



National Offender
Management Service

THE HARRIS REVIEW

**INDEPENDENT REVIEW INTO
SELF-INFLICTED DEATHS IN CUSTODY
OF 18-24 YEAR OLDS**

**SUBMISSION FROM THE NATIONAL
OFFENDER MANAGEMENT SERVICE**

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FOREWORD

I welcome the opportunity to provide this paper to the Harris Review. Every self-inflicted death in custody is a tragedy, and NOMS is continually learning and seeking ways to reduce and prevent self-inflicted deaths.

In February 2014 the Review was tasked to consider the self-inflicted deaths¹ in prison custody of 18-24 year olds since 2007. In considering this cohort of deaths, I hope the Review will be able to provide NOMS with further insights into the 18-24 year old age group which will help us reduce self-inflicted deaths amongst younger adults. Should the Review's findings be applicable more widely we will use them to support other age groups too.

Throughout the course of the Review, staff across the NOMS Agency have welcomed and supported its work, supporting Review members on visits to a range of establishments and ensuring they had access to serving prisoners. We have provided extensive data, and the Review has been provided with oral evidence from myself and a range of policy and expert practitioner staff.

Given the breadth and depth of activity that contributes towards keeping prisoners safe and helping to reduce the incidence of self-inflicted death, this document principally provides descriptions of the structures and processes in place, and can only give a flavour of how they are operated, and more importantly, experienced, on the ground. Supporting prisoners who are fragile and vulnerable to the degree of distress that may lead to death is not a purely procedural matter. Prisons make a difference through the professionalism and good judgement of staff, and the quality of the human interaction between staff and prisoners. This is best observed in the prison environment; and it is thoroughly scrutinised in the wake of a self-inflicted death by the Prison and Probation Ombudsman, and subsequently at the inquest. I have little doubt this approach saves lives.

However, it is generally recognised that, for many prisoners, some of the circumstances and contributory factors which may result in self-inflicted death (be that suicide or otherwise) predate and may continue through the period of their imprisonment. For some individuals, prison increases despair, in part through the inherent consequences of imprisonment such as separation from family and friends. For others, prison offers protective factors, including individualised risk management where the need for this is identified.

Prison staff can and do save lives. It is of the utmost importance that we continue to do what we can to keep every person who is committed to prison custody safe from harm.

MICHAEL SPURR

¹ Self-inflicted deaths are any death of a person who has apparently taken his or her own life, irrespective of intent.

INTRODUCTION

This paper provides information on NOMS policy on a range of areas of relevance to the Harris Review. It provides responses to the themes and questions posed in the Review's original call for evidence.

NOMS' responses to further sets of questions asked of NOMS by the Review are contained in two separate documents.

Safer Custody

Safer custody is at the heart of prison management. Our first Commissioning Intention sets out our requirement for the provision of safe, decent and secure environments. We are committed to supporting vulnerable prisoners and reducing suicide and self-harm.

The Review is covering the period from 2007. Between 2008 and 2012, rates of self-inflicted death were 0.7 per 1,000 prisoners. In 2013 and 2014 this rose to 0.9 and 1.0 per 1,000 – rates which had previously been seen in the earlier part of the last decade.

NOMS is working hard to understand the reasons for this increase, but they are complex. Given the overall size of the prison population against the number of self-inflicted deaths, patterns and trends are hard to identify. It is too simplistic to attribute the rise in self-inflicted deaths to staffing reductions or benchmarking. The rise has occurred in contracted prisons, which have not been subject to those initiatives, as well as in public sector prisons, and in prisons that have and have not completed the benchmarking process. Deaths have occurred in prisons with good and less good inspection ratings, and in prisons with various levels of crowding. Trends in prisons cannot be considered in isolation from those in the general population and suicide amongst men in the community has increased.

There has been an increase in self-inflicted deaths in the first month in custody and at later stages of sentence, as well as an increase in the proportion of self-inflicted deaths of prisoners who were subject to the Assessment, Care in Custody and Teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm. PPO reports into the deaths have included common recommendations concerned with the emergency response process, the identification of risk, the management of the ACCT process and referrals to mental health services. Whilst not at the level of statistical significance, these findings provide an indication of where renewed efforts should be targeted.

Immediately after the increase was first observed, in December 2013, Governors were given information about key risk factors identified from deaths earlier in that year and reminded of the need to prioritise these areas. Two learning days for establishment safer custody leads have been held, focused in March on risk factors and in November on improving the operation of the ACCT system.

In May 2014 NOMS allocated additional resources to safer custody work in prisons, focused particularly on improving the consistency of the application of the ACCT system. New regional leads were put in place in each Public Sector Prisons region and for Wales to support staff in prisons and share best practice.

Our action plan on reducing self-inflicted deaths includes work to improve our understanding of risk and vulnerability (in particular around 'new psychoactive substances' and associated issues of debt and isolation); improve staff capability to identify risk and use ACCT to best effect (through training and guidance on particular issues); address identified areas of procedural weakness (including information-sharing particularly with healthcare partners); and, importantly, increase support for prisoners (using peer support and well-being initiatives, sustaining hope for the future, and considering the physical environment). This will be supported by ongoing analytical work to understand the rise in self-inflicted deaths.

