National Offender Management Service

THE HARRIS REVIEW

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

ANSWERS TO SUPPLEMENTARY QUESTIONS ASKED BY THE HARRIS REVIEW JANUARY 2015

3 February 2015

Identification of risk of self-harm and suicide

1. **Is the safer custody training for all staff one-off or is it regularly refreshed and, if so, how often? How long the training is and what content does it cover?**

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. A document describing the aims and learning outcomes of this course, along with those of the other modules of the safer custody training for staff, has been provided to the Review. 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.

PSI 64/2011 requires Governors and Directors to provide ACCT refresher training according to local needs. We expect establishments to assess training needs on a regular basis and to provide training that is tailored to meet those needs.

2. **What training is provided to residential officers to interact with prisoners and act as positive role models? How do middle managers assess and evaluate officers' performance in this area and what are their expectations?**

The POELT course encourages new staff to treat prisoners with decency and to act as a positive role model at all times. These are themes throughout the course. The HMPS statement of purpose is introduced at the beginning of the course and reference is made to it throughout. Learners are informed that they have a responsibility to work and behave in a way that is consistent with the equality policy statement. There is a discussion of what a role model is that makes clear the responsibility of prison officers to serve as an example whose behaviour can be emulated by others. Learners are informed of the importance of making this part of their professional practice by setting and achieving high standards in everything they do and demonstrating self-respect, respect for their colleagues and respect for prisoners.

The standard job description for residential prison officers has been provided to the Review. Performance is managed using the processes described in PSI 02/2014 Managing Performance and PSI 12/2013 Managing Poor Performance. This includes setting objectives for staff, and a document setting out some sample objectives to guide practice in establishments has been provided to the Review. As you can see, the most prominent of these examples is an objective to promote rehabilitation on a daily basis that encourages leading by example and modelling appropriate behaviours, and role modelling is also included in the prison officer specific examples. Prison officers are managed by custodial managers, and as you can see from the example objectives for these staff effective performance management through coaching and feedback is a prominent part of their role.

3. **What was the impetus for the introduction of Personal Officers? How many prisons containing 18-24 year olds operate a Personal Officer system and how is effectiveness monitored? Why is there no requirement for prisons to appoint Personal Officers?**

Such schemes were developed in the late 1980s and 1990s and usually involve the allocation of a named officer to each prisoner to act as their first port of call for any issues or problems that arise. As well as providing clarity and consistency for the prisoner and facilitating the development of a positive relationship, this introduces accountability for the prison officer. However the schemes are not mandatory.

We are not able to provide information about which prisons have personal officer schemes as there is no central monitoring.

The relevant output from the Residential Services specification is that "prisoners are supported and their daily needs are met". It is for Governors to decide how to deliver this. In some instances it is best achieved through a personal officer scheme. In others, for example where there is a fast turnover of prisoners, and therefore little opportunity for relationships to develop, it will be best achieved by other means. Whether a personal officer system is in place or not, PSI 75/2011 is clear that "the way in which residential services are delivered is crucial to running prisons that are safe, legal and decent" and describes "the particular importance of staff in residential units building good relationships with prisoners, interacting with them regularly and providing positive role models."

4. **Are there processes for monitoring good role modelling and are staff supported when they are not good at role modelling?**

As explained above, prison officers are managed by custodial managers using the performance management system. Amongst the example objectives in the document provided to the Review, custodial managers are required to "identify good performance through reward and recognition; tackle poor performance robustly where appropriate and facilitate and encourage training and development of the team".

5. **The Review understands that the Transitions Forum is enables cross departmental discussion and joined up working to support policy development around transitions, but it does not deal with individual transitions. Is there a mechanism for overseeing individual transitions?**

The Transitions Forum does not oversee individual transitions. It is the responsibility of the Governors of the sending and receiving prisons to ensure that each individual transition is managed effectively.

