

**Investigation into the death of a man  
at hospital in December 2011  
while in the custody of HMYOI Glen Parva**

**Report by the Prisons and Probation Ombudsman  
for England and Wales**

This is the report of an investigation into the death of a man. He was found hanging in his cell at HMYOI Glen Parva in December 2011. Prison staff started resuscitation and he was taken to hospital but never regained consciousness. He died a day before his 20th birthday. I offer my condolences to his family and friends.

The investigation was carried out by an investigator. A clinical reviewer was appointed by the local Primary Care Trust (PCT) to review the man's clinical care in custody. Glen Parva cooperated fully with the investigation. I am sorry for the delay in issuing this report.

The man was a vulnerable young man who frequently self-harmed, particularly out of frustration at difficulties in maintaining contact with his young family. This contact was inhibited because of incorrect information that led to him not being allowed to see his children because of public protection issues. He was also in debt to other prisoners and said he was being bullied as a result. On thirteen occasions, various staff at a number of institutions were involved in monitoring him under suicide prevention procedures. In the weeks before his death, he was involved in a fight with another prisoner, which led to him being placed on a restricted regime. In December he became worried about his baby son who had been taken to hospital. The next day, he was found hanging in his cell.

The investigation found that woeful liaison between the prison, probation and social services led to a lack of clarity about whether or not he should be allowed to see his children, and, if not, why not. This was his overarching concern but no one dealt effectively or communicated with him clearly about this.

While many staff were involved in trying to help him, the multiplicity of suicide and self-harm procedures to which he was subject were often poorly implemented, rarely multi-disciplinary and sometimes contradictory. Indeed, some objectives set to reduce his risk were impossible to achieve and disciplinary measures taken against him were sometimes at odds with efforts intended to support him. A holistic and co-ordinated approach was missing, and little was done to address the underlying issues that caused him to be distressed. The investigation also repeats the concern of the Inspectorate of Prisons that Glen Parva lacks a clear strategy to protect the most vulnerable young adults. It is within this broader context, that a particularly vulnerable young man such as him appears to have received rather disparate and poorly coordinated support, and not the more comprehensive care he manifestedly needed.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

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## SUMMARY

1. The man first experienced custody in July 2008 when he was sixteen. Over the next few years he was in and out of custody, and transferred between a number of young offender institutions. He frequently self-harmed and was monitored under Assessment, Care in Custody and Teamwork (ACCT) procedures. (ACCT is the Prison Service system for identifying and supporting prisoners at risk of suicide or self-harm.) He told staff that he found it difficult being away from his family and was being bullied by other prisoners.
2. On 20 June 2011, he was transferred to HMYOI Glen Parva. Despite arriving with a suicide and self-harm warning form completed by the police, the reception nurse concluded that there was no reason to open ACCT procedures but referred him for an assessment by the prison's primary mental health team (PMHT).
3. Following a family visit on 30 June, he seriously cut his arms, so officers started ACCT procedures. He told the nurse who treated him that he had been hearing voices telling him to self-harm. He was assessed by a mental health nurse the following day. The nurse noted that he presented with no psychotic features or paranoia, but referred him for a full psychiatric assessment. The appointment was later cancelled after he told a nurse that he had made up his symptoms. He had no further contact with the mental health in-reach team (which deals with more severe mental illness), but continued to see the primary care mental health team occasionally.
4. He was stopped from seeing his children because the prison received incorrect information that he had previously offended against children. Both his offender manager and social services advised the prison that the intelligence was based on uncorroborated third party information. Both agencies supported supervised visits between him and his children. However, the prison had to seek consent of the children's mother, his ex-partner, before visits could be reinstated. He was never formally told why he could not have contact with his children, but during an ACCT review, one of the prison's offender supervisors incorrectly said access had been stopped because he had "touched" them.
5. The man continued to self-harm. Although not being able to see his children was his primary concern, he was also worried about being bullied by other prisoners, usually because of debt. During the six months he was at the Glen Parva, he was subject to ACCT procedures five times. He was moved between units to help protect him from bullying and getting into more debt but he was never monitored under anti-bullying procedures. He began to self-harm more frequently and became more isolated as he did not go to work or education.
6. On 24 November 2011, he was involved in a fight with another prisoner. As a result his regime was restricted. On 30 November, his last ACCT document was closed. On 2 December, he attended a formal disciplinary hearing for the fight on 24 November. As a punishment he lost half his earnings, television, access to the gym and association for 14 days.

7. The man moved to a single cell on 9 December. He telephoned his mother that afternoon, who told him that his son was in hospital after, “accidentally eating cocaine”. He told officers he was worried his ex-partner was putting his children’s lives at risk.
8. The next day he asked to speak with a member of the PMHT, but no one was available. He asked officers about his son. The officers said they could not contact the hospital, but they would ask the chaplaincy to make enquiries. An officer left a message on the chaplaincy answer phone, which was not collected until the following morning.
9. At about 6.00pm an officer found him hanging by sheet attached to the window grill of his cell. The officer radioed for emergency assistance and officers and nurses attempted resuscitation. Paramedics arrived and took over, and he was taken to hospital. He never regained consciousness and died two days later in hospital.
10. The man had a number of complex problems which were not effectively managed in a fully coordinated way. ACCT procedures did not effectively manage his risk, in part because they were poorly implemented. The ACCT process also failed to address his two main risk factors, family contact and bullying. The report raises questions about the way in which his vulnerabilities were assessed and managed while in custody. We consider that had his issues been dealt with in a more holistic way staff would have had better oversight of his needs and dealt with them more effectively. We make a number of recommendations about these matters.