It is important to recognise that prison staff successfully support around two thousand prisoners who are assessed as at risk each day, manage over twenty-four thousand self-harm incidents each year and frequently

prevent deaths through timely intervention. NOMS is clear that reducing the level of self-inflicted deaths is of utmost importance and that safety remains fundamental to the operation of prisons.

Using this submission

As well as this Submission, NOMS has supported the Review's work through the provision of datasets, oral evidence from a number of policy and practitioner staff, and facilitating prison visits and access to prisoners.

As a Submission from the Agency, this paper largely sets out our policy position on the themes identified as of interest to the Review. It can only touch the surface of the detailed policy, practice, and external factors that may affect self-inflicted deaths in a prison. It should be read alongside the policies referred to, and their related specifications. These are all published (except where to do so would compromise security), can be accessed online, and accessed by prisoners in prison libraries. In line with the governance arrangements of the Agency, policies specify mandatory outcomes. The degree of provision of instruction as to how these should be delivered varies according to the issue and outcome sought.

Policy and practice

Policies must be operationalised within the context of each establishment, and prisons vary in terms of size, complexity, categorisation, interventions available, and many other factors which have a bearing on the population and dynamics in the prison. The Review is therefore interested in how NOMS assures itself that policy, guidance and communications are properly applied, and what governance structures are in place to support this.

All staff must comply with Prison Service Instructions (PSIs). All public sector prison staff have job descriptions for the role they occupy, and personal staff performance and development reports which set their objectives for the annual appraisal cycle. Individual staff performance is managed by their line managers. The introduction of the role of custodial manager has strengthened line management arrangements within prisons.

Ensuring compliance is the responsibility of Governing Governors of public sector prisons and Directors of contracted prisoners. Accountability and oversight is held through the operational line up to the NOMS Executive Management Committee. Non-Executive Directors also sit on the NOMS Agency Board.

Within Public Sector Prisons Directorate, Deputy Directors of Custody (DDCs) make regular establishment visits during which they assure themselves of compliance in the establishment. Any concerns will be raised with the Governor for action and progress is monitored through the bilateral line management process between the Director of Public Sector Prisons, Deputy Directors of Custody, and Governing Governors.

Contracted prisons are overseen by a Deputy Director of Custody in the Commissioning Directorate who has a team of Controllers in each of the establishments to ensure compliance with contracts and instructions.

There are a number of other processes which support Governors and DDCs to ensure compliance. Internal audits provide establishment level assessments, on a range of subject matters, and information on internal audits on safer custody measures are provided in the Annex to this Submission. Governors and DDCs also have access to a wealth of management information reports, provided by NOMS Planning & Analysis Group, and other information such as findings from regular Measuring Quality of Prisoner Life (MQPL) surveys.

The established independent regulatory framework for prisons also has a vital role to play. HM Inspectorate of Prisons and the Independent Monitoring Boards provide regular reports on individual establishments, giving an external, independent and objective assessment of their findings. The Prison and Probation Ombudsman investigates all deaths in prison custody, providing an investigation report for each death. Coroners hold an inquest for every death in prison custody. These independent bodies provide transparency and support public accountability, particularly important in relation to prisons which are closed environments.

This framework enables NOMS to oversee and assure itself as to compliance with PSIs and take action on issues identified within individual establishments.



Identification of Vulnerability

As in the community, the concept of 'vulnerability' when considering the risk, or likelihood, of self-inflicted death in relation to any one individual whilst they are in prison is not straightforward. Though a number of potential risk and trigger factors have been identified, the extent to which these may affect an individual's vulnerability to self-inflicted death will vary over time and is not predictable.

Our approach to this and many other issues of interest to the Review is set out in Prison Service Instruction (PSI) 64/2011 "Safer Custody" which provides staff with information and instruction to help them identify, manage and support those at risk of suicide and self-harm. This PSI describes risk factors for suicide, self harm and violence. It notes that risk of suicide is influenced by demographic factors; background history; clinical history and psychological and psychosocial factors, as well as the current 'context' in prison. It also lists triggers that may increase risk of self-harm, suicide or violence, including changes to current circumstances such as transfer between prisons or family breakdown and other less obvious factors such as the anniversary of significant life events.

We know that people are particularly vulnerable during the early days in custody and following each transfer. Other events that can add to vulnerability include: change in status; further charges; court appearances, especially start of trial and sentencing; life sentence / parole board hearing refusals and licence recalls.

PSI 64/2011 mandates safer custody training for all staff who have contact with prisoners, and requires any member of staff who receives information or observes behaviour that indicates a risk of suicide or self-harm to open an ACCT by completing the Concern and Keep Safe form.

PSI 74/2011 Early Days in Custody states the mandatory requirement for all prisoners to be "assessed for potential harm to themselves, to others and from others" on reception into custody, and explains that this must be done using all available information, as well as by interviewing the prisoner. It gives detailed guidance on healthcare screening, suicide prevention and self harm management, and mandates a detailed medical examination that must include an assessment of safer custody concerns.

PSI 75/2011 Residential Services requires residential staff to ensure that prisoners are supported and their daily needs are met, and describes the key role that they play in spotting any signs of distress, anxiety or anger which might lead to prisoners harming themselves.