6. **Could the Review have a copy of the draft PSI on transition that was sent out for consultation? What active work is being done on this and what is the timetable for completion?**

The draft that was sent for consultation requires substantial amendment and NOMS' Young People's Group is working on another draft. We expect the PSI to be issued in late spring 2015. We are happy to make a draft version available to the Review when it is in a form that is suitable to share.

7. **What is the timetable for the Y2A portal?**

The Y2A portal is a Youth Justice Board project. We have been informed that unfortunately the planned module for over 18 YOIs is now out of scope.

8. **Are NOMS developing processes to address other areas of vulnerability, as highlighted in PSI 64/2011, beyond just transition?**

A large range of risks and triggers is described in PSI 64/2011, and it is explained that some of these are static factors that cannot be changed and some are dynamic factors, many of which are more amenable to management. There are a range of processes in place to address these dynamic factors, many of which are discussed elsewhere in our submission. For example, mental health and substance misuse interventions, family support and

emotional support from peers through the Listeners scheme. The ACCT case management process is designed to identify the risks and triggers in each case and, where possible, to plan and deliver appropriate interventions to address these.

9. During his evidence Michael Spurr referenced NOMS support to Liaison and Diversion; therefore could the Review be provided with details on the work to implement recommendations from the Bradley report as well as L&D work facilitated by Ken Elliot?

The Department for Health is leading on the implementation of the Bradley recommendations. The Centre for Mental Health publication 'The Bradley Report Five Years On' - available at http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_five_years_on.pdf - gives an independent view of progress on these recommendations.

NHS England is leading the liaison and diversion work with input from the Ministry of Justice.

NOMS is supportive of both pieces of work and, as you note, the NOMS Health, Wellbeing and Substance Misuse Co-commissioning team has been engaged in raising the awareness of the roll out of liaison and diversion schemes amongst probation staff in order to ensure that information generated from assessments is shared and used appropriately.

Information Sharing

10. What benefit operationally would it provide to HMPS if it had access to historic medical information (including any mental health assessment) of an individual, when considering an ACCT?

Appropriate sharing of relevant medical information can be of benefit to the prisoner. Our expectation would be that relevant historic health information, including any mental health assessment, would be fed into the ACCT process by the healthcare provider. PSO 3050 Continuity of Healthcare for Prisoners requires healthcare providers "to retrieve any information required from the prisoner's GP or other relevant service he/she has recently been in contact with." PSI 64/2011 mandates the attendance of healthcare staff at the initial case review, and subsequent reviews where health issues are relevant. It gives clear guidance on the circumstances in which healthcare staff should share relevant information with prison staff, and we would expect this to include any historical medical information that was relevant to the risks of self-harm and suicide presented by prisoners subject to the ACCT system. The planned re-procurement of the prison healthcare IT system is expected to improve the availability of information to clinical staff in prisons by establishing connectivity to the NHS Spine.

11. Please provide details of the scope of the PER review, what questions were posed to whom and what were the findings?

A number of reports on the PER form have found that there has been very poor quality control over how the forms were completed. Work is therefore primarily aimed at establishing robust quality control mechanisms at local level.

The work was initially taken forward by the Governor of HMYOI Reading. The closure of that establishment caused a delay, and it is now going forward at HMP Winchester. A pilot regional forum has been established to improve quality control of the PER and to examine safer custody issues during and after movements. The regional forum aims to improve local procedures and to make recommendations for improvements to policy and practice at national level.

The regional forum has met twice with a third meeting planned for early February. Revised PER documents have been developed with a clear focus on the safer custody issues identified by the various critical reports. Stakeholders and practitioners consider that the revised document will address the identified areas of concern.

The revised documentation will initially be piloted in the South Central region, and we plan for this to begin in late spring 2015. A second pilot will further test the revised document in the under 18 and female estates. These will be evaluated before decisions are taken about national roll-out.

12. Please provide details of the scope and timetable for the work being done with health colleagues on the IAP Information Sharing Statement.

