



**SAFETY FIRST:  
What service users think about  
vulnerability and safety in custody**

**A service user response to The Ministry of Justice's Harris  
Review into self-inflicted deaths in NOMS Custody of 18-24  
year olds**

**August 2014**

## 1. ABOUT USER VOICE

1.1 User Voice is unique because its work is **led and delivered by ex-offenders**. It exists to reduce offending by working with the most marginalised people in and around the criminal justice system to ensure that practitioners and policy-makers hear their voices. User Voice is well placed to gain the trust of and access to people involved in crime or who have direct experience of the criminal justice system as offenders and prisoners. The aim is to deliver a powerful rehabilitation experience for offenders, better criminal justice services and institutions, and more effective policy.

## 2. SUMMARY

2.1 This response documents the feedback gathered during a series of service user led focus groups undertaken by User Voice. The aim of these was to record service users perceptions related to self-inflicted deaths of 18-24 year olds in NOMS custody. As a result of these consultations several themes were identified which are presented throughout this report, including issues surrounding vulnerability in custody, the management of young people in custody and the impact of the family on young people whilst in custody.

2.2 User Voice believes that no one can provide better insight in to these issues than the service users themselves.

2.3 User Voice undertook 13 focus groups across England with service users from 2 prisons, 1 young offender's institution, 5 community rehabilitation companies (CRC) and 1 youth offending service. These focus groups included a total of **71 participants**, 32 currently in custody and 39 on probation with previous recent experience of NOMS custody.

2.4 The prisons, young offenders institutions, CRCs and youth offending services involved in these focus groups include: HMP Maidstone, HMP Onley, HMYOI Aylesbury, Merseyside CRC, Northumbria CRC, Essex CRC, London CRC, Bristol, Gloucestershire, Somerset and Wiltshire CRC and Southwark YOS.

2.5 Of these participants, 62 were male and 9 female. 48 came from a white ethnic background whilst 23 came from a black or minority ethnic background.

2.6 The focus groups explored those issues of the Harris Review that most explicitly have an effect on the life of prisoners, although other areas were also discussed.

2.7 Service users identified a multitude of reasons that can lead to vulnerability and self-inflicted deaths; including serving their first custodial sentence, having to spend long periods in isolation, inactivity, being bullied and family problems.

2.8 Service users also believed that the attitudes of staff towards self-harm and self-inflicted death need to change in order to be more effectively combatted. This is due to staff too often not viewing these serious occurrences as part of their responsibility.

2.9 Another area where change was suggested is the placement and treatment of those who are new to NOMS custody, due to the destabilising and unfamiliar nature of incarceration. Placement should take into account individual needs and circumstances in order to place individuals into appropriate cells. According to focus group participants, placement can be an effective method of helping to reduce the risk of self-inflicted death. However, placement without consideration for the individual exposes those in custody to greater risk.

2.10 Service users unanimously believed that family communication should be actively encouraged, simplified and made more frequent in order to support those vulnerable to self-inflicted death.

### 3. VULNERABILITY

#### 3.1 Defining vulnerability

3.1.1 Service users were keen to point out the difficulties with defining vulnerability amongst prisoners. Their main concern was that, whilst it may be in the prison's interest to focus resources on particularly vulnerable individuals, this could take help away from other prisoners who also need the prison's attention. The main reason for this difficulty in distinguishing who is and isn't vulnerable within prison is that **every prisoner can be vulnerable**, due to the very nature of incarceration.

*"I think everyone should be seen as vulnerable when they come into prison regardless of whether they seem it or not - doesn't matter what they are pretending to be like when they come in. Usually the loud ones are putting on a front and are more vulnerable than the others."*

*"There is always going to be a lot of bravado, a lot of ego. Regardless of how they present [themselves] everyone at some stage is vulnerable."*

*"Anyone can be vulnerable, depending on how you are treated."*

3.1.2 One reason why service users believed that it is so difficult to effectively identify all prisoners vulnerable to self-inflicted death or self-harm is that there are so many factors that can lead to vulnerability.