- 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?**

As noted above, vulnerability can arise from a number or combination of factors and will fluctuate. PSI 64/2011 sets out the factors that should be considered for all prisoners. Leaving care and transitioning between youth and adult justice services are recognised as two factors which can increase risk and which by their nature affect younger adults. For younger adults, it is also recognised that maturity levels may be lower and this may affect their ability to cope with a range of issues and circumstances, not solely limited to the custodial environment. As a group, younger adults are more likely to display impulsivity and may pay less heed to potential consequences of their actions.

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

Decisions on who is received into custody are not matters for NOMS. We recognise this is an issue of significant interest to a range of organisations.

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

Vulnerability will vary with the individual and their experience of their journey through custody. There are some known periods and issues which may heighten vulnerability. For example, during the period following transfer, and the period around key decision points such as sentencing, it should be considered whether there is increased vulnerability. Equally, 'hidden' triggers relating to events in the young persons life outside of their custodial experience may heighten vulnerability. The nature of the young person's relationships within the prison should also be borne mind, for example, whether they feel isolated, and whether they have supportive family contact. Individual consideration is required and staff must remain alert to changes in a prisoner's risk and act when appropriate for that individual.

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?

Levels of vulnerability to self-inflicted death, and the numbers of prisoners who are subject to case management in response to identified risks at any given time, are subject to change and risk has to be managed in a dynamic way according to individual needs. It is hard to judge the extent to which systems and processes can be improved as it cannot be established how many prisoners may otherwise have committed suicide but for the identification of their risk and consequent actions undertaken as part of their caremap. However approximately 2000 prisoners are identified as being of concern in terms of suicide or self-harm at any one time.

Not all young people in custody at risk of self-inflicted death are identified as such beforehand; in some cases the PPO has found they could not have been. In other cases the decisions of staff in contact with the young person have been questioned, or the information available to inform those decisions has been questioned.

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

- i. Age?**
- ii. Gender?**
- iii. Ethnicity?**
- iv. Psychosocial Maturity?**
- v. Drug use?**
- vi. Alcohol use?**
- vii. Location/distance from home?**
- viii. Bereavement?**
- ix. Mental health needs?**
- x. Learning difficulties?**
- xi. Communication issues?**
- xii. Educational needs?**
- xiii. Physical limitations?**
- xiv. Prior experiences of abuse and/or trauma?**
- xv. Other?**

There is no 'profile' of an individual who is more likely to be vulnerable to self-inflicted death, but the factors above include many of those that staff need to consider when assessing an individual's risk. There are known disparities in suicide rates across age groups and across genders with men more likely to take their own lives. Factors such as bereavement, relationship breakdown, experience of abuse or trauma, or indeed a lengthy sentence may contribute to despair felt by an individual. Others, such as psychosocial maturity, distance from home, or mental health conditions may affect their ability to cope.

The presence or prominence of risk factors in a prisoner's life and the extent to which they affect his or her wellbeing at any given period will vary over time. PSI 64/2011 outlines a range of both static and dynamic risk factors.

However it is important to remember that none of these risk factors can be predictive.

NOMS therefore asks staff to assess vulnerability by considering knowledge of the individual in the round, at that time, and to revisit such assessments as required. Such assessments should include the above factors and others, such as any previous history of self-harm, or the nature of family relationships and degree of contact and support. Both static and dynamic risk factors should be considered, as vulnerability may fluctuate over time.

In terms of identifying vulnerability, staff may need to draw on information from a range of sources and colleagues, including the prisoner. Careful judgements may need to be made, to ensure that due weight is given to all relevant information. Several PPO reports have identified issues with staff placing undue weight on the prisoner's presentation and disposition, which may mask his or her vulnerability at times.

Safer custody is everyone's responsibility, and all staff are required to be aware of the need to be watchful and alert to changes in prisoner wellbeing that may affect their vulnerability to suicide and self-harm. Any member of staff can initiate opening and ACCT (see below for description of the ACCT process) and should do so if they consider the prisoner to be vulnerable.

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

As many factors present in those who do die by self-inflicted death are also present in prisoners who do not, it is hard to envisage a tool that could reliably identify those who are vulnerable at any given time. NOMS supports a person-centred approach. Staff-prisoner relationships are vital to identifying and acting on vulnerability, and we think it important that staff feel responsible for this and are expected to exercise their judgement in order to identify and protect individuals who are experiencing distress.

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

NOMS recognises that such factors may contribute to vulnerability. Psychosocial and psychological factors, and the current 'context' of the individuals' imprisonment, are recognised in PSI64/2011 as risk factors. Good relationships between staff and prisoners are essential in ensuring that prisons are safe, decent and secure. Therefore all residential officers are expected to interact with prisoners regularly and to provide positive role models. This is reflected in the principle that 'Every Contact Matters', which forms part of the new ways of working that are being introduced in all public sector prisons. Staff role modelling is intended also to improve relationships between prisoners. We are encouraging prisoners to make a positive contribution to prison life through the revised Incentives and Earned Privileges scheme which was introduced in November 2013.

Information sharing and Effective Communication

Information sharing and effective communication are essential to identifying vulnerability and managing risk. We recognise that getting information-sharing and communication right is an ongoing challenge.

Chapter 2 of PSI 64/2011 provides detailed guidance on information sharing with respect to safer custody concerns. It sets out the procedures that staff should follow to ensure that reliable and accurate information is shared with and between appropriate agencies to inform appropriate decision making.

All medical information is managed in accordance with relevant legislation and the NHS Code of Practice on Confidentiality.