The need to improve awareness of the IAP information sharing statement was discussed at the Safety Sub-Committee of the NOMS Executive Management Committee following a conversation between Lord Harris and Digby Griffith. This resulted in an action to work with health partners to raise the profile. We have discussed with NHS England and are planning to amend the National Partnership Agreement to make explicit the requirement on healthcare providers to share aggregate and case level information in a way which is appropriate, legal, fair and transparent (supported by Information Sharing Agreements –

see PSI 27/2013 Data Sharing Policy – as necessary) in order to support offender management and health outcomes, including preventing suicide and self-harm. The IAP Information Sharing Statement will be referenced in this document.

13. Please could you share an example of the communications sent from directors to safer custody leads to address the issues highlighted by the PPO and Coroner? What happens when there is evidence that there have been failings?

A communication from Digby Griffith to Governors and Directors from December 2013 has been shared with the Review .

Our submission contains information on what happens when failings are identified by the PPO or coroner, and how we share learning.

ACCT

14. Was the revised training for staff in 2012 a one-off? How regularly is ACCT training refreshed for staff? What training in ACCT does medical staff receive?

The Introduction to Safer Custody course replaced the ACCT Foundation course in January 2012. The Review has been provided with a document describing its aims and learning outcomes. As explained above, PSI 64/2011 requires Governors and Directors to provide ACCT refresher training according to local needs. We expect establishments to assess training needs on a regular basis and to provide training that is tailored to meet those needs. The Introduction to Safer Custody course is mandatory for all staff with prisoner contact, including healthcare staff.

15. What recommendations are being implemented by NOMS, following its review to look at the applicability of the ACCT process for young people?

The review made seven recommendations. Three of these related to compliance with the ACCT process and have been addressed in a note from the Deputy Director of Custody for Young People to Governors in the under 18 estate. Other recommendations included: developing some specific safer custody training for staff working with young people, revising the safer custody audit baselines relating to ACCT, and conducting a full review of ACCT. Action has been taken on each of these recommendations: the training material is in development, the audit baselines are being amended and the full review of ACCT will start shortly.

16. Could the review receive information on the scope of the NOMS wider review of ACCT that is planned for 2015?

The scope of the ACCT review is currently under discussion and will be finalised following the conclusion of the Harris Review.

17. How many of 2,061 prisoners on an ACCT on 8 December 2014 were 18 – 24 year olds? In which custodial establishments were they housed?

This data is not available – the information provided was obtained from administrative systems by conducting a snapshot on the date in question and the information extracted did not include the age of prisoners. More detailed information on the use of ACCT will be collected for the purposes of the ACCT review.

18. What guidance is issued and levels of accountability for compliance with the new ACCT plan, especially in relation to the checklist based on learning from audits and PPO reports?

The case manager is accountable for the ACCT plan. PSI 64/2011 contains a section on the quality control of ACCT plans, reminding Governors/Directors that they should ensure that all ACCT documents fully comply with the procedures set out in the instruction and pointing out that the revised ACCT document contains a checklist for this purpose. The frequency of quality assurance checks is not mandated, but should be determined on a case-by-case basis.

19. Where there is a Post Incident Review following a serious act of self-harm, who is responsible for disseminating learning from these? What role would the Offender Manager play, especially under the new 'Through the Gate' model, in supporting

the ACCT process? Do NOMS know how frequently deaths from acts of self-harm are averted by the intervention of staff? How many staff have been commended for saving lives in this way?

The review is primarily for the purpose of managing the risk presented by the individual and responsibility for ensuring that the mandatory actions listed in PSI 64/2011 are taken rests with the case manager. Any wider learning is shared at meetings of the establishment safer custody team, and where relevant via regional safer custody leads and on to Equality, Rights and Decency Group at NOMS HQ.

PSI 64/2011 mandates the involvement in case reviews of "any other member of staff who has or will have contact with the at-risk prisoner and who can contribute to their support and care". In many cases, therefore, the offender manager should be involved. This will be particularly important where a prisoner on an ACCT is nearing release and preparations need to be made to manage risk in the community.

Data on deaths from acts of self-harm averted by the intervention of staff is not collected centrally and it would be hard to categorise such events. However there are numerous reported incidents each week in which staff intervene.