*"Sexual crimes, old people, and what people judge to be wrong. Or when people's crimes are silly and don't match up to other peoples crimes."*

*"What are your family ties, housing situation, what's your offence, are you misusing substances of any sort - any of that or combination of those you would be classed as vulnerable."*

*"Someone with learning difficulties, someone who is a victim and can be picked on. Not strong. First time offenders. Someone who is easily led."*

*"Gang relations as well - if kids are gang affiliated and part of the crew is already in there then the kid has somewhere to go to."*

3.1.3 However, although all prisoners are vulnerable, certain factors will increase this vulnerability. These should therefore have special consideration when tackling self-inflicted deaths in custody, but always with the acknowledgement that others are still also vulnerable at any other point of their sentence. A comprehensive approach is essential.

3.1.4 The most frequently identified time within the focus groups that prisoners are likely to be vulnerable is at the start of their first sentence. This is due to the state of confusion those starting their first custodial sentence experience.

*"My first night I never received a proper induction, I wasn't told how I needed to move around. Where or who I needed to talk to if I needed something. [You need] a proper induction."*

*"[When first in prison] no one tells them what they should be getting - no one tells them the procedure."*

*"There should be an extra level of support and supervision during that time."*

*"[You are] confused, in a state of shock and not being informed or not wanting to be informed about the situation/sentence."*

*"If you are a first time offender you will be much more vulnerable as you won't know the process. You're scared you don't know what's going to go on."*

*"When I was arrested I was told nothing. Really what was going on, I was shut up in a cell, I asked for my phone call and I just got completely blanked. I just didn't know what was going on. Things need to be explained more."*

*"The time between when you enter and start doing things - working etc. is a couple of months and this period is a time that makes you more vulnerable."*

3.1.5 Service users additionally stated that other periods of heightened vulnerability include when individuals experience lengthy isolation, are transferred to another institution or before their release date.

*"When they are on their own; isolated and locked up. Small issues become exaggerated, disciplinary actions become exaggerated, no one to talk to or the wrong people to talk to."*

*"[Young people are most vulnerable during] longer periods of lockdown."*

*"When they are left alone with their thoughts. If they are alone, with no activity or someone to talk to, they will become bombarded with negative thoughts."*

*"[Young people are most vulnerable] when moving to a new prison."*

*"Getting close to your release you don't know what you are going out to, where you're going, how you're going to get on. All your friends have moved on, all these feelings before release make you feel very vulnerable."*

3.1.6 Along with these specific times during a custodial sentence, participants identified a number of factors that can increase a young person's vulnerability to self-harm or self-inflicted death, for example, bullying within custody.

*"If staff don't look out for the bullies, [young people] go back to their cell after being beaten, robbed, sexually abused in some cases; and it's easy to make a noose when you are thinking that going out on the landing is more scary than the noose."*

*"Being victimised and bullied by staff and inmates."*

*"People who don't get visits are also preyed on."*

3.1.7 The latter quote indicates another factor that was frequently raised within focus groups: the impact of family issues on young people within custody. Whilst the prison may not be able to control family issues, the ability for those incarcerated to communicate with their family could be improved, according to those views expressed within the focus groups. Greater communication would lessen the effect of family issues on vulnerable young people.

*"Negative news from family or love ones."*

*"Family issues and deaths in family."*

*"Moving far from home – I was moved to [prison removed] and my family were 210 miles away. When they told me I was moving I was in bits. I then asked if I could have a phone call and they said no its 8pm at night - so I couldn't even let [my family] know."*

*"Often, lack of communication with family or friends because the 'system' cannot, will not process phone credits for a number of days and visits can take longer to arrange."*

3.1.8 Focus groups also highlighted how drastic changes within the prison regime can increase someone's vulnerability. This is due to the disruption of a structure that previously provided some amount of certainty and comfort. Service users stated that poor communication from the prison can exacerbate this effect, and so it is essential that information about any changes to the regime are effectively disseminated amongst the prison population.