NOMS supports the Information Sharing Statement developed by the IAP which has been disseminated across the prison estate. Further work is required to ensure the implications of this statement are understood by all relevant staff.

The main tool for sharing information between agencies is the Person Escort Record (PER). We are currently conducting a review of this form, alongside partner agencies, with a view to identification and introduction of further improvements. A pilot project to test a revised version of the form is currently underway.

Information sharing has improved markedly over the last decade but we cannot be complacent and recognise from reports by the PPO and from inquests that poor information exchange does still occur. The need to remain focused on improving practice in this area has been re-enforced through communications from Directors and at a recent national learning day for safer custody leads from establishments.

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?

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

The wide range of sources from which information about risk may be derived makes ensuring that comprehensive and accurate information is immediately available to staff making judgements about risk an ongoing challenge, particularly in busy reception areas in prisons. Any improvements to systems that can provide speedier access to information would be very welcome. For instance the integration of prison healthcare information with the NHS spine would allow instant access to medical records that currently need to be requested in each case and can take some time to reach healthcare staff in the prison. We understand from NHS England partners that there are plans for this to occur in the near future.

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?**
- iii. From external agencies?**

We aim continuously to improve information sharing and communication by emphasising its importance to our staff. Our training emphasises the need to use all relevant information when making judgements about risk and to make further inquiries where information is missing or inadequate. Staff are also encouraged to document decisions and events appropriately so that information is available to colleagues (and staff from other organisations) responsible for the prisoner in the future.

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**
- ii. **Information sharing in custody**
- iii. **Information sharing post-custody.**

NHS England is leading work on liaison and diversion, with input from the Ministry of Justice and support from NOMS to ensure that information generated from assessments is shared with and used appropriately by probation staff.

Prison staff work with both primary and secondary mental health providers to ensure that relevant information is shared so that the care and support offered to prisoners is appropriately joined up. This includes obtaining relevant information about the period before the individual came into custody and passing on information for those who will be responsible for the individual's supervision and care on release.

The Justice Secretary indicated his wider intentions in relation to mental health provision in prison in his speech on 15 September 2014.

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?

We set out information about how we disseminate learning from deaths in custody across the estate at Q.30 below. Much of the learning and best practice from the youth secure estate may be applicable in the adult secure estate. There is close working between NOMS and relevant agencies including the YJB locally, and nationally through the safer custody learning board (which was restructured as a reference group in 2014).

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

Information relating to vulnerability may be received through any number of routes, including from the prisoner themselves, from other prisoners, family and friends, external agencies, security information, healthcare information. We recognise that the efficacy of the response to receipt of information relating to vulnerability may vary depending on a range of circumstances; as noted above a number of Prisons and Probation Ombudsman (PPO) reports and Coroner's reports make recommendations on these issues. It is an area where we continue to consider where improvements can be identified and taken forwards.

Management of ACCT

The Assessment, Care in Custody and Teamwork process (ACCT), mandated in PSI 64/2011, provides a case management system that is designed to be flexible and responsive to individual need.

All prisoners who are identified as being at risk of self harm or suicide are subject to the ACCT process and receive a detailed assessment by a trained ACCT assessor within 24 hours of the ACCT Plan being opened. The results are recorded on the assessment template in the ACCT document, and any triggers and warning signs are identified at the first case review and noted in the relevant section. A CAREMAP is devised at the first review, and the ACCT process is then followed until the risk has been reduced. The process includes a post closure phase to ensure that the progress made by the prisoner has been maintained and that there are no risks that require the ACCT to be re-opened.

History

The roll out of ACCT was completed in 2007. A comprehensive review of the application of ACCT in respect of adults was completed in 2011. This included a consultation which offered the opportunity for all staff to provide suggestions for improvement and drew on the learning from deaths in custody. These findings were incorporated in PSI 64/2011 which includes a detailed section on ACCT. The review resulted in a new version (version 5) of the ACCT document, which came into use in April 2012, as well as revised training for staff.

Following the deaths of three young people in 2011 and 2012, the PPO was critical of the ACCT process in two of the cases arguing that 'is not fit for purpose' in young offender institutions holding young people aged under 18 and recommending that NOMS and the Youth Justice Board should review it with a view to devising a more child-centred approach to managing the risk of suicide and self-harm.

NOMS accepted this recommendation and undertook a review of the applicability of the ACCT process to young people. It found that there is nothing in principle that makes the ACCT process unfit for use within the under 18 estate. However, the review found some deficiencies in the implementation of the ACCT process locally, and has identified a number of actions to improve it, some of which are specific to the under 18 estate, and others with more general application. The recommendations from the review are currently being implemented.

A wider review of ACCT is planned in 2015. Drawing on feedback from operational representatives across the prison estate who attended a national Safer Custody Learning Day in November, terms of reference for this review are currently being considered.

Compliance

Governors are required to ensure that all ACCT documents fully comply with the procedures. Included in the current version of the ACCT plan is a checklist based on learning from audits and PPO reports, designed for use by managers conducting quality assurance checks.

There is an ongoing need for establishments to comply with the ACCT process. This has been re-enforced through communications from NOMS Directors and at a national learning day for safer custody leads from establishments.

The recent PPO thematic report on deaths of prisoners subject to the ACCT process has helpfully drawn together the lessons from a number of recent cases, and we have ensured that this has wide circulation in establishments.