20. What proportion of young adult self-inflicted deaths were on an open ACCT at the time? What proportion had had an ACCT closed before their death? What proportion had been seen by healthcare within the preceding 72 hours?

Information on whether or not prisoners in the Review cohort were on an ACCT at the time of their death is included in the case information previously supplied.

Information on whether they had previously been on an ACCT, and when they had most recently been seen by healthcare, is not held centrally.

Management of Violence

21. The submission provides statistics on assaults; is it possible to give comparative statistics relating to the 18-24 population?

Information on assaults by age group is available in the published Safety in Custody statistics.

22. Please provide details of the new Violence Reduction Project including scope and timeframe. Does it cover bullying explicitly?

The new Violence Reduction Project has been established to provide guidance to Governors on this issue in early 2015 and to implement a coherent set of short-term, tangible actions aimed at reducing violence, some of which may involve trialling innovative approaches in targeted establishments. It aims to gain better understanding of the causes of the current levels of violence in prisons and to ensure that there is strengthened handling of it, in terms of both prevention and response. The project will, for example, consider issues such as the use of body worn video cameras for prison officers, raising our intelligence capability to protect both offenders and staff, developing more robust case management of violent prisoners, and the potential impact of the growing use New Psychoactive Substances.

It has not been our practice to use the term bullying to describe behaviour in prisons: violence is recorded in terms of assaults and serious assaults. Behaviour that could be described as bullying is covered by the existing policy on the management of violence (chapter 7 of PSI 64/2011) and will be covered by the Violence Reduction Project.

Emergency Response

23. The panel considers the policies set out in these PSIs very important. Who is responsible for ensuring they are enforced? What are the governance measures and accountability for keeping emergency life-saving equipment working, maintained and accessible and what are the training requirements for its use?

Responsibility for implementing and ensuring compliance with these instructions rests with Governors and Directors. As the PSIs explain, Deputy Directors of Custody, Commissioners and Controllers will monitor compliance.

A range of emergency life-saving equipment is in use in prisons. Anti-ligature cut-down tools are issued by all prison officers and other members of staff with regular prisoner contact as appropriate. Emergency response kits are available in all residential areas (and other areas as appropriate), and residential managers are responsible for ensuring that these are maintained with documented checks being carried out regularly. Portable defibrillators may also be deployed locally. Other relevant equipment includes general and radio alarm systems, which are tested regularly, and equipment such as misting systems to suppress fires (and associated respiratory protective equipment for staff), which is checked and maintained by local fire advisors and/or contractors. Training in the use of fire equipment is provided by local fire advisors and/or manufacturers depending on the nature of the equipment and training required. First aid trained staff and first aid boxes are also available in accordance with the establishment first aid risk assessment.

Peer Support

24. In how many establishments does a Listener scheme operate? Why does the Listener scheme not operate in all prisons? Is there any action to provide the scheme in all prisons? What does NOMS think about the efficacy of the scheme?

The Listeners scheme currently operates in 109 establishments in England and Wales (99 public sector and 10 contracted). NOMS has agreed with the Samaritans that it is not appropriate to operate the scheme in establishments for under 18s. There are some other prisons that do not operate schemes, generally either because the Governor or Director has opted to put other arrangements in place for peer support or because there is no local Samaritans branch available or able to support the scheme locally.

NOMS is convinced of the value of the scheme and we were very pleased when our work with the Samaritans was recognised with the Charity Times awards as Cross-Sector Partnership of the Year in 2014. We are committed to continuing to facilitate the provision of emotional support through a peer support scheme. In line with our commitment to ensure best value, we will shortly be holding a competition to determine to whom the grant for supporting this provision will be allocated in 2015-16.

25. How many establishments have a Listener Support Suite?

This information is not held centrally.

26. In how many establishments does an Insiders scheme not operate? Is there any assessment and evaluation the impact of the Insiders scheme? Do any of the establishments with Insider Schemes manage 18 to 24 year olds?