## THE INVESTIGATION PROCESS

11. An investigator carried out the investigation. He spoke to the Deputy Governor, Glen Parva's family liaison officer, and an operational manager at Glen Parva when he visited the prison. Notices about the investigation were posted asking staff and prisoners who had information relevant to the investigation to contact the investigator. No one came forward.
12. He visited the wing and the man's cell, as well as other areas of the prison. He reviewed the man's documentation relating to his time in custody and listened to his most recent telephone calls.
13. The investigator and a colleague conducted a number of interviews with staff at the prison. His colleague interviewed a prisoner who shared a cell with the man during his time at the prison. During the course of the investigation, the investigator gave verbal and written feedback to the Deputy Governor.
14. A clinical reviewer reviewed the clinical care that the man received in prison on behalf of the local PCT. The investigator also liaised with a Detective Constable from Leicestershire Police. A copy of this report will be sent to HM Coroner for Leicester City and South Leicestershire.
15. We regret the delay in issuing this report. This was due to staff absence and the complexities of the case.
16. One of our family liaison officers contacted the man's mother to tell her about the investigation. We have aimed to cover the following points which his mother asked that the investigation address:
  - She thought her son had been taken off of suicide watch two days before his death, because he said he no longer had suicidal thoughts and said he was okay. She wanted clarification of the sequence of events at that time.
  - She asked for clarification about an attempt by her son to harm himself a few weeks before his death, after an apparent suicide pact with another prisoner.
  - While in hospital, she noticed cuts on her son's arms. She said that the cuts were not superficial, as she had been told by the chaplain. She asked what was known about his self-harm.
  - She sought clarification about an incident when her son was found with a razor blade. (It is not clear which incident is referred to. He cut himself on a number of occasions. In March 2011, he was taken to hospital when he said he had swallowed a razor blade, but none was found.)
17. One of my family liaison officers attempted to contact the man's mother, as his listed next of kin, to offer an opportunity to receive and comment on the draft version of the report. To date, she has chosen not to do so. It is hoped that the findings of this investigation answer any questions the family may have, should

they receive the report in the future.

## **HMYOI GLEN PARVA**

18. HMYOI Glen Parva is a young offender institution (YOI) which holds young adult male prisoners aged between 18 and 21. The local Primary Care Trust (PCT) is responsible for commissioning healthcare at Glen Parva.
19. Primary mental health services at the prison are delivered by a healthcare provider and in-reach (acute) mental health services are provided by the PCT. At the time of the man's death there were five on the team as there had been for most of 2011, instead of a complement of eight,.

## **Her Majesty's Inspectorate of Prisons**

20. Her Majesty's Inspectorate of Prisons' (HMIP) last published inspection report for Glen Parva is of an inspection in November 2009. The report of a more recent inspection has yet to be published. Inspectors reported that there was no strategy for managing vulnerable young prisoners and some young prisoners felt afraid and intimidated and isolated themselves from other prisoners. There were failures in the operation of the personal officer scheme and deficiencies in the operation of ACCT procedures. Few ACCT reviews were multidisciplinary and there was little evidence that personal officers played any significant role in supporting prisoners at risk. (Each prisoner should be allocated a personal officer to support them and be their first point of contact.)
21. The inspectorate reported that staffing levels for the mental health in-reach team were not sufficient to support the large numbers of vulnerable and troubled young men at Glen Parva.

## **Previous self-inflicted deaths at HMPYOI Glen Parva**

22. The man's death is the fifth apparently self-inflicted death at Glen Parva since 2007. We commented on similar deficiencies in the ACCT process at Glen Parva in our reports into deaths in June 2009 and December 2010.

## **Assessment, Care in Custody and Teamwork (ACCT) procedures**

23. ACCT is the Prison Service process for supporting and monitoring prisoners at risk of harming themselves. An ACCT plan can be opened by anyone working in the prison if they have any concerns that a prisoner might have tried, or, in the future, might try to harm himself. The purpose of ACCT is to try to determine the level of risk posed, the steps that might be taken to reduce this and the extent to which staff need to monitor and supervise the prisoner. Levels of observations (where staff must check the prisoner) and interactions (where staff must have a conversation with the prisoner) are flexible and can be set according to the perceived risk of harm. If staff perceive the risk of harm to be very high, the prisoner may be constantly observed. Where the perceived risk is lower, the level of observations may be several times an hour or day. Checks should be irregular to prevent the prisoner anticipating when they will occur.
24. Part of the ACCT process involves drawing up a Caremap. A good Caremap will identify the prisoner's most urgent and pressing issues, set achievable goals to

help resolve the issues and identify who is responsible for resolving each goal. Regular multi-disciplinary reviews should be held. The ACCT plan should not be closed until all of the actions on the Caremap have been completed. When an ACCT is closed a post-closure review should be held at an agreed interval to check there are no further concerns.

### **The Incentives and Earned Privileged Scheme (IEPS)**

25. IEPS is a scheme run in all prisons whereby prisoners are granted privileges for reaching and maintaining certain standards of behaviour and compliance with their sentence plan targets. If standards are not maintained then the privileges can be withdrawn. There are three levels on the scheme – basic, standard and enhanced. The different levels of IEPS govern, for example, time out of cell, access to the gym, access to earnings and access to the telephone. The man was on the basic regime (the most restrictive) when he died.

### **Multi-Agency Public Protection Arrangements (MAPPA)**

26. Multi-Agency Public Protection Arrangements (MAPPA) are used to manage the risk of the more serious sexual and violent offenders when they are released in the community and to help reduce the risk of reoffending. There are three levels of MAPPA which provide for different levels of input from the various agencies involved. Level three is the level for those who present the highest risk. Level two is for when the individual will be managed by more than one agency, usually probation and the police. The man was regarded as both MAPPA level two and three at different times during his sentence.

### **Tackling Anti-Social Behaviour - TAB**

27. At Glen Parva, prisoners who are considered to be bullies or victims of bullying should be placed on a TAB plan. For bullies, there three stages of TAB: TAB 1 is monitoring for seven days or more, TAB 2 is formal monitoring for 14 days. TAB 3 involves the bully being moved to the segregation unit and placed on a formal violence reduction programme. Prisoners involved in fighting are automatically placed on TAB 2 and go on to the basic regime under the incentive and earned privileges scheme (IEPS).
28. Prisoners who are victims of anti-social behaviour should be offered staff support under the TAB scheme. Despite his documented problems with other prisoners, the man was not given formal TAB support as a victim at Glen Parva.