Interaction with mental health provision

Healthcare input is sought immediately an ACCT is opened. The first review is held within 24 hours of the ACCT being opened and considers whether a referral to mental health services is appropriate. The enhanced

case review process is used for the most challenging and highest risk prisoners and includes an increased level of mental health input.

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?

NOMS considers the introduction of ACCT is one of the measures which contributed to the reduction in self-inflicted deaths in prison seen over the middle of the last decade. However, we would never say such aims have 'been achieved'. Reducing the risk of suicide requires continuous learning.

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)?

The reduction in self-inflicted deaths seen after the introduction of ACCT would suggest there has been improvement. However further improvements may be possible. For example we know the post-closure period can often be a period of heightened risk. We will therefore be reviewing ACCT again in 2015 to ensure it remains as effective as possible.

15. Are ACCT documents being appropriately opened and closed?

- i. **Should an ACCT be opened more frequently for this age group?**
- ii. **Is the document adequate for managing the risk in this age group?**

ACCT documents should be opened (and closed) in response to assessments of levels of individual risk. Such decisions rely on complex judgements, so it is hard to judge appropriateness. We are aware of concerns of 'risk aversion', with staff said to be unwilling to close an ACCT if they don't feel confident that the prisoner will not harm themselves.

Opening and closing an ACCT should result from assessment of the individual. As acknowledged above, there are some risk factors which apply more frequently to 18-24 year olds. However, other risk factors, for example, marriage breakdown, may be more present in older cohorts. The ACCT process is flexible and prisoner-centred, and we consider it to be useful across all age groups.

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

As set out in PSI 64/2011, ACCT requires multi-disciplinary working and should draw on all available information relevant to an individual's risk and how it can best be managed, and involve all relevant staff. We appreciate that operational pressures can make achieving this feel challenging; however the policy framework is intended to ensure that the ACCT process can be used to manage risk effectively.

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

NOMS will undertake a review of ACCT in 2015 which will consider this. It will take into account relevant findings and recommendations of the Harris Review.

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

As described above, consideration of mental health needs is built into the ACCT process from the outset.

Management of Vulnerability in Custody

Prisons manage many prisoners who are judged vulnerable to self-harm or suicide, with approximately 2000 prisoners having an open ACCT at any one time.

As described above, the ACCT process provides a case management system that is designed to be flexible and responsive to need in individual cases. There are a number of ways in which vulnerability in custody can be managed and CAREMAPs should demonstrate a rounded consideration of what is appropriate for the individual.

Below is information on some other areas of common interest.

Constant supervision

Constant supervision is used only where necessary to provide an appropriate level of support in order to reduce the risk of suicide or potentially fatal self-harm.

PSI 64/2011 emphasises that constant supervision must only be used at times of acute crisis and for the shortest time possible and explains that the process can be dehumanising and may increase risk.

We deliberately refer to 'supervision' and not 'constant watch' as the supervision should be active.

Peer support – Listeners and Insiders

PSI 64/2011 explains that peer support schemes are an effective tool to complement the support given by staff to at risk prisoners.

NOMS works in partnership with the Samaritans to support the Listener scheme which currently operates in 109 prisons. The scheme was awarded the 'inter-agency partnership work of the year' award at the Charity Times Awards in 2014.

Where a Listener scheme exists it must be operated in line with the Samaritans Guide to the Listeners Scheme. Prisons must ensure that prisoners have timely access to Listeners wherever they are located.

Some prisons also operate an 'Insiders' scheme through which selected prisoners who provide basic information and reassurance to others who are new to prison. Where they exist, the Insiders scheme aims to improve the quality of life for prisoners by promoting community responsibility, supportive relationships and a caring environment. The first days in custody are particularly distressing for many prisoners, especially those new to the prison system, and the Insiders scheme helps to reduce anxiety experienced by prisoners and contribute to the wider suicide prevention strategy by establishing the supportive relationships, and by disseminating relevant and accurate information about the prison regime.

Safer cells

The key purpose of a safer cell is to make the act of suicide or self-harm by ligaturing as difficult as possible. The Safer Cellular Accommodation Guide set out the design standards.

PSI 64/2011 is clear that designated safer cells must be seen as part of a wider care plan and can only complement, and not replace, a regime providing individualised and multi-disciplinary care for at-risk prisoners.

Almost all cells built or refurbished since 2008 have been built to the standards set out in the Guide. However, this does not mean that they are all operating as safer cells. In order to do so they must have been maintained to safer cell standard and be in use to accommodate a prisoner who is being managed under the ACCT system.

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?

NOMS upholds our duties under relevant equalities legislation. We monitor rates of self-inflicted death and self-harm amongst groups across the protected characteristics.

However, whilst it is helpful to understand the patterns of need and vulnerability of specific groups of prisoners, identifying risk is about assimilating all the information about the individual and being responsive to their particular needs. For example, the fact that the rate of self-inflicted deaths is lower amongst members of one demographic group than others will have a limited bearing on the assessment that is made of the risk of self-harm or suicide presented by an individual member of that group.

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?

NOMS recognises that the early days in custody are a risk period, and reception and first night procedures are important both in terms of the opportunities to identify vulnerability, and in the way they shape prisoners' early experience of custody.