This information is not held centrally. We are not aware of any evaluation of Insiders schemes.

Safer Cells

27. Please provide the 2005 Safer Cellular Accommodation Guide. Has this guide been revised since 2005?

The latest version of the guide has been provided to the Review.

28. The panel have asked for further explanation on what is meant by"cells are so designated by operational staff at the establishment after considering appropriate management needs."

The fact that a cell was built to the safer cell standard does not mean that it is operating as a safer cell. Only those cells that have been maintained to the safer cell standard and are being used to accommodate prisoners being supported using the ACCT process are operating as safer cells – in these circumstances they are designated as such by managers at the establishment.

29. The panel were hugely disappointed that NOMS does not have a central record of how many cells have been built or refurbished to safer cells standard. Would such information be available from Estates in MoJ? If this information is not available through MoJ Estates, the Panel have asked whether NOMS could arrange for this information to be obtained direct from Prison Governors. How does NOMS ensure that all safer cells have been built to this standard? What is the process for monitoring their maintenance? How many cells are no longer safer cells since this guidance was issued i.e. the cell certificate has been changed?

MoJ Estates Department (ED) has no central record of what cells have been built or refurbished to safer cells standard. Almost all new or refurbished cells delivered by MoJ ED since 2008 have been built to this standard. However, there is no assurance that they have been maintained to this standard. Moreover, establishments have also carried out refurbishments to upgrade cells to meet the standards and MoJ ED has no information about this local work.

As explained above, safer cells are only rightly described as such when they have been maintained to the safer cell standard and are being used to accommodate prisoners being supported using the ACCT process. Details of safer cell provision are therefore held locally.

30. Why are light fittings in safer cells not tested for load bearing?

Light fittings are not tested for load bearing because there is no expectation that they will ever bear a load. The fittings are designed to provide no ligature points and to be as resistant as possible to tampering and vandalism. Prison cells are checked by staff at regular intervals and it is difficult for prisoners to tamper with them in such a way to form a ligature point without being detected during these checks.

31. What evidence is there to support the statement that it is reasonable to believe that safer cells have contributed to a reduction in the number of self-inflicted deaths?

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.

Constant Supervision

32. Is there anything that you would like to refer to beyond the relevant PSI, including any published Quick Time Learning Bulletins, that might supplement your answer?

A Quick Time Learning Bulletin on constant supervision has been provided to the Review.

Procedures following a self-inflicted death

33. How does NOMS support its staff and other prisoners following a death?

Effective support for staff and other prisoners is essential at such a sensitive time. Procedures for supporting staff and prisoners following a death are described in PSI 64/2011.

34. What evidence is there to show that the IAP document 'Family Liaison Common Standards and Principles' is followed?

Staff are made aware of this document and encouraged to follow these principles during the FLO training course. The work of FLOs is rarely criticised, and often praised, in PPO reports.

35. Please provide details of the Family Liaison Officer Training mentioned. How many FLOs is each establishment expected to have? How many trained FLOs are there?

Information about the FLO training has been provided to the Review.

PSI 64/2011 mandates that each establishment has at least one FLO. As deaths are relatively rare events, this will generally be sufficient, but some Governors will choose to have more than one.

There is no requirement for FLOs to undertake the training, but it is recommended. Around one hundred and twenty staff per year have been trained (fewer in 2014, as the training was suspended for a period as a result of staffing shortages) since the course was introduced in April 2012, but not all will continue to serve as FLOs (or to be employed by NOMS).

Learning from deaths in custody

36. Questions 27 and 30 in the call for submissions specifically ask for how improvements might be made in specified areas.

Question 27 concerns improvements to investigatory processes; these are not a matter for NOMS.

Question 30 concerns the dissemination of learning. PSI 64/2011 explains our processes for doing this. We continue to work to improve these processes, and have recently established a Learning and Knowledge Management Team within ERD Group for this purpose.

37. What are the arrangements for internally monitoring the implementation of the action plans following PPO reports and Regulation 28?