## **3.2 Identifying vulnerability**

3.2.1 There was a consensus from all focus groups that prison staff need to improve with regard to the identification of vulnerability. The vast majority of comments related to this area were concerned with the current standard of initial assessment when a young person enters custody. Service users stated that the current assessment process does not enable staff to identify individuals who may be at a particular risk of self-inflicted death.

*"The induction process needs to be modified and taken seriously by prison staff and involve peer support."*

*"All prisoners should be assessed to see if they have a history of self-harm."*

*"By assessing people earlier - you need to assess them before they get into jail, because the minute they hit that system there is no time."*

*"Start talking to the kids - is this your first time son, do you have mental health problems, are you on antidepressants, how are your family do they still support you? Just talk to them. Get the information out of them."*

*"A specific and more tailored induction programme would help staff identify vulnerability."*

3.2.2 One focus group went further, by suggesting that once those who display reasons for concern in an initial assessment are identified, they should then have regular assessments to ensure there is no imminent risk of self-inflicted death.

*"[Vulnerable people] should sit down with wing staff every day to review how they are feeling."*

3.2.3 Service users were additionally concerned about the extent to which identifying and addressing vulnerability is seen to be the responsibility of prison staff. They suggest this should be prioritised more with staff being trained to identify those who need support in order to help prevent self-inflicted death.

*"[Staff] need better training. When I was self-harming, because of the persona that I portrayed, they wouldn't even pick it up because they are so untrained. Because of their shut off attitude."*

*"Staff must look out for those who keep away from others, those who aren't sociable and allow situations to affect their behaviour negatively."*

### **3.3 Preventing the vulnerable from entering custody**

3.3.1 All participants believed that **those who were most vulnerable to self-inflicted death should not be entering custody**. This was due to the fact that they would not receive sufficient support in custody if they were to increase their likelihood of self-inflicted death. Moreover, as expressed previously, due to the nature of incarceration, service users believed that custody is very likely to increase vulnerability.

*"I have been banged up with people who just shouldn't be there, they need help. They don't need locking up they need help. And they aint going to get it in the prison system."*

*"Take into account circumstances for example they may have a mental health problem, drug/alcohol issues."*

*"The police need more training in mental health issues. If they can't section them they just have to put them in a cell."*

*"Prison is not the place for people with mental health issues. If a person has already been identified then whatever agency has identified them they should make sure they don't go into the CJ system."*

*"Once they have been identified as vulnerable, sentencing them to custody isn't the best option as it can make them more vulnerable."*

3.3.2 Instead, service users recommended that vulnerable young people should be referred to other agencies and receive more help for the underlying causes of their offence before receiving a custodial sentence.

*"Taking more time to identify why the person did the crime rather than just throwing them into custody. So more court order, looking at the case studies, social workers getting involved looking at the real issues that the YP is facing like drugs, needing a job, family problems."*

*"If they can be identified early give more help and support in school, home or care homes."*

*"If you have already been identified as being vulnerable you should be looked at more, given more attention. They should be given more of other things before going to court like self-esteem classes, focus groups, peer support groups, that's the kind of environment they should be put in."*

*"The government needs to review the process some people shouldn't be sent to prison - if they are vulnerable or have mental health issues they should go to an institution and not to prison."*

*"I think there should be other options [to custody] as most of these people will have drink or drug issues as well. Maybe help them with their issues, help with their stability in the community because let's be honest most people who go into prison their life is more f\*\*\*\*\* when they come out."*

## **4. MANAGEMENT OF YOUNG PEOPLE IN NOMS CUSTODY**

### **4.1 The relationship between staff and young people**

4.1.1 Within all focus groups undertaken, service users made it clear that the relationship between staff and young people has, or has the potential to have, a large impact on self-inflicted deaths within NOMS custody. However, opinions were

split between whether staff could help lessen the risk of self-inflicted deaths or were responsible for exacerbating self-inflicted deaths amongst those in custody.