Local prisons and YOIs are equipped to receive prisoners from court and therefore staff in all these prisons must be alive to the risks of self-harm and self-inflicted death amongst newly arrived prisoners. Subsequent transfers will take account of any known suicide or self-harm risk and be planned in line with a range of factors including sentence length, categorisation, location and family contact, and offender management plans (including appropriate interventions, work and education opportunities). Other factors which may have a bearing on transfers include known gang affiliations or other networks.

It is important that, where a prisoner needs to be transferred, that any suicide and self-harm concerns are clearly shared and communicated to the receiving establishment so that the prisoner can be supported as they arrive in the new establishment. As PPO reports have found, and as NOMS recognises, there have been instances where risk has been inadequately managed during and shortly after the transfer of the prisoner and this is an area in which we continue to work to improve practice.

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?

(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.

For the vast majority of the period under review, the Incentives and Earned Privileges (IEP) scheme was as set out in PSO 4000 and then PSI 11/2011. A revised version of the scheme, described in PSI 30/2013, was implemented on 1 November 2013, applying to all new prisoners and to existing prisoners following any review of their status or, if unconvicted, on conviction.

The new scheme is designed to ensure that in order to earn privileges, prisoners have to work towards their own rehabilitation, behave well and help others. Amongst other changes, it introduced a new Entry level which sits between Basic and Standard level.

Consideration of vulnerable prisoners is mandated in PSI30/2013. Paragraph 14.8 states "Governors must ensure that their local IEP scheme considers the needs of prisoners who are vulnerable or at risk of suicide or self-harm. All decisions, including the withdrawal of privileges, should be considered on a case by case basis and, where necessary, alongside ACCT or any other process that supports vulnerability. Prisoners who are vulnerable and who are on Basic level may be allowed in-cell TV if the Governor deems it appropriate to reduce their risk."

The effects of the revised policy are being closely monitored and there is currently no indication that prisoners reverting to 'Entry' level on sentencing has had an impact on levels of self-harm.

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?

The transition between youth and adult justice services is recognised as a potential point of vulnerability for young people. The YJB and NOMS have created a set of resources to help manage and improve transitions processes in both community and custody. Local areas are encouraged to use these resources to find solutions and practices that suit them.

NOMS issued guidance on transitions in September 2012, and followed this up with a series of operational support visits to all under 18 establishments to assess the information sharing and partnership working practices that underpin an effective transition.

NOMS is developing a Prison Service Instruction which defines the national and local procedures which governors must implement to meet the specific needs of young people who will transition to adult custody, with a particular focus on supporting effective assessments and information sharing as well as promoting collaborative working between establishments.

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.)

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

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

The introduction of safer cells was followed by a reduction in the number of self-inflicted deaths, and whilst it is not possible to prove this, it is reasonable to believe that they were a contributory factor. However the use of safer cells alone cannot be relied upon to prevent self-inflicted death. The use of a safer cell should be one measure in a package of actions aimed at supporting a vulnerable individual.

We continue to take the opportunities provided by all new builds and planned refurbishments of accommodation to provide new cells, and to upgrade existing cells, to safer cell design standards.

MOJ Estates Directorate keep the Safer Cellular Accommodation Guide under review and updates are made in response to identified learning points. For example, references to bunk beds are currently being reviewed. A copy of the latest version is provided to the Review Secretariat separately.

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

xi. Other?

We are committed to providing safe, secure, and decent environments, and recognise the threats that violence, drug use, and access to dangerous items present. Violence in prisons is not tolerated and assaults on our staff are unacceptable.

NOMS has a range of strategies and policies in place to tackle the wide range of security and safety related issues above. (Availability of safer cells is covered elsewhere in this submission). Violence reduction and tackling the misuse of drugs, particularly new psychoactive substances, in prison are amongst our top priorities.

We have launched a new violence reduction project, which will draw together previous work on violence reduction and aim to make an impact quickly. This project will include measures to tackle several of the issues above, including stronger guidance to Governors on dealing with violence and new performance measures for all prisons relating to violence, to ensure that there is a greater emphasis on reducing violence. We are introducing a new protocol between NOMS, the CPS and ACPO that will ensure that the perpetrators of serious assaults on staff are prosecuted unless there is a good reason not to do so. The Serious Crime Bill contains provisions to make possession in prison of offensive, sharp or bladed weapons a criminal offence. We are piloting the use of Body Worn Video Cameras in a selection of establishments.

We are also taking strong action to address the presence of 'new psychoactive substances' in prisons. These drugs, many of which are illegal, are of increasing concern. A new steering group is overseeing a range of work to reduce both supply and harm. A communications campaign is providing information and briefings to staff and will target prisoners and visitors to dissuade them from seeking to obtain NPS in prison.

Violence and drug use cause a large number of problems across prisons, giving rise to health and physical safety concerns, as well as the bullying, debt and isolation that can be associated with them. We are conscious of the potential impact on individuals caught up in such activity which may increase their vulnerability to self-harm or self-inflicted death. We have commissioned research into 'illicit economies' in prison to help us understand these dynamics and address them.

The most recent Safety in Custody statistics (available at <https://www.gov.uk/government/collections/safety-in-custody-statistics>) show that the rate of assault incidents increased over the last year to its highest level for five years but it remains below the rate recorded each year from 2005 – 2009. However the level of serious assaults on both staff and prisoners has increased sharply which appears to reflect a changing prisoner dynamic, for example with more serious gang-related violence and the emergence of new psychoactive substances as a distinct threat in prisons. Younger prisoners are more likely to commit, and to be the victims of, assaults than are older prisoners.