PSI 64/2011 explains that it is the responsibility of the safer custody team at the establishment to ensure that action is taken to address recommendations in PPO reports and that concerns raised in regulation 28 reports are addressed. Equality, Rights and Decency Group takes receipt of the draft version of each PPO report and works with staff at the establishment to check factual accuracy and to formulate an action plan to address the recommendations that is published by the PPO alongside the final report. Most establishments have consolidated safer custody action plans that bring together actions to address PPO recommendations with those derived from other sources, such as audits and inspections.

In the course of their inspections, HM Inspectorate of Prisons checks the extent to which action has been taken to address the recommendations of PPO investigations into recent deaths and includes information about this in their inspection reports.

38. What governance arrangements does NOMS have in place for ensuring that each of the PPO recommendations and Regulation 28 responses are carried out?

This is the responsibility of the Governor or Director. Deputy Directors of Custody, Commissioners and Controllers monitor compliance.

39. What is the process for implementing learning across the estate?

Locally this is the responsibility of the Governor or Director. The Head of Equality, Rights and Decency Group at NOMS HQ has responsibility for safer custody policy issues. Deputy Directors of Custody, Commissioners and Controllers monitor compliance. Please also see our answer to Q.30 in our submission.

Increase in self-inflicted deaths

40. Please provide the guidance to Governors issued in December 2013 about key risk factors for self-inflicted deaths.

This document has been provided to the Review.

41. Please provide details of the two learning days that ERDG held in March and November.

The programmes and handouts from the two days have been provided to the Review.

42. Could NOMS provide the Action Plan to reduce self-inflicted deaths to the review?

We are happy to share the range of our work on reducing self-inflicted deaths with the Review, however our action plan is a live document for working-level purposes, that is subject to continuous review.

Workforce issues

43. Can you provide details of the Assessor and Case Manager training, including whether this is covered through a PSI?

Details of these courses are included in a document describing training content that has been provided to the Review.

44. Can you provide details of all mental health training available to staff, including details on the enhanced mental health training package?

Details of these courses are included in the document describing training content that has been provided to the Review.

45. What is the definition of 'young people' in the WYPC programme? Young adults or those under 18?

Those under 18.

46. What have been the evaluation outcomes from the pilot for staff in YOIs working with 18 – 21 year olds, and is this something where NOMS would benefit from guidance from the Review? The panel understands that there was a working group set up to look at specific training needs for staff working with young adults.

A working group was established to consider the specific training needs of staff working with young adults. The group met and carried out some preliminary work. This 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.

47. What is the guidance for delivering refresher training for ACCT, including details of what is expected as good practice?

PSI 64/2011 requires Governors and Directors to put in place a learning strategy to improve local delivery of safer custody and prevent future incidents of self-harm, violence and death, and to provide ACCT refresher training according to local needs. We expect establishments to assess training needs on a regular basis and to provide training that is tailored to meet those needs.

48. Are NOMS able to provide information on the numbers of uniformed officers being recruited under the current exercise?

NOMS is aiming to recruit 1700 prison officers by March 2015. We have trained 820 new officers so far, and we are on track to train another 880 by April 2015.

49. Are NOMS able to provide details of the numbers of officers who are currently deployed away from their home establishment?

Detached duty has always been a means of deploying staff where they are most needed. The current scheme has been operating since October 2013, and there has been a gradual increase in need, both to support staffing shortages and additional capacity. This has reached its peak at around 250 officers deployed each week (from a total of nearly 15,000

prisoner officers employed nationally). With the introduction of two new incentive schemes – one to encourage staff to work additional hours at their home establishment and another to provide an incentive for staff to commit to longer periods of detached duty – the amount of staff on detached will reduce. In addition the staff carrying out detached duty will be volunteering for periods of 4, 8 or 12 weeks, offering greater continuity of staff at the receiving prison.

Family support

50. How do Prison Governors know that prisoners' families are satisfied with the ease with which they can speak to someone in the prison about their concerns?