*"The relationship between staff and inmates effects vulnerability very highly. A good rapport can go a long way."*

*"If they get on with the staff members they become less vulnerable because there is someone that they can talk to but if they have a bad relationship they will become isolated and become even more vulnerable."*

*"After 350 stitches [from self-harm] I had one officer say please [name] stop doing this, and I did - I gave it all up. Sometimes you just need one person to show you they care."*

*"I remember my first offence I was put in a cell at 8.30 at night in a young offenders institute on my own and when I asked the screw a question I got pushed back into the cell and got the door slammed in my face."*

*"I used to get on really well with all the officers so for me it had a positive affect but it there was also the negative element to it – "Oh we won't do anything in front of her because she is a grass." I think you do get favouritism from the officers and that doesn't always help."*

4.1.2 Service users stated that in order for staff to effectively lessen the risk of self-inflicted deaths, a change of attitude is necessary to ensure that self-inflicted deaths and self-harm are seen as firstly, part of the prison staffs job to address and secondly as a serious problem that needs to be addressed as soon as an individual displays signs of vulnerability.

*"Very often things are just brushed off, like it's a mood - they don't have the time to go in depth or they are not interested in the personal - certainly your PO should take the time during the week to stop and talk to you."*

*"I think that training and the attitudes of staff need to be addressed as well in these institutes. It's really poor."*

*"The problem in prison is the officers care less whether you kill yourself or not."*

*"If you are sitting in your cell already depressed - you press the bell and [the staff] tell you that they are busy now and that you better not ring that bell again unless its life or death. When you ring that bell it doesn't matter what it's about [they should] just stop and listen. I used to make it an emergency."*

4.1.3 Additionally, some service users stated that the level of consistency and fairness from staff needed improvement if staff were to combat self-inflicted deaths. This is due to both the sense of injustice, and isolation, that inconsistent or unfair treatment can create.



*"There has to be a level of consistency. You need to know that if I ask that officer he is going to give me the same response as the next person."*

*"You got assigned a PO when you were on the wing and they were meant to help you set up things - I didn't see the PO not once. So if people are vulnerable they need that interaction constantly to see how they are getting on."*

4.1.4 As mentioned before, one issue raised within the focus groups was the need for staff to be more aware of factors relating to vulnerability – with the need for training being frequently suggested to help with this.

*"Staff have to be trained to recognise the signs of the prisoner reaching their breaking point. There are always signs and patterns of behaviours."*

*"Staff have to be aware that the person hasn't been incarcerated before."*

4.1.5 However, some service users were of the opinion that it should not be the responsibility of prison officers to avert self-inflicted deaths. Indeed, they suggested that to place this role exclusively with prison officers would endanger those at risk of self-inflicted death, due to both their lack of training, and the amount of other work that forms part of a prison officer's role. Instead, some service users suggested that in order to most effectively address self-inflicted deaths in custody, there should be members of staff whose sole duty is the prevention of self-inflicted death, along with self-harm.

*"You have all the prison officers who are saying it's not their job and they don't get paid for it - they just lock doors. They are not social workers or key workers. There should be more assessment or have mental health workers in there."*

*"Staff have too big case loads, PO's are assigned to too many prisoners."*

*"They don't have enough staff to get people up in the morning never mind staff to give a s\*\*\* and find the vulnerable people."*

*"There are only two psychologists in this prison to see to the entire population and that's not enough."*

## **4.2 Placement of young people in NOMS custody**

4.2.1 When asked what issues should be taken into account when young people are first sentenced to NOMS custody, service users were ardent to express the importance of the placement of young people within prison. Opinions were similar to those regarding the relationship

4.2.2 For example, matching cell mates on an individual basis according to their needs or personality could help to alleviate the risk of self-inflicted death.

*"There should be a thought process into where you place the person - put them into a cell with someone who is grounded and been in the system a bit longer than him or is older and calmer and can help counteract some of the behaviours."*

*"If you put an 18 year old with another 18 year old they can relate better then with someone older."*

*"You are put into the same bubble as everyone else no matter what you have done and you will be treated the same as the next person regardless of your mental health state, regardless of your vulnerability but you shouldn't be you should be treated on an individual basis."*

4.2.3 Conversely, inappropriate matching of cell mates can increase an individual's vulnerability, both increasing their likelihood of self-inflicted death, as well as prompting concerns over their safety from other inmates. Appropriate placement of those in NOMS custody is therefore not just an issue related to self-inflicted deaths but should be reviewed in order to address all aspects of prisoner safety.

