Additional Feedback from NHS England

Identification of Vulnerability

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

    Those who have a need for specialist services by reason of disability, developmental appropriateness or illness thus being unable to take due care or unable to protect themselves from significant harm or exploitation

    b) What factors in their previous experiences are most likely to increase their vulnerability?

    Poor coping skills, previous childhood maltreatment, substance misuse, LDD and mental health

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?

    Liaison and Diversion Programme (briefing attached)

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

    Attention should be paid throughout this period as individual are effected from external sources as well as internal, but special attention around first night, induction period and sentencing/parole issues as well as individual issues for the young person and affected by known risks –Mental Health, Learning Disabilities Difficulties, Substance Misuse and physical illness

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?

    NHS England contributed to the ACCT review of children which the findings are equally appropriate to this age group.
    One of the most important is a comprehensive health assessment (CHAT attached)

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

    The assessment processes cover off the below issues of vulnerability the issue is how it is used and the information disseminated.
        i. Age?
        ii. Gender?
        iii. Ethnicity?
        iv. Psychosocial Maturity?
        v. Drug Use?

        i. Alcohol Use?
        ii. Location/distance from home?
        iii. Bereavement?
        Comprehensive Health Assessment and information sharing

       iv. Mental health needs?
       v. Learning difficulties?
       vi. Communication issues?
       vii. Educational needs?
       viii. Physical limitations?
       ix. Prior experiences of abuse and/or trauma?
       x. Other?

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

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

Information sharing and Effective Communication

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?

   Siloed working between team, ICT systems have no compatibility so information is shared by individuals. Too many plans that do not interface with each other and the misunderstanding about health confidentiality and the needs/limits to sharing information.

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

   Robust Information Sharing protocol, ICT systems that enable 'connectivity'.

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?

   Clear agreed information sharing guidance specific to cover all these setting by all partners/agencies

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

   Health and Well Being Needs Assessment supported by robust data and clear specifications

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?

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

Management of ACCT

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?
    Used as too much of a process audit tool not to define and resolve risk

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)?
    If used appropriately and the information shared appropriately then it should be but as outlined above if used as a process rather than as it was designed then is falls short of effectively highlighting and managing risk

15. Are ACCT documents being appropriately opened and closed?
    i.   Should an ACCT be opened more frequently for this age group?
    The issue is whether the need for ACCT is appropriately identified rather than just based in age identification as a reason for opening.
    ii.   Is the document adequate for managing the risk in this age group?

16. Are the right people contributing to the ACCT document?
    A multi -agency approach of all those who are involved with an individual is the appropriate approach

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

18. Are relevant mental health needs sufficiently covered in current ACCT processes?
    See CYP ACCT Review that is relevant to this age group as well

Management of Vulnerability in Custody

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?
    Ensuring comprehensive health assessment and ensuring Health and Well Being Needs Assessment for cohort to take into account specific needs of the population

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?
    Comprehensive Health Assessment who identify known risks especial around substance misuse, mental health and neuro disability

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?

It would be expected that for a vulnerable person the fact of being in custody would exacerbate their vulnerability and any additional perceived hardships would have a deleterious effect on a young person.

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.

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?

CYP ACCT Review covers this issue and our views

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.)

There is much work still to be done in respect of safer environments.

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

Yes

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

Kings Fund have looked at environmental elements and would be able to offer a comprehensive response to this question.

24. In the context of self-inflicted deaths, how can safety, including violence reduction and bullying, be improved in custody in terms of: The issues below are estate management issues for the most part

i. Effectiveness of systems to report violence and bullying (both by inmates and by staff)?

Management of secure estate and core day

ii. Effectiveness of systems to tackle violence and bullying (both by inmates and by staff)?

As above

iii. Use of restraint?

Review of use of restraints PSI

iv. Reducing access to dangerous items or materials?

Secure estate management

v. Availability of safer cells?

All cells should be safe

vi. Prescription drug sharing?

Meds management and staff training

vii. Illegal drug use?

Management of secure estate.

viii. Effectiveness of emergency response systems?

ix. Role of external agencies?

Shared responsibility for sentence and health care planning

x. Observation of those identified as at risk including timed observations and CCTV?

Regular obs should be undertaken by anyone identified as at risk.

xi. Other?

Management of Vulnerability in Custody (continued)

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?

Health services are commissioned to respond appropriately to emergencies. Response techniques should be reviewed by providers and debrief's after every SUI to support shared learning to support prevention.

b) How could they be improved?

Procedures following a self-inflicted death in custody

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

NHS England have revised their approach to managing SID and ensuring shared consistent approach to support liaison and engagement in learning.

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?

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

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?

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

NHS England has reviewed and revised its organisational approach to learning from deaths. A new national Quality Assurance post has been appointed to lead on this area of work.

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

Staff Training

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?

   Bespoke training on the needs of this specific cohort similar to that developed for the under 18s estate

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?

   Observation and listening skill improved multidisciplinary working

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

   No, it is important this remains the responsibility of the multidisciplinary team in each establishment for consistency

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

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

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

Family, support network

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?

   Evidence would show engagement and attachment in the community has a positive benefit on those placed in secure settings therefore any additional support and access to this would contribute to better outcomes.