### **Sentencing - Detention and Training Orders (DTOs) and Section 91**

29. Children and young people under 18 who are sentenced to custody are usually given a detention and training order (DTO) of no more than two years. Only half of this will be spent in custody, and the other half under community supervision.
30. Under section 91 of the Powers of Criminal Courts (Sentencing) Act 2000, the court may give a child or young person the same sentence an adult would have received. Section 91 applies when an offence:

- is punishable with 14 years imprisonment or more for an adult, or
- is contrary to sections 3, 13, 25 or 26 of the Sexual Offences Act 2003, or
- is one of a number of specified offences in relation to weapons or dangerous driving.

## **KEY EVENTS**

### **Escape attempt**

31. The man had a criminal record for crimes against the person, property, theft and driving offences. He was first given a custodial sentence when he was 16 and sent to HMYOI Warren Hill in Suffolk on 30 July 2008 for stealing a car. He transferred to Rainsbrook Secure Training Centre (STC) in Warwickshire on 5 September. (STCs are smaller than YOIs and significantly better resourced to provide more individual support.) On 13 April 2009, he tried to escape during a transfer to hospital, which he had engineered. When he got back to the STC, he assaulted an officer who he threatened to kill with a makeshift weapon.
32. The next day, 14 April, he was moved to HMYOI Huntercombe in Oxfordshire. An ACCT was opened when he arrived because of information that he had a history of self-harm, particularly when he did not have contact with his family, but it was closed the next day. On 29 July, he was released on licence, because he had reached the half way point of his DTO. (A licence is a supervised period with conditions which the young offender has to comply with and is overseen by a youth offending team.)

### **HMYOI Warren Hill**

33. In November 2009, the man was sentenced under section 91 of the Powers of Criminal Court (Sentencing) Act 2000 to three years for his attempt to escape custody three months earlier, and went to HMYOI Warren Hill. He was also convicted of possession of an offensive weapon and making threats to kill. In January 2010, he self-harmed because he missed his family, particularly his baby son, and was being bullied for goods he had bought from the prison shop (known as canteen.) He refused to name the bullies for fear of repercussions. YOI staff opened ACCT procedures, and, during an ACCT case review on 20 January, a transfer to HMPYOI Glen Parva, in Leicester was discussed. He said he was happy about this because he would be close to his family who live in Leicester.

### **First transfer to HMYOI Glen Parva**

34. On 27 January 2010, the man transferred to Glen Parva still on an open ACCT. The reception nurse noted that he had previously made superficial scratches to his arms, due to being bullied and being away from his family. He said he had no thoughts of self-harm, and the nurse recorded that he appeared stable in mood and mental state. During his ACCT assessment, he said he was optimistic about his future as being at Glen Parva meant he would have closer contact with his family and girlfriend.

### **Transfer to Stoke Heath**

35. It appears that Glen Parva decided they could not accommodate the man as he was still also technically subject to a DTO which Glen Parva does not cater for. Five days later, on 1 February 2010, he was moved to HMYOI Stoke Heath in Worcestershire. The reception nurse referred him for a mental health

assessment and noted that he had no thoughts of harming himself, although he was subject to ACCT monitoring. At his first case review on 4 February, he was told that he could apply to be transferred back to Glen Parva when his DTO expired in July. He was assessed as no longer being at risk of self-harm and the ACCT was closed.

36. On 17 May, he was seen by a nurse from the prison's mental health team following the referral in reception. He asked the nurse if he was being seen due to a hand injury he had sustained the previous evening. He said he had punched the wall of his cell, after receiving some bad news about his family. The nurse noted that he had not been seen by a nurse for treatment to his hand and started ACCT procedures. The nurse concluded that there was no evidence of any current mental health problems.
37. During an ACCT assessment interview the following day, he said that he found it difficult being away from his family and was being bullied. He said that other prisoners were making him order tobacco for them from his canteen money. During the ACCT review he said he felt so low he did not want to live anymore. He said he got angry and frustrated with himself as he was helpless to do anything about things that were going on outside of prison.
38. His ACCT was closed on the morning of 25 May. None of the officers from the previous review were present. The case manager decided to close the ACCT as the man said he was more settled and that he would let staff know if he had problems. That same afternoon he cut both his arms and a new ACCT document was opened. During the ACCT assessment interview he said that he was feeling down because of family concerns and he wanted to be dead but had not formulated any plans. The case manager, who had closed his previous ACCT, led the case review with a member of the prison's chaplaincy team. On 27 May, he was seen by a mental health nurse. The nurse noted in the ACCT on-going record that he "... acted on thoughts very quickly". The ACCT was closed on 9 June, when he was recorded as being "very positive" at having contact with his family and new baby.
39. On 19 July, he cut his arms again, so staff again began new ACCT procedures. He told staff that he was upset at not being able to see his children, as it was too far for his family to travel. He said he felt frustrated and depressed. He applied for a transfer to Glen Parva that day. At a case review on 20 July, he repeated his frustration at being so far from home. At a review a week later the ACCT was closed, even though his request for a transfer had not been dealt with.
40. Over the following months he appeared to become more settled at Stoke Heath. However, on 19 November, an ACCT was opened again when he made cuts to his arms, which he said was because of bullying. During a case review on 20 November, he told staff that he was in better spirits and at a review two days later the ACCT was closed.