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?

(b) How could they be improved?

We believe that they are well-developed and effective, and that lives are saved and serious injuries prevented by their use and by the professionalism of staff in prisons and the emergency services. Specific procedures are set out in PSI 03/2013 which contains the framework for calling a medical emergency consistently over the establishment radio network. Each prison is required to put in place a medical emergency response code protocol to ensure timely, appropriate and effective response to emergencies and thereby to maximise the likelihood of a positive outcome for the patient. Learning points from investigations into deaths are taken forward as described at Q.30.

Procedures following a self-inflicted death in custody

The period following a death in custody is important both in terms of the response to the incident itself and ensuring investigations can proceed, and in terms of supporting families, staff and other prisoners at a distressing time.

PSI 64/2011 describes the procedures to be followed after a death in custody, including the family liaison process. Each prison appoints a trained Family Liaison Officers who ensure that the family is notified and kept informed about significant developments. The PPO also involves families in the investigation process.

The IAP document 'Family Liaison Common Standards and Principles' has been circulated to all Family Liaison Officers. These standards are considered to be good practice and are embedded in the Family Liaison training course.

PSI 09/2014 describes the process for managing incidents. PSI 58/2011 describes the way that we work with the PPO to facilitate the investigation.

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

NOMS recognises the importance of sensitive family liaison and we believe our policy requirements, whereby each prison must have a trained family liaison officer who is responsible this, are adequate.

27. 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?**

These are matters for the PPO and Coroners. However, NOMS wishes to record the value we place on the PPO's investigations, which provide a detailed consideration of the circumstances surrounding every self-inflicted death, and provide us with recommendations for improvement. NOMS creates an action plan in response to PPO reports to ensure their findings and learning points are followed up. Similarly, where 'Prevention of Future Death' reports are made by coroners, we will respond and ensure that we act on their findings. We facilitate the PPO's investigations and are represented at inquests; and would be pleased to consider if there are ways in which we can improve our support to these processes.

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

This is a matter for the MOJ.

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?

We fully recognise the importance of acting quickly to preserve the scene of all incidents to facilitate the range of activities that need to be completed to follow up and investigate them. Our processes in this area have not been the subject of many PPO recommendations or Coroner's reports, but where these are made we accept and act on them and seek to utilise the learning in the process of policy development.

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

PSI 64/2011 requires that "Prisons must have procedures in place to facilitate and disseminate learning from incidents of self-harm, violence and deaths in custody to prevent future occurrences and improve local delivery

of safer custody". It sets out NOMS' commitment to promoting active learning across the organisation from deaths in custody and from other incidents in which prisoners suffer harm or their care is compromised. The information below describes ways we do this.

PPO Investigations

PPO investigations examine whether any change in operational methods, policy, practices or management arrangements would help prevent a recurrence. NOMS responds to all PPO recommendations and provides an action plan for publication with the final report in each case. The vast majority of PPO recommendations are accepted.

HM Inspectorate of Prisons has responsibility for following up on any PPO recommendations in its inspections of establishments, which often comment on the extent to which recommendations have been acted upon. The PPO also publishes thematic reports and Learning Lessons Bulletins, and these are disseminated to establishments.

Inquests

NOMS is represented at all inquests and the proceedings, together with the 'regulation 28' (previously 'rule 43') reports from coroners on actions to prevent future deaths that are sometimes generated, provide useful learning opportunities. NOMS responds in detail to all regulation 28 reports, explaining the action that has been or will be taken and the timetable for it. Copies of these reports and responses are sent to the Chief Coroner's Office for publication on the Judicial Office website.

Establishments

Each establishment must have a Safer Custody Team who will have responsibility for the implementation and development of safer custody policy. The Governor must appoint a Safer Custody Team Leader who is responsible for ensuring continuing improvement in the delivery of safer custody procedures by way of data monitoring, policy compliance and learning. Establishments may have a separate Violence Reduction Co-Ordinator and Suicide Prevention Co-ordinators or a Safer Custody Co-Ordinator who combines both roles.

NOMS

At NOMS HQ a Safer Custody Casework Team monitors all deaths in custody and serious self-harm and assaults, ensuring that all incidents are followed up and early learning is identified and disseminated. A Learning and Knowledge Management Team is responsible for the dissemination of national learning on safer custody issues, providing an interface between policy and prisons and supporting regional managers who hold regular meetings of safer custody managers from establishments.

Quick Time Learning Bulletins (QTLBs) are designed to disseminate learning following the investigations into deaths in custody where it is necessary to act as soon as possible. QTLBs of particular relevance to young adults include:

- September 2013 – Managing challenging and disruptive prisoners using the enhanced case management process;
- August 2013 – Management of 'Shouting out' by young people and young adults.

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

The role of the Family Liaison Officer (FLO) is set out in PSI 64/2011. The FLO is the named point of contact for the family. Their role starts from the point at which the news of the death is broken to the family, and they maintain contact with the family and provide information and practical support where appropriate. If the family does not want contact with the prison their wishes are respected. The PPO also provides a family liaison officer to keep families informed of the progress of the investigation.