*"A lot of [young people's] rivals and their enemies are in jail and that makes them even more vulnerable straight away."*

*"When I was in jail I was put in a very vulnerable situation I was sentenced for racial assault and my first three cell mates were all black."*

4.2.4 As well as placing young people in appropriate cells, service users suggested that their placement into the general population of the prison from a first night wing should be delayed. This is important due to the fact that many service users believed that young people are most vulnerable during their first sentence. Having new inmates on a separate wing for longer would allow for them to understand the regime of the prison amongst others who are new to the prison. This can remove added anxiety from being 'thrown into the deep end' of the general population.

*"Maybe a longer period of induction in prison, better monitored. Some of the people who are put in general population could be really vulnerable for their own safety they should be kept out of the general population."*

*"They should keep [new inmates] on [a separate wing] longer."*

### **4.3 How can safety be improved to help prevent self-inflicted deaths?**

4.3.1 Service users had many suggestions with regard to how safety could be improved to help prevent self-inflicted deaths. Notably, service users' focus was not on the environment of the prison or practical safety changes but more towards personal development, communication and peer support. For example, service users stressed the importance of listening to prisoners, from anonymous one to one settings to formalised meetings with a number of staff.

*"More communication with inmates and having trained inmates and staff dealing with them."*

*"Awareness and communication between prisoners, staff and management. Listen to wing staff and prisoners."*

*"Give prisoners the opportunity to get how they are feeling out in a healthy forum where officers have to listen to what they are saying."*

4.3.2 This focus on communication on a number of levels can help prevent self-inflicted deaths in a variety of ways, according to focus group participants. Firstly, airing problems either to an individual or a group can alleviate an individual's sense of isolation with their problems, which as previously discussed, can be a major factor in contributing to self-inflicted deaths. Secondly, providing a space to discuss problems within the institution can provide practical solutions to be found, thus relieving issues which may be contributing to an individual's need to resort to self-harm or self-inflicted death.

4.3.3 Similarly, service users indicated the importance of being able to communicate with fellow inmates. One focus group was particularly interested in how the 'buddy system' in their prison could be extended to provide more support to vulnerable young people in custody.

*"Listeners were given mental awareness training; this should be extended to the buddy system."*

*"They have to have a friend, whether that's an older inmate or a listener."*

4.3.4 Focus groups also revealed the belief that a greater emphasis on personal development would decrease instances of self-inflicted death.

*"The prison system seems to be more concerned with putting prisoners in workshops all day rather than spending more time on the development and rehabilitation of prisoners."*

*"A strict regime of reading should be implemented especially biographies of people who have overcome their current circumstances."*

4.3.5 Service users also suggested practical measures which could be taken to improve safety within NOMS custody. Of particular concern within some focus groups was the obvious danger represented by razors. In some instances the procedures in custody were able to deal with this threat to self-inflicted deaths and self-harm, however the procedure is only as good as its level of enforcement, something that some service users stated was inadequate.

*"Change the razors - use safety razors. They are cheap we should be selling them. Tear proof bed sheets and linings."*

*"On the wing when I was there you couldn't get razors what you would have to do is get a razor from the office, use it and give it back."*

*"Procedures are not being followed they just give you razors."*

*"The environment also helps, [it should] not be so draconian at first, this applies to all new inmates, the coming to terms of a custodial sentence is bad enough."*

#### **4.4 Incentives and Earned Privileges scheme**

4.4.1 Service users brought up a number of issues with the Incentives and Earned Privileges (IEP) scheme. It was agreed by a large majority of focus group participants that these issues with the IEP increased or could even cause an individual's vulnerability, thus increasing the likelihood of self-inflicted death.