## HMP Littlehey

41. On 10 January 2011, the man transferred to HMYOI Littlehey in Cambridgeshire. On 17 March, staff opened ACCT procedures after he made further cuts to his arms. During his ACCT assessment, he said he felt isolated trying to deal with prison alongside family issues. On the evening of 19 March, he harmed himself again and would not participate in the ACCT case review held the following day. He attended a review held on 21 March, conducted by a single officer, who recorded he did not know him.
42. On the evening of 23 March, he scalded himself with boiling water, but he was not seen by a nurse until late the following afternoon. An entry in his healthcare record on 24 March, explained that he was not seen the evening before as the healthcare staff were off duty, but he should have been seen on the morning of 24 March. This act of self-harm was not recorded in the ACCT record for 23 or 24 March. At a case review the next afternoon on 25 March, attended by just two officers, it was noted that he had self-harmed but that his stress level was lower and he was a lot calmer.
43. He was admitted to hospital on the evening of 26 March, after he barricaded his cell door and said that he had swallowed a razor blade. No blade was found when he was examined, so he was discharged from the hospital. The ACCT ongoing record noted that he was stressed with things that were going on in his life at that time. He told staff that he did not have any credit on his telephone to call his mother and that he was getting pressure from other prisoners on the wing for his canteen.
44. At an ACCT case review on 29 March, attended by just two YOI staff he said he was missing his children. The following evening he scalded himself with boiling water again. He said that he was stressed at being stuck in his cell and did not want to move to another wing because he had issues with prisoners there. A further case review was conducted the following morning but he refused to attend. He said that he had had no contact from his mother and continued to experience problems as he was in debt to other prisoners. The issue of debt was not covered in his caremap, but a chaplain agreed to follow up some missing visiting orders to help with family contact. There was no record of whether this was done before the ACCT was closed on 11 April.
45. On 6 May, he said he had self-harmed again the previous evening by scalding his shoulder and making scratches to his arms. An ACCT was opened. He said that he felt stressed, was under pressure from other prisoners and continued to be bullied. He refused to attend a case review the following day. However, on 8 May, he told staff he felt a lot better as he was due to receive a visit from his family. After a case review on 11 May, it was noted in his medical record that he was low in mood, continued to be bullied, and was concerned about his mother, and siblings. At a case review on 17 May, his ACCT was closed. It was noted that he was relaxed, calm and in good spirits, had no intention of self-harming and was looking forward to his release.
46. On 20 May, a social worker from Northamptonshire children and young people's service (CYPS), also known as social services, contacted the man's offender

manager (probation officer) to advise that due to allegations of “serious child abuse” against him, he should be classified under Multi Agency Public Protection Arrangements (MAPPA) as a MAPPA 2 offender. The offender manager said that the probation trust had no information about this in their records. On 23 May, his offender manager sought further advice from social services about his licence conditions and whether one of the conditions should be no contact with his siblings and/or his own children.

47. On 23 May, the offender manager referred him to be assessed at a MAPPA meeting. She said that he was not a child at risk, but had previously been on the child protection register for neglect. Social services had information suggesting that he should be regarded as a potential risk to children. In her referral she noted that:

“He is due to be released from custody on the 10 June 2011. Unfortunately risk issues with regards to children were not brought to the attention of the probation service until Friday 21 May 2011. Due to the serious nature of the sexual allegations made – that he attempted to rape a six year old, and that he has made various children in the area commit sexual acts on each other – and the history of physical abuse perpetrated on his siblings increases the risk he poses. Prior to this information being known he was given permission to return to his partner’s address where their three children reside. [He only had two children]

This referral is being completed to co-ordinate future plans with regards to risk management and safeguarding children to be put in place for his release.”

48. His partner contacted social services on 24 May, to inform them that she had ended her relationship with him and he would no longer be able to stay with her when he was released.
49. His licence conditions were agreed at a MAPPA meeting on 8 June, two days before his release. The conditions included not communicating with his children without the approval of his offender manager or social services, and not to approach or communicate with his siblings.

### **Release from custody**

50. On 10 June 2011, the man was released from Littlehey to Bridgewood approved premises (AP) on licence. He said he was upset and did not understand why he could not return to his family home, but was advised to speak to his offender manager or social services about this. The next day, 11 June, police notified staff at Bridgewood that he had been texting his ex-partner asking about his children. Later that day he was arrested and released on bail for the theft of a motor vehicle. On 12 June, he failed to return to Bridgewood.

## Recall to custody

51. On 12 June, the man was recalled to custody for failing to return to Bridgewood approved premises and breaching his licence conditions. He was re-arrested on 19 June. At the time of his arrest he was at the home of his ex-partner and would not leave the house. He held a knife to his throat threatening to harm himself unless he was allowed could speak to his ex-partner and his mother.

## Return to Glen Parva

52. A Prison Custody Officer (PCO) opened a suicide self-harm warning form during the man's escort on 20 June. He noted that in the previous month he had self-harmed by trying to hang himself, by cutting his arms and by placing a bag over his head. During the escort to Glen Parva, he was watched intermittently by staff.
53. In reception, a nurse recorded that he had a "history of self-harm due to family problems" but said he had no suicidal thoughts. The nurse wrote in his medical record:

"Came with a self-harm warning form saying he had ligatured on the 9 June, he denies this. On interview is pleasant and appropriate no issues raised at this time."

He told the nurse that he had never been prescribed medication for mental health issues. The nurse noted that he, "...appears to be fit and well". The nurse recorded on the suicide self-harm warning form that no ACCT was needed and did not refer him for a mental health assessment.

