

Harris Review Meeting 10
13:15 – 16:30, 30 October 2014,
Justice Academy Room 4, 102 Petty France

Present:

Lord Toby Harris (TH), Meng Aw Yong (MAY), Dinesh Maganty (DM), Matilda MacAttram (MM), Richard Shepherd (RS), Deborah Browne (DB), Robyn Malan de Merindol (RM), Graham Mackenzie (GM)

For Item 5: Rev. Susie Simpson (SS) and Rev. Patrick Cope (PC)

For item 7: Amy Ludlow (AL) (University of Cambridge), Chris Giacomoantonio (CG) RAND Europe, Jorgen Lovbakke (JL) and Rachel Tsang (RT).

Apologies:

Stephen Cragg, Philip Leach, Deborah Coles and Graham Towl

Item 4: Minutes of the meeting 25.09.2014 and Action Log

1. The minutes were accepted as a true record and the Action Log was updated.

Action 72: Secretariat to advertise the pro bono research opportunity and send anonymised Clinical Reviews to DM, not for further circulation until it has been agreed who will analyse these under DM's supervision.

Action 73: Following Baroness Young Hearing, DM will look at the characteristics of race that lead to discrimination around mental health issues. To identify indicators of vulnerability which relate to different BAME groups, this should include perceptions of risk factors.

Action 74: Secretariat will send the case summaries to the panel as soon as possible to allow time to prepare for the meeting at which they will be discussed.

Action 75: Secretariat to look at starting the process of drawing out key themes of case summaries before they are discussed by the panel.

Re Action 67 (25.09.2014) Secretariat to email the panel and ask them for any outstanding organisations that at they would like to invite to speak to the Review, to provide contact details by specific date.

Re Action 67 (25.09.2014: Secretariat to email panel and ask them to provide any further questions they would like asked and of whom by specific date.

Action 76: Secretariat to consider speaking with John Brown the Liaison and Diversion Director for NHS England.

(Secretary's note SS and PC joined the meeting)

Item 5: Chaplaincy

2. PC and SS told the panel their respective backgrounds in chaplaincy and gave an overview of the work of chaplaincy in the Prison Service. This includes details of annual assurance and compliance visits, which incorporates reviewing chaplaincy work on risk assessment, ACCTS, Resettlement and Families and how engaged the chaplaincy team is with the establishment.

3. Chaplaincy will have many entry points to engage with vulnerable young Prisoners, including a statutory requirement that all prisoners will be seen by the duty chaplain within 24 hours of reception. If the chaplain has specific concerns after this they will follow up later in the day, possibly a longer talk 1:1 with tea and biscuits and if someone is particularly vulnerable they will keep an eye on them. There is also a statutory duty to see those held in CSU every day.

4. Chaplaincy is contacted by staff to support prisoners who need it, or are approached when they are walking around the wings. They can and do initiate opening ACCTS and they are also often trained ACCT assessors

5. Examples were given of chaplaincy being involved with complex case reviews for ACCT and having close links with healthcare and safer custody staff and of over-ruling the closure of an ACCT.

6. It was felt that in large prisons it can be hard to find the vulnerable people and know what is making them particularly vulnerable. Current staff shortages and the consequent restrictions to the regime means that more ACCTs are being opened and closed. Chaplaincy believes there is an increase in self-harm because prisoners can't cope with long hours being locked up with their thoughts for long periods of time. Approval of PIN numbers from initial Reception can take too long and prevents prisoners from making contact with family and friends in early days when they are most vulnerable.

7. Chaplaincy is a vocation and it is very tough. Chaplaincy teams are multi-faith and black African churches are well represented to reflect the breakdown of the prison population. Prisoners take an active part in services. It is considered that time spent in Chapel is pro-social modelling in action and gives some normality to prisoners' lives. Chaplaincy also organise music classes and performance at services which is a valuable therapeutic opportunity.

8. Efforts are made to reach families through giving out chaplaincy numbers, putting families who contact the prison through to chaplaincy and displaying details in visit rooms or pro-active work at visiting times.
9. There is not enough chaplaincy resource to meet the needs of the prison and prisoners. They have the highest number of volunteers coming in to prisons of any group. Chaplaincy was benchmarked to provide the statutory duties, and there is a budget to provide for the faith demographic of the population, including minority faiths. Regime restrictions are stopping faith classes from running and generally reducing the opportunities for chaplains to do their work and for all staff to build relationships with prisoners.
10. It is hard to keep in touch with prisoners after release and the resources for community chaplaincy vary. Chaplains would like offenders who are successful on release to come back in to inspire others but the security around contacting ex-offenders is not helpful to this.
11. Chaplaincy are involved following any death in custody may be involved with the family, staff and other offenders who have been affected by a death.

Item 7: Reflections of Prison visits: Learning and evidence

Action 77: Secretariat to find out what the NOMS policy is on PIN phones and the management of numbers.

Action 78: Secretariat to find out what the NOMS policy is around Listeners

Action 79: Secretariat to get an updated position from NOMS on the work they are doing around assessing prisoners by maturity.

Action 80: ALL - feed in any additional comments/findings from visits to the secretariat.

(Secretary's note AL, CG, RT and JL joined the meeting)

Item 8: Prison Staff Study – interim update on research

12. AL advised that she was representing the collective effort of the research team. The field work had finished on 27 October at HMP New Hall and AL asked that the interim findings and discussion should not be shared beyond the panel at this stage.
13. AL introduced the presentation and took the panel through the slides.
14. *[Paragraph redacted as it relates to interim findings identified at the time and may not reflect the final conclusions presented to the Panel.]*

15. *[Paragraph redacted as it relates to interim findings identified at the time and may not reflect the final conclusions presented to the Panel.]*
16. *[Paragraph redacted as it relates to interim findings identified at the time and may not reflect the final conclusions presented to the Panel.]*
17. *[Paragraph redacted as it relates to interim findings identified at the time and may not reflect the final conclusions presented to the Panel.]*
18. *[Paragraph redacted as it relates to interim findings identified at the time and may not reflect the final conclusions presented to the Panel.]*
19. The final report will be provided in January.

Action 81: Researchers are to provide examples of ‘good’ and ‘bad’ indicators as described by staff for their assessment and understanding of risk and vulnerability and that their judgements on this are clearly explained and justified in the final report.

Action 82: Panel is to provide secretariat with any feedback on the presentation that they would like to put to RAND as soon as possible so that the Researchers are currently two thirds through their field note.