*"People who are now first time in custody have to go on basic regime - that's disgusting. Not to mention that they are there for the first time, taken away from their families, only going to get an hour out of their cells, £2.50 a week to spend and not able to watch telly - the first thing the person is going to do is hang off the bars."*

*"This structure should not be imposed until later in the sentence, when the individual starts to understand the system."*

*"It is regular practice for vulnerable young people to be placed on basic without assessing whether this downgrade could be harmful."*

*"If you don't work and you don't go to the gym then you are stuck in your cell locked away. And that's when you sit and worry."*

4.4.2 Service users believed that the IEP causes particular issues in driving a divide between the prison population and creating an atmosphere of competition and hostility. This in turn can lead to further bullying between inmates, increasing the risk of self-inflicted deaths.

*"If there is one side that has and one that doesn't it creates a divide and not liking."*

*"You are making them crave and strive to achieve and to have something the same way they were committing crimes and striving to have things outside. Monthly review of your situation giving you recognition they make you fight for it and that is not okay. You are not giving them structure or role model you are giving them another way to scheme and find a way out."*

*"The new IEP has affected prisoners greatly as so much has stopped such as families not being allowed to post in clothes or stamps. This has created a higher level of bullying and borrowing which in effect makes those [who are] vulnerable even more vulnerable."*

4.4.3 However, not all service users were critical of the IEP, with one service user stating that it helped to focus on achieving an enhanced level, providing an incentive to complete their sentence and a diversion from the factors that troubled them when first admitted to NOMS custody.

*"In the beginning I was vulnerable - I was missing home and my daughter and everything and if you have the incentive to go and work because you are going to earn money from this and you get enhanced and you can get your games etc. - it would help some people."*

4.4.4 Another service user stated that it is not a problem with IEP that causes vulnerability amongst those in NOMS custody, but the attitude of prisoners that needs addressing. However, this was the view of a very small minority.

*"People think it's a god given right that you have your DVD player, TV and things like that. You're in there as standard and you do your regime but because people have the mentality that they are entitled they throw their feet up."*

## **4.5 Safer cells**

4.5.1 Opinions were divided about whether safer cells were effective or ineffective in preventing self-inflicted deaths. Some service users for example believed that they were effective in their aim or preventing individuals to harm themselves whilst in a safer cell. However, even some of those who state safer cells are effective have reservations about their use.

*"I think they are brilliant as they give you no opportunity to cut or hang yourself."*

*"They are effective as they stop people hurting themselves, but they increase the stigma attached to self-harm."*

4.5.2 However, other service users stated that safer cells could not completely prevent an individual from self-harm or self-inflicted death. A main reason for this being that it does not tackle the problems causing such behaviour. Therefore, even if safer cells prevent self-inflicted death whilst they are in use, upon release from a safer cell the risk returns.

*"I met a girl in there and she tried to kill herself a few times and she had to be watched. Then she came off it and tried to kill herself [again]. If you're going to hurt yourself then you are going to do it."*

*"If someone has really bad mental health they will hurt themselves no matter what."*

*"If someone is put in a safer cell for a reason but is completely ignored that's a waste of time."*

*"If you want to kill yourself they are going to put you in there for a week or two and then you go back to your cell. It's only a temporary thing."*

4.5.3 Service users additionally stated that there are more effective and appropriate solutions than safer cells for those at immediate risk of self-inflicted death.

*"The solution isn't to put them into a cell on their own with rounded corners but to put them in a cell with another con who is going to listen to them. You put me in a cell with rounded stuff I am going to feel different and I am going to harm myself anyway - I have no one to talk to."*

*"If you have a safer cell then you are allowing them to continue because obviously they are not very well. Why are [they] in a prison? You should be around doctors and nurses who can actually help because prison officers are just that – prison officers. The truth is when you come out into the real world there are no safe cells - you cut yourself and either you die or you get the right kind of help."*

*"It's not as much the environment as it is about making them feel valued. That's the key. It's not what you put them in but how you treat them."*

## **5. FAMILY AND SUPPORT NETWORK**

5.1 A frequently held opinion amongst participants is that *"the most important [factor influencing self-inflicted death] is contact with friends and family."* Therefore, this was an area where many service users suggested that *"the process needs to be simplified and flexible"* in order to be most effective in helping to reduce the occurrence of self-inflicted death in NOMS custody.