54. On 30 June, he received a visit from his family, and later that evening he made extensive cuts to his arms. A Registered General Nurse treated his injuries. He told the nurse that he had been hearing voices for the previous ten months telling him to harm himself. He told the nurse he had been due an assessment in the community, but was never seen. She made an urgent referral for him to be assessed by the prison's primary mental health team (PMHT) the following day and ACCT procedures were started.
55. The following morning 1 July, he told a Registered Mental Health Nurse (RMN) A that he was unable to see his children and had tried to commit suicide a number of times, acting on voices in his head. Although he said he had suicidal thoughts, he said he had no plan to end his life. The nurse noted that he appeared low in mood during the assessment, but presented no evidence of psychotic features or paranoia. She made a referral for a psychiatric assessment, and a doctor's appointment. She noted that the PMHT would continue to support him in crisis.
56. During an ACCT assessment, he told an officer that his current distress was related to social services not allowing him to see his children, being recalled into custody and hearing voices in his head telling him to kill himself. However, he also told the officer that his reasons for living included his children, partner and thoughts of being released. A Senior Officer (SO), the case manager, chaired

his first ACCT case review that afternoon with an officer. The RMN spoke to the officers beforehand, but did not attend the review. The SO noted that he appeared in good spirits and felt better for talking over his problems. A caremap was opened, with goals of seeking mental health support, establishing reasons for recall and for him to maintain family contacts through writing, telephone and visits.

57. On 2 July, he told RMN B from the PMHT that he was “hearing voices” in his head telling him to harm himself and, although he knew the voices were not real, he sometimes acted on them. He told the nurse that he heard the voices daily, but only when he was on his own. He said self-harm was a release from negative emotions, and when distracted he would forget about the voices. She gave him some puzzles to help distract him and noted that he was still waiting for a psychiatric assessment. Three days later he told RMN A that he was still hearing voices but was managing to cope with them and said he had no thoughts of harming himself.
58. On 6 July, his newly appointed offender supervisor at Glen Parva sought confirmation from his offender manager in the community of his MAPPA status. The offender manager advised that he was a MAPPA 3 prisoner (the highest risk category).
59. He asked to share a cell with another prisoner whom he knew from outside prison and moved in with him on 7 July. The same day, a manager from the prison’s offender management unit asked the offender supervisor if he was considered a risk to children. A MAPPA meeting later that day confirmed that he was MAPPA 3, and the manager completed a form (‘public protection manual - person posing a risk to children form’) indicating that he was identified as a risk to children.
60. The offender supervisor later contacted a probation colleague of the offender manager’s, advising her that the man’s partner and two children had visited him in prison and his partner had told him that social services had given their approval. The offender supervisor requested further evidence of his risk to children in order that access could be considered by the prison’s public protection board. She said this was a concern as he was on an open ACCT.
61. On 8 July, another offender supervisor at Glen Parva told the man that following information from the MAPPA meeting, he would be unable to contact any person under the age of 18 years. Later that day, in an e-mail to the offender supervisor, he said that he had spoken to social services who said they were unhappy the man was not allowed contact with his children. Social services advised him that the man had never been assessed as a risk to children and the record needed to be set straight so that he could be taken off the at risk to children register. The offender supervisor later spoke to the offender manager, who also confirmed that he had not sexually abused his children. The offender supervisor requested that the prison remove any indicators suggesting that he was a risk to children.
62. During an ACCT case review, on 8 July, the case manager noted that the man was, “... in extremely good spirits ... talkative ... and maintained good eye

contact” and that he had no thoughts of self-harm or suicidal ideation. During the review he said he had lied about hearing voices, saying that he thought that it would get him out of prison earlier. RMN A noted in his medical record that he exhibited no evidence of psychotic features and that the PMHT was to continue to support him during periods of crisis. The case manager decided that the ACCT would be closed. He was discharged from the PMHT and his psychiatric assessment was later cancelled by a nurse.

63. Later that afternoon, the offender manager recorded in the man’s probation records that an offender supervisor had advised her that he had been stopped from seeing his children for a few weeks. She told the offender supervisor that she believed information in her report had been misconstrued to suggest that he had convictions against children, when this was not the case. The offender supervisor said that the assessment was based on the offender manager’s entry on OASys which said he was a risk to children. The Offender Assessment System (OASys) provides automatic sharing of data and operational information between the Probation Service and Prison Service IT systems so that updated offender information can be accessed instantly and securely by either organisation.
64. The offender manager told the offender supervisor that social services were facilitating supervised contact between the man and his children. The offender manager said that neither probation nor social services had any concerns about him having continued contact with his children while he was at Glen Parva. She escalated her concerns about him not being allowed to see his children to her manager, a Senior Probation Officer (SPO). The SPO confirmed with Glen Parva that the probation service did not support the prison’s decision to stop him having contact with his children. Despite this, the offender supervisor informed him that he was not to have contact with anyone under the age of 18 and he was required to sign a document agreeing to this.
65. That same afternoon, 8 July, the offender manager sent a letter to the man informing him that he would no longer be able to have visits from his children. She told him that both probation and social services had assessed that supervised visits by his children were appropriate, but the prison had stopped his visits. She said she had asked for the decision to be reconsidered, but there was no guarantee it would change. She also sent an e-mail to his offender supervisor advising that any evidence about his risk to children would be best provided by his social worker, who was expecting to be contacted.
66. On 11 July, a prison public protection meeting was planned to assess whether he posed a risk to children. Later that afternoon the SPO sent an e-mail about the prison’s decision to stop him receiving visits from his children. She wrote,  
  
“I have spoken to the offender supervisor this afternoon and she has advised that following your phone calls last Friday all restrictions on his children have been lifted. Also I have asked that the referral made to CYPS [social services] has been destroyed and to let us know when that has been done.”
67. On the same day, an operational manager at Glen Parva signed a form called “Initial Authorisation for Offence Related Reading and Monitoring of Mail and

Phone Calls at Glen Parva". The man was recorded as a threat to children as set out in Prison Service Order 4400 Chapter 1. This form was later amended to read, "this decision changed – not considered risk currently social services", and someone else noted "MAPPA 3 – CYPS involved with his children".

68. On 12 July, the offender manager sent an e-mail to an officer in the police domestic violence unit, advising that the man did not have any previous sexual convictions, although he had been accused of the rape of a young girl when he was younger. She wrote in his probation record:

"The prison put stop on him children visiting because they believed (not sure why) he did have a sexual offence against a child. I rectified this as soon as I was made aware and now the restriction has been lifted on the request of probation and social services."