NOMS recognises the importance of family support and values the contribution that families make when they share their concerns about prisoners. Families are encouraged to phone the prison if they have information or concerns but we accept that this can be difficult, as prisons are not primarily public facing organisations.

Governors seek feedback on the experience of families attempting to contact the prison both from prisoners in consultative forums, and from visitors, directly and via visitors' centre providers. We know that current provision is inconsistent and we are working to improve this in a range of ways, including introducing digital visits booking.

51. Is there any plan to extend Family Engagement Workers beyond the female estate?

Family support workers are also in place in some young offender institutions.

52. What plans do NOMS have for the use of Skype or equivalent for facilitating family relationships?

NOMS recognises the potential benefits that Internet Based Video Services (IBVS) can provide in prisons, including assisting prisoners in maintaining family ties.

At present, due to technical constraints and operational security concerns, prisons are not permitted to use an IBVS for prisons visits. NOMS are currently undertaking work to test the use of IBVS in prison, evaluate a proposed technical solution and better understand how technology could safely be used to enable prison visits.

Personality Disorder

53. The panel notes the NHS £5 million funding specifically does not apply to those who self-harm.

Offender Personality Disorder (OPD) services are co-commissioned by NOMS and NHS England Specialised Commissioning and aim to improve health outcomes and reduce reoffending. Services are primarily targeted at men who present a high risk of harm to others and women who present a high risk of committing further violent, sexual or criminal damage offences, and who are also likely to have a personality disorder linked to their offending (complex, long standing, interpersonal problems). The clinical specifications, for example, include a specific outcome to achieve a reduction in adjudications, self-harm, and suicide attempts in this treatment service population.

The OPD programme includes specific service provision for 18-25 year old young adult offenders (YAOs) in prison. Two dedicated OPD services at HMP and YOI Swinfen Hall and HMYOI Aylesbury are in the process of starting service delivery and also include the specific outcome to reduce adjudications, self-harm, and suicide attempts. The OPD programme recognises that in general, YAOs have different needs compared to older male adults, as they are:

- *Considerably higher risk than the older adult population;*
- *Much less frequently assessed as having relationship difficulties that are linked to their offending or as having unstable accommodation;*
- *More frequently sentenced for violent offences*
- *Have different patterns of drug use, (predominantly cannabis, and only a small proportion use Class A drugs), and*
- *Different patterns of alcohol use (more likely to take the form of binge drinking than alcohol dependency)*

By definition, young adults are still maturing, both neurologically and psychologically. Some of their apparent risk factors, such as impulsivity and poor emotional control, may be directly explained by delayed maturational (emotional and coping reactions) processes. The combination of their different needs and a different maturity level means the PD services has been explicitly designed for this complex group of offenders.

54. The Panel requests mention of the PIPEs approach for supporting offenders with personality disorder or other pilots being co-ordinated through NOMS Commissioning for offenders with mental health disorders.

The OPD programme includes services called Psychologically Informed Planned Environments (PIPEs). These are specifically designed, contained environments in prison wings and Approved Premises where staff members have additional training to develop an increased psychological understanding of their work. This understanding enables them to create an enhanced safe and supportive environment, which can facilitate the development of those who live there. They are designed to have a particular focus on the environment in which they operate; actively recognising the importance and quality of relationships and interactions. They aim to maximise ordinary situations and to approach these in a psychologically informed way, paying attention to interpersonal difficulties, for example those issues that might be linked to personality disorder. In addition to improving the effectiveness of OPD pathway services, PIPEs also have a specific outcome to bring about a reduction in number and severity of incidents of self destructive behaviour in prisoners.

55. What is NOMS position on support for prisoners with personality disorder who also self-harm?

Self harm and suicidal behaviour is present for many of the offenders with complex psycho-social needs participating in the joint NHS and NOMS Offender Personality Disorder services. The OPD services are all designed to address these complex needs either through a psychologically based treatment intervention or by providing a supportive relational environment within a PIPE. One of the principal outcomes for the OPD programme is to increase psychological wellbeing and health, and reduction in self harm and suicidal behaviour as one of its intermediate outcomes.

