews reflecting appropriate skills, competencies, qualifications and experience

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

- A review of and standardisation of current arrangements and subsequently establishing agreed criteria, policies and standards throughout the prison service to better meet the needs of bereaved families (communications, financial and legal support) is required as it seems to vary from prison to prison

26. 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?

- A prison wide Policy incorporating clear and measurable standards, expectations and criteria reflecting the above issues and based on best practice should be developed ,shared with all staff, be part of mandatory training in this area and regularly monitored to ensure compliance and improvements are made where relevant

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

- Ensure meetings relating to the deaths are held for staff involved, any learning points recorded and circulated to all managers who should ensure the information is shared in staff meetings and forums and used in training programmes.

Staff Training

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

- Limited training and preparation available for the majority of staff

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?

- Communication and listening skills
- Counselling skills
- Understanding of mental illness and associated behavioural issues, particularly in the care of young and vulnerable people
- Assessment skills – vulnerability issues, self-harm/suicide ,
- Observation skills
- Empathy
- Anger management
- Stress management
- Working with drug and alcohol related problems
- De-escalation and Diversion skills
- Reporting and recording skills
- Identification of bullying and abuse
- Facilitation and Mentoring skills
- Managing aggression and challenging behaviours
- Understanding and Managing self-harming behaviours

Vulnerable young prisoners should have improved access to ;

- structured rehabilitation programmes and therapeutic interventions
- education /learning and training (to include basic numeracy and literacy)
- Life skills training
- Access to MH specialist services for specific disorders
- Self help and voluntary groups related to young vulnerable adults

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

- Yes if properly trained, managed and supervised
- Support groups ,eg MIND ,AA, Schizophrenic and Manic Depressive associations and self-help groups, RELATE, youth project groups,, **Safeguarding Matters** provide a list of charities and regulators that support Vulnerable Adults, the Department of Health provide guidelines for the development and Implementation of multiagency policies for working with young vulnerable adults.
- Joint working, local partnerships and joint schemes with local colleges, and youth volunteer /charitable organisations, projects and schemes, e.g. The Joseph Rowntree Foundation, Catch 22 etc
- Mentoring Schemes for vulnerable young people,

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

- Not always, access is not always well coordinated, and prisoners are not always referred to them appropriately or in a timely manner.

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

- Training should be part of an overall strategy in management of young and vulnerable people and incorporate clear standards and competencies in observation, assessment, (including mental health and suicide risk assessment and reporting and recording).

Family, support network

33. How might the arrangements around family and support network contact be improved to:

- i. Support vulnerable young people?
 - ii. Better ensure families and friends can alert establishments to concerns?
- Identify family /significant others and contact numbers during assessment process, encourage communications and relationships where relevant and the prisoner consents
 - Have an identified officer /contact person that families can contact with concerns
 - Encourage family support, communications and information sharing in the assessment and planning process ,information can be obtained by telephone and include triggers and risk factors