69. On 14 July, it was confirmed in contact between the offender supervisor and a social worker that he was no risk of sexual abuse to his children. There had been previous social services involvement as his siblings had been on the risk register for long periods owing to neglect, violence and antisocial behaviour. He and his partner were now back in a relationship, and both social services and probation had approved his partner bringing his children to visit him. Social services strongly supported him seeing his children while in he was in custody. Later that day he received a visit from his mother, partner, sister, son and daughter. The same family group visited him on 20 July.

70. On 21 July, a SO noted in the wing observation book:

"He spoke to me at 19:00 saying he was worried as he had been given a "shopping list" from some prisoners for his canteen tomorrow. He said he doesn't want to self-harm but must get off this unit. He assures me he will wait until tomorrow to give me a chance to sort out a unit move as I do believe he feels scared. He knows he is safe tonight and he will give a written statement tomorrow."

He was moved to Unit 11 the following day, 22 July.

71. On 27 July, the man's offender manager attended a sentence planning board at Glen Parva with his offender supervisor. He was recorded as presenting very well and motivated to reduce his risk. During the meeting he denied domestic violence against his partner, although admitted he had once kicked a door down when he was angry. He said he was able to manage his behaviour in custody but found this more difficult when he was in the community. On 28 July, the Parole Board refused a release application because of a history of non-compliance with previous licence conditions. (He was informed of the decision on 20 August.)
72. At a MAPPA meeting held at the prison on the morning of 4 August, his contact with his children and family was discussed. His offender manager reported that two weeks previously a prison public protection meeting had decided that he was not allowed contact with his children until the governor had reviewed the situation. It was noted that he then started to self-harm because he could not

see his children or contact his mother, who had been evicted from the family home. His offender supervisor reported that he was subject to ACCT procedures and was feeling depressed because he had no visitors and did not know where his mother lived. Officers described him as very polite and said his behaviour was good. The social worker reported that his now ex-partner had rung social services to say she did not want his children to see him, and described that their relationship had been "on and off". The offender supervisor reported that she had spoken with him about his difficulty engaging with mental health services in prison, and thought it could help with his depression. He agreed to give it another go and a new referral to the mental health team was made.

73. In an e-mail to the psychologist and programmes manager at Glen Parva later on 4 August, the offender supervisor said that the man was very vulnerable but co-operative and polite, describing him as a "little fish in a big sea". She said that he was not regarded as a risk to children and that he was considered to be MAPP A 3 because of his offence. She said that there had been some concerns from social services relating to an incident of domestic violence before his children were born and that when released he would live in a hostel and social services would supervise access with his children. She said that in the meantime social services had approved contact and visits from his partner and two children. The offender manager replied to her email that he had been accused but never convicted of offences against children and unproven allegations could not be used in risk management. She also said social services were currently working with the mother of his children and had agreed supervised visits.
74. On 16 August, a prison's chaplain told the offender manager that the man was upset because his mother was ill and he had recently sent her a visiting order along with his partner, two children and his father. The chaplain said that he was to be discussed the following day during a public protection meeting at the prison.
75. On 17 August, the prison held a public protection meeting attended by another offender supervisor on the man's offender supervisor's behalf. An assessment completed by her on 11 August, recommended that he should remain on MAPP A 3 in respect of contact with named visitors, including his partner and two children. The meeting noted concerns regarding past abuse and potential risk of harm towards his three male siblings and recommended that there should be no contact through visits, correspondence, telephone calls or contact through a third party without the approval of his offender manager, social services and the MAPP A board. The report also noted that his offender manager had also requested a licence condition of "no contact with siblings", naming his three male siblings only. The report acknowledged that:

"Currently, he appears to be more stable and compliant. He is having support from Chaplaincy (from July 2011) and receiving fairly regular visits from partner, children and family which seem to assist in his stability. However, as noted, he has poor coping skills and there is evidence of self-harm/anger management."

The report went on to say:

"Visits from partner and children have been supported and encouraged

by social worker and offender manager and approved under MAPPA arrangements. **It has been considered that visits within a controlled environment will be safe, monitored and will aid communication and the family's co-operation with CYPs when he is released.**"

76. The public protection meeting concluded with an operational manager approving the monitoring of the man's mail and telephone calls because he was subject to MAPPA 3 monitoring.

77. Later that afternoon, officers sought clarification about whether visits by his children could continue and whether future visiting orders should be cancelled. His offender supervisor responded:

"... we need to get the various forms signed and consent etc for visits and until approval (or not) has been given for his children to visit, there has to be a block on all children visits."

78. In response to this exchange of e-mails the offender manager responded to her. She wrote:

"I am not really sure what is going on with this situation at the moment. What has changed to warrant stopping his visits with his children? When the visits were stopped last time myself and social services approved him having the visits so why is all this happening again? Also what information is causing the concern?"

79. On the morning of 18 August, the offender supervisor told the offender manager that during a public protection meeting the previous day the Governor had decided that the man and his partner would need to complete relevant documentation confirming that they wanted visits. She said that this might take some time and that in the meantime visits would be stopped.

80. When she explained the situation to him, he was disappointed, but she said he appeared to understand and accept the situation. He signed all the application forms for contact with both of his children. She asked that the consent forms be processed quickly, highlighting that social services and his offender manager had approved visits as "... beneficial to everyone concerned".

81. That afternoon, he cut his arms superficially. An officer opened an ACCT and drew up an immediate action plan with the case manager. He told the officer that he had self-harmed as he had problems with three other prisoners on the unit, who he said were aggressive. He said he felt depressed and scared to leave the unit. The following entry was made in the unit observation book:

"An ACCT document has been opened on the man today due to him making cuts to his left arm. This is because he has heard that a prisoner on the unit is going to rush him for a previous problem on the cuff. This prisoner is believed to be located in cell 3-3, can all staff be aware of this and make sure that they are not on the same

association.”