56. Could the Review receive further information relating to the pilot on the 'more comprehensive prison Personality Disorder training course', including timeframes?

Workforce development is an important element of the OPD programme. The Knowledge & Understanding Framework (KUF) is a personality disorder workforce development programme developed by a collaborative partnership including the Institute of Mental Health, the Tavistock and Portman NHS Trust, Emergence (the largest PD service user and carer support group in the UK) and the Open University. It consists of three levels of training: awareness, undergraduate BSc programme and postgraduate MSc programme.

The awareness level training package has been tailored specifically for staff (both NHS and NOMS) within the OPD pathway. This programme has delivered 9,116 training places across the whole pathway of delivery since April 2012.

We are increasingly developing more tailored awareness-level training products, including for peer supporters, staff working with women and young people, and probation receptionists.

With respect to prison officers, a PD awareness module is planned to be included in future new prisoner officer training. A more comprehensive prison PD training course for experienced prison officers has been developed and field tested and is expected to be made available for staff working in establishments hosting PD treatment and progression services during 2015-16. The complete model of training includes five core units. These are:

- *What is Personality Disorder*
- *Influence of early attachments and their effect on adult behaviour*
- *What are the challenges in teams when working with personality disorder in the prison setting*
- *Managing and making sense of difficult situations*
- *The impact of working with personality disorder on self*

While the PD BSc level programme no longer runs as a degree course, the individual modules are being offered on a standalone basis from January 2015, open to both NHS and NOMS staff. The PD MSc level leadership programme is open to both NHS and NOMS staff. There are 113 students currently on or who have graduated from this programme.

Self-harm

The most recent official statistics on self-harm are available at: https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2014

Prisons successfully manage large numbers of self-harm incidents and frequently prevent deaths through timely intervention. We have commissioned research into the reasons for the increase in male self-harm.

57. How often is 'frequently'? What sort of investigation follows incidents where death is prevented?

This data is not collected centrally, but there are numerous reported incidents each week in which the action of staff prevents deaths occurring.

Our approach to the investigation of incidents is set out in PSI 15/2014 Investigations and Learning following Incidents of Serious Self-Harm and Serious Assaults.

58. Could we have a time series of self-harm incidents across the 12 month period? Is it possible to provide some comparative figures broken down by age?

Quarterly figures on self-harm incidents and data on self-harm incidents amongst different age groups is contained in the published Safety in Custody Statistics.

59. What follow up is done of the 9% of prisoners who have attended hospital as a result of self-harm?

As PSI 64/2011 explains, an ACCT is opened after every incident of self-harm. Where the prisoner is already on an ACCT, a case review is held. Particularly serious acts of self-harm are also followed up with an investigation in accordance with PSI 15/2014.

60. What accounts for the 40% (year-on year) reduction in self-harm incidents since June 2011?

The reduction in self harm by female offenders is thought to have been the result of a number of factors including improved safer custody processes in women's prisons and the transfer of a small number of offenders who self-harmed very frequently to secure hospitals.

61. Can you provide details of the research commissioned into the increase in male self-harm?

The research is being conducted by the NOMS Commissioning Strategies Group and is designed to improve our understanding of

- *the profile of adult men who self harm in prison in terms of key socio- demographic and custodial factors;*
- *the nature and extent of self harming behaviour in adult male prisoners;*
- *the risk and protective factors for adult men who self harm in prison; and*
- *'what works' to reduce and/or prevent self harm among male prisoners?*

Incentive and Earned Privileges

62. Could we have figures broken down by age range? And could we have figures for the number of deaths occurring in each level?

This additional data is not available. The information provided was obtained from administrative systems by conducting a snapshot on the date in question and the information extracted did not include the age of prisoners.

63. Please provide the number of deaths that have occurred at each level of IEP since 2011.

We are unable to provide data from 2011 as data on IEP level has only been collected since late in 2013. Information for this period is included in response to question 33 of the supplementary questions asked in September 2014.