Staff training

Working in a prison is an incredibly important, and often challenging role. Prison staff have the opportunity to make a real difference to the lives of prisoners, keeping them safe and helping them avoid re-offending upon release. Training, through structured training and on the job learning, is essential to equip staff to do this.

PSI 64/2011 mandates safer custody training for all staff who have contact with prisoners. All new staff with prisoner contact (both those employed by NOMS and those employed by other service providers and partner organisations) attend the Introduction to Safer Custody course which covers issues of vulnerability and risk factors. For new prison officers this forms part of their Prison Officer Entry Level Training (POELT). For other new staff it forms part of their induction locally. Details of this training are provided separately to the Review.

In 2012 the original ACCT Foundation course was replaced by the Introduction to Safer Custody and revisions to Assessor and Case Manager training modules were introduced. ACCT refresher training is provided according to local training needs.

In order to improve understanding of the particular needs of female offenders, the Women Awareness Staff Programme (WASP) was introduced in June 2008 to provide gender specific training for custodial staff working in women's prisons in England. It includes advice and information about managing the risks of self harm and suicide amongst women prisoners.

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?

A revised training package has been developed for staff working with young people called the "Working with Young People in Custody (WYPC) programme". The training package has recently been included as part of the latest Prison Officer Entry Level Training (POELT) course. The WYPC programme was launched in June 2012 and replaced the previous Juvenile Awareness Staff Programme (JASP). It is made up of four non-sequential modules: Child Protection and Safeguarding; Adolescent Development; Speech, Language and Communication Needs; Emotional and Mental Wellbeing.

There is currently no specific training for staff working with 18-21 year olds. We have conducted a small scale pilot with staff from a young adult YOI to consider the value of providing young people specific training based on the WYPC programme. This would aim to support staff receiving young people on transition from an under 18 establishment to a young adult YOI. We are currently evaluating the outcome of this pilot.

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?

NOMS recognises there may be specific training needs for staff working with young adults. A working group was established to consider this; this work has been put on hold pending the Government's response to the 2013 consultation on the management of young adults in custody and the recommendations from the Harris Review. The group will reconvene in February 2015 in preparation for the Government's response and any relevant recommendations that the Review makes.

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

Where risk is identified, a CAREMAP will be drawn up which can include the involvement of a number of agencies in contact with the person in custody, to meet their individual need. These can include volunteers where the activities of the VCS organisation can support the individual.

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

NOMS places significant value on the contribution of Listeners to keeping people safe. Dialogue between prisoners and Listeners is confidential, however we know that the Samaritans recorded over 70,000 contacts

between prisoners and Listeners in 2013-14 and the numbers seem to be increasing – the figure for the first quarter of 2014-15 was 20,660.

Listener schemes are operated locally through partnership working between the prison and Samaritans branch. Information from research on the Listener scheme commissioned by the Samaritans is available at: <http://www.samaritans.org/sites/default/files/kcfinder/files/research/Peer%20Support%20in%20Prison%20Communities.pdf>

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

As described elsewhere, safer custody training covers these issues. Details of this training have been provided separately to the Review.

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

We recognise that there are other organisations with knowledge and experience that is of relevance to our work with vulnerable young people and we are committed to finding ways to draw on this through partnership working and sharing learning as well as through procuring training products where appropriate.

Family, support network

Support from families and friends can make an enormous difference to prisoners who are at risk of harm to themselves, to others and/or from others.

Chapter 13 of PSI 64/2011 describes NOMS' approach to family engagement. NOMS recognises that families can provide vital information to prison staff about a prisoner's wellbeing, particularly if they are feeling depressed or suicidal. All staff who receive information from concerned family members which indicates a change in the risk that prisoners pose to themselves are required to communicate the concerns to the Residential, Daily or Night Operational manager.

Supporting offenders' families and helping them to maintain their relationships is important to NOMS and the contribution that this can make towards reducing re-offending and intergenerational crime is reflected in our service specifications.

We continue to develop our approach to supporting offender's families and to build the evidence base through initiatives such as piloting new models of custody and community based family support. For example, full time Family Engagement Workers have been put in place at all public sector female prisons. They will be responsible for meeting all prisoners on induction, to identify any support required in terms of maintaining or establishing family contact. They will also be working with local authorities on the 'troubled families' initiative.

NOMS actively encourages prisoners to maintain contact with people outside prison. There is an ongoing requirement to provide all prisoners with safe and secure access to a telephone service. Telephone access is in place in all prisons in accordance with PSI 49/2011 Prisoner Communication Services. Telephone calls assist in sustaining supportive relationships with family and friends which is essential to provide a safe and decent environment for prisoners.

Telephones are available for prisoners on landings and communal areas. In cell telephones are available in a number of contracted prisons, but not in public sector prisons (with the exception of Rochester and Cookham Wood). The current phone contract for the public sector estate expires in May 2016. NOMS will undertake a tender exercise to replace it shortly.

In an analysis of PPO investigations into self-inflicted deaths in prison custody between 2007-2009, 17% of prisoners who took their own life had no contact with family or friends in the three months prior to their deaths.

38. Should 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?**

At present prisons are not primarily public-facing organisations, and we recognise this as an area where our current structures perhaps do not harness the full benefits of the support that family and friends can provide to individuals at risk of self-harm or suicide. We hope to achieve greater consistency in the provision prisons make in terms of providing contact points for families and friends, and initiatives such as digital visits booking form part of this work.