82. During the man’s ACCT assessment interview on 25 August, he told an officer that he felt “depressed and down” having been threatened by other prisoners with whom he had “beef on the outside”. He also said that he was not allowed to receive visits from his children until a letter from his partner had been received confirming that she was happy for them to visit, because of his violent offences and use of weapons. He said that his main reason for living was his partner and children and his close bond he had with his mother.
83. A first ACCT case review was held immediately after the assessment interview, attended just by the man and the case manager, although he had spoken to the officer. He told the case manager that he was under a lot of stress and had problems involving contact with his mother, siblings, girlfriend and children. He also added that his parole had been refused. He said that scratching his arms made him feel better. The case manager recorded in the ACCT caremap that he was to let staff know if he was threatened by other prisoners, keep busy by attending education and keep in contact with his family by regularly writing and telephoning.
84. The following day, 26 August, he again superficially cut his arms, telling an officer that he had scratched himself because he was depressed and unable to see his children. After he had received treatment for his injuries, he was seen by RMN A, to whom he repeated that he was stressed and had been refused contact with his children, girlfriend and the rest of his family due to his offence. She spoke to an officer who said he would arrange for his offender manager to explain what was happening about family contact. He said he would not self-harm any more and agreed to seek support from the PMHT should he need it.
85. On 27 August, he told an officer that he continued to feel depressed as he could not have contact with his family. The next day he left his cell and mixed with other prisoners during association. On 29 August, in the ACCT on-going record, an officer noted that he still felt depressed, due to other prisoners calling him a “snitch”. Further instances of name calling are also recorded on 30 August and he was moved to another units. The offender supervisor emailed the offender manager to advise her that he had made superficial cuts to his arms. She said, “... he was upset about not being able to see the children and his anger and rage made him hurt himself”. She said that he was also concerned that he had not heard from his mother and could not get in touch with her.
86. On 31 August, the offender supervisor noted that he was a lot brighter and more open. However, she also noted that he said that he felt depressed and wanted to hurt himself to release the anxiety and anger he felt about not knowing where his mother had moved to and where his brothers were. He said he had not spoken to his partner because he had no credit on his telephone account, but that this was being sorted out. She told him that she was seeing his offender manager and his social worker the next day and would try and see him again the following Friday. Later that day, his partner returned the forms sent to her seeking her approval for his children to visit him in prison. She said she was refusing access because of his circumstances and the information she had

received from social services.

87. At an ACCT case review held on 1 September, chaired by a SO and attended by an officer and RMN A, the man said he had settled well on his new unit. After the meeting, the RMN noted in his medical record that he felt much better and no longer thought about self-harm, because his probation officer was trying to resolve the situation with his children. He was expecting a decision later that day. She noted that although he was not under the care of the PMHT he was to continue receiving support when required. In interview with the investigator, she said that he was concerned that he could not see his children because of allegations that he had “touched” or “molested” them and used self-harm as a coping mechanism.
88. He moved cells on 2 September. It was recorded he was “laughing and joking” with his new cell mate and was associating well with other prisoners. An officer gave him emergency credit on his telephone account. Later that afternoon, the officer noted that he was unhappy as his partner’s telephone number had been taken off his list of contacts. He told the officer that he had not seen his children for two months, and now he had been stopped from calling them as well. The officer told him that if he disagreed with the decision he should put in an application to speak to his offender manager to establish why this had been done and if it could be changed, but that he was not to get his hopes up.
89. On 6 September, in an internal prison e-mail the offender supervisor noted that the man’s offender manager and his social worker were planning to visit him soon to tell him that his partner did not want their children to visit him in prison. She said that there would be a need to alert staff on his unit and in healthcare before and immediately after they had seen him because he was on an open ACCT and “currently very vulnerable”.
90. At an ACCT case review on 8 September, chaired by a SO and attended by a nurse, the man said that he was settled on the unit and had no thoughts of harming himself. The nurse noted in his medical record that during the meeting they talked about him having contact with his girlfriend and that this made him feel a lot better. In the ACCT review, he was recorded as happy that the contact with his partner had been resolved and he would submit an application for emergency contact now there were no longer restrictions. (There is no evidence that this was the case.) It was agreed that his ACCT should be closed.
91. On 9 September, the man spoke to his mother on the telephone. Among other things, he asked his mother for his partner’s address.
92. On 10 September, he told a prison chaplain his concerns about his lack of contact with his mother, who was not responding to his letters, and his two children. He also said that he was running out of tobacco. He explained that cutting his arms was to help deal with anxiety, but that he was not thinking of harming himself. He told the chaplain that he would write to his mother again and send her a new visiting order. Although he said he had no contact with his mother, later that day he telephoned her and told her that the chaplaincy were going to ring her about a visiting order. He also said that his partner was not

answering the phone.

93. On 12 September, the offender supervisor who had taken as the man's offender supervisor introduced herself to him. He wanted to discuss contact with his children. She noted that she told him she would have to read his record first and would return to discuss the matter with him later. A visit from the offender manager and the social worker scheduled for 14 September did not take place.
94. At an ACCT post-closure review on 15 September, he was described as having settled well on his new unit. There was no mention of his family situation or his problems with other prisoners.
95. On the afternoon of 17 September, he told an officer that he had made further cuts to his arms. The officer noted in the unit's observation book:

"The man called me to his cell and when I began talking to him he stated that he had been self-harming. He showed me both arms stating that he had done this due to feeling down as his family had not been in contact, plus he had worries on the unit about being bullied. After talking to me he said he had no further thoughts of self-harming. Healthcare was told and stated they would attend. ACCT opened..."