5.2 The main method of communicating with family members whilst in custody that service users believed needs addressing is by telephone. Suggestions for improvements included allowing phone calls in more private settings, providing more and longer telephone calls, particularly at the start of a sentence and being flexible with regulations in the face of particularly difficult family events.

*"The ability to communicate with friends and family is crucial if we want to protect vulnerable people. Allow free telephone calls from a private location, i.e. away from other prisoners."*

*"Usually the first night they give you a call for 2 minutes to say I am alive and not dead - you worry if you can't call out and you fret about your family worrying about you."*

*"It's impossible to first get in contact with your family when you first get into the nick."*

*"Make sure they have got [contact with family] – it took days for me to be able to phone my daughter and that made it worse."*

*"Give them a bit more leniency when calling families, especially when there is an emergency like a death or someone in hospital so you can feel a bit more connected to your family. Because you feel lost when you are in prison you're taken away from your family."*

*"Give them the phone call if they need to make one - I have seen a lot of people go and cut them self because they need to phone and can't - over stupid problems, but in prison no problem is stupid."*

*"Trying to get your contact numbers approved can take weeks and for someone who has a child or just had a baby or someone in their family is sick I think that can have a huge impact."*

5.3 Another area where service users believed changes are needed around family contact is during visits. Again, a range of improvements are needed, according to service users, for visits to have a greater impact on self-inflicted deaths. These include simplifying the visits process, improving the atmosphere and ensuring that developments are effectively communicated. The latter is important to reduce anxiety for those in custody related to their ability to have contact with their family, providing more certainty and stability.

*"More family visits in a relaxed atmosphere."*

*"You can book a visit but they never let you know if the visit has gone through you have to wait for the day. Better system to book visitation and to let you know, to confirm."*

*"There is a scheme that says family can claim for travel but to try and claim the money is a nightmare. It needs to be made easier."*

*"Accelerate visit programmes."*

*"Weekend visits are now really short it's almost a waste for family to come out - it's now an hour because they take so long to get people in."*

5.4 Related to improving the ease of visits is service users' belief that those in NOMS custody should be physically situated close to their family whilst incarcerated. This encourages and allows for families to visit prisons nearby in order to provide crucial support. Additionally, any necessary transfers of individuals must be communicated to the individual as soon as possible to ensure the move is understood and can be relayed to an individual's family.

*"Stop moving them miles from their families."*

*"I think the thing with shipping out that is totally wrong is that they just tell you on the morning - no notice."*

5.5 In addition, service users stated that family contact should be improved by providing more opportunities to send letters. Furthermore, service users stated that those in custody should be actively encouraged to have contact with their family and wider support network in order to help address cases of self-inflicted deaths.

*"Allow families to send in stamps as family contact is most important."*

*"This jail is broke. Sending only one letter a week isn't enough."*

*"Encourage people to make and keep contact with the people."*

## 6. CONCLUSIONS

6.1 Service user engagement is currently being promoted across criminal justice services. Many offenders and ex-offenders have invaluable insights to offer on the causes of crime, the effectiveness of the system, and the barriers to successful resettlement that result in failure to prevent significant numbers from desisting from future offending. Traditionally, this unique knowledge has been undervalued, unexplored and unheard. In contrast, this response reiterates the benefits of engaging service users in the services that affect their lives and their path to rehabilitation. By allowing the people who have direct experience of prison to voice their opinions and perspectives, we are ultimately facilitating the shaping and development of improved services for all.

6.2 This is evidenced in this report by service users' knowledge of what can cause vulnerability within custody, what factors can help prevent self-inflicted deaths and their willingness to provide numerous suggestions regarding how measures can be taken to prevent the increasingly concerning occurrences of self-inflicted deaths that have necessitated this inquiry.



**For more information please contact:**

User Voice  
20 Newburn Street  
London SE11 5PJ

Tel: 020 3137 7471

Email: [info@uservoice.org](mailto:info@uservoice.org)

Website: [www.uservoice.org](http://www.uservoice.org)

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