He was treated by a nurse, who referred him to see the PMHT the following day. In a letter to his mother, intercepted that day under public protection procedures, he wrote that he was having problems with another prisoner on the wing. In the letter, he also asks questions about his children and that he wanted to see them. (A security information report [SIR] notes that the prisoner named by him was already being monitored for bullying.) There is no evidence that his allegation was followed up by officers.

96. The following morning, 18 September, he refused to participate in an ACCT assessment interview with an officer. He attended the case review, chaired by a SO and attended by the officer, a chaplain and a nurse from the PMHT. The SO noted that he was trying to manipulate a situation in order that he did not have to take part in the prison's regime. The SO recorded in the ACCT caremap that he needed to accept that he was not being singled out by other prisoners and needed to be patient about his lack of contact with his family. The SO suggested alternative coping strategies instead of self-harm, for example using support agencies, such as the Samaritans. He himself was given responsibility to achieve all these goals.
97. After the case review, the nurse recorded in his medical record that he was feeling stressed and that self-harm made him feel better. He said he was having issues on the prison's units and did not want to associate with other prisoners. He said he would attend education and did not want to lose his television. The nurse noted that he would not leave his cell to collect meals or to take showers, but relied on staff and his cell mate. He told the nurse that he did not feel suicidal and did not require mental health support. The nurse made a further appointment for him to be seen the following week.

98. On 19 September, a chaplain was asked to speak to the man because he was refusing to speak to officers. He told the chaplain that he had no visits and did not know whether his mother had received his visiting order. He said he had no tobacco or credit on his phone and was getting into debt with other prisoners. A senior officer told the chaplain that arrangements had been made for him to move to Unit 1 because he was in debt. The chaplain telephoned the man's mother, who told him she would visit him later that week. He was informed and moved to Unit 1 later that day. The same day the offender supervisor told him that she would set up a meeting with his offender manager and social worker to resolve the issue of contact with his children. During the meeting, they discussed future parole possibilities.
99. On 20 September, he refused to attend education because he had "beef" with other prisoners, but refused to name them. He left his cell for a shower and appeared to get on with his new cell mate. He went to education the next day and mixed with other prisoners on the unit.
100. He cut his arms again on 22 September. He told a member of the chaplaincy team that he continued to experience problems with other prisoners because of his debt and had not received any visits from his family. He said that everything was "getting on top of him" and that his canteen was still to be sorted out. A nurse saw him for a mental health review. She noted he appeared low in mood and looked underweight. She made an appointment for him with the prison doctor. Although he said he had no further thoughts of self-harm, she noted that he was to be seen regularly by the PMHT.
101. The security department wrote to the offender supervisor on 22 September after they intercepted a letter from the man to his mother in which he had enclosed a letter to his girlfriend asking about his children. The letter was not threatening but mentioned self-harm and blamed lack of family contact for his depression. In response she said that he had not been allowed contact by the Governor and that they were:

"... awaiting probation and social worker to come and talk to him to tell him this and also to tell him what their concerns are about him and managing his risk. Apparently he does not know that he is going to be denied access to his children and therefore please do not inform him. I am going to chase up probation and social worker to get them to come and see him to explain the situation fully to him."

102. She sent an e-mail to the man's offender supervisor and his social worker, introducing herself as the newly allocated probation supervisor. She wrote:

"I was made aware that MAPPA assess he as a high risk of serious harm to children and that this may consist of physical, sexual and mental harm. I believe that when his original offender supervisor was dealing with the case that both you and the social worker informed her that you would both be coming to see him to explain the issues with him having contact whilst in prison with his children.

It is of concern to me that nobody to date has been to visit him from community

probation or CYPs (social services) to explain his current situation as far as contact with the children is concerned. I am concerned that he may self-harm if this action is not taken promptly. Please also see below attached e-mails containing risk information about a letter we have seized, due to concern about its content, in which he asks his partner about visits and contact with his children.

**What I really need to know urgently is whether yourselves at probation and CYPs (social services) are still assessing him as suitable to have contact with his children and when you are planning to come and see him – as I am aware that this was discussed as an action over three weeks ago and still nobody had come to see him and explain the situation to him.**

I would like to know the above information so that I can at least arrange to see him in the meantime and knowing the answer to the questions I have put to you will assist me in how I speak with him and how I approach what I realise is an emotionally charged and sensitive issues.”

103. Following the nurse’s referral, a psychiatrist assessed him, recording that he had felt “down” for months and, although he had tried to hang himself, he had never sought help. The doctor prescribed fluoxetine (an antidepressant) and noted that he was seeing the PMHT. He planned to review him in two weeks.
104. The man attended a further ACCT case review on 23 September, chaired by a SO with an officer, his offender supervisor and a nurse. The SO noted that he engaged very well during the review and he was dealing with his debts from previous units. (It is not explained how he was “dealing with his debts.”) He said that he needed phone credit as he had problems with his canteen. According to her own record of the case review, the offender supervisor told him that it had been decided he could not have contact with his children or siblings either by phone, mail or visits because of ongoing public protection issues. She said that he was very distressed by the decision but understood the reasons behind it.
105. The nurse told the investigator that during the ACCT review the offender supervisor said to him, “... we’ve had information that you’ve touched your children and whether that’s because of the abuse you suffered as a child we’re unsure”. The nurse was very surprised that she had said this. She said that he was angry and asked her where she had got that information, but was told she would have to check before she could get back to him.
106. Later that day he was moved to another cell to share with a prisoner he knew from another unit. Over the next few days, he seemed to get on well with his cell mate, mixed on association and caused staff no concern.
107. On 28 September, he told a nurse that his antidepressant medication was making him feel sick. The nurse noted in the medical record that his drug compliance was poor and that he should be seen again by the prison doctor. He did not attend a doctor’s appointment the next day.
108. His ACCT was closed during a case review on 30 September, chaired by a SO and attended by a nurse. The SO noted that he said he had dealt with his debts because he was working full time. He was told to speak with staff should he

require support and a post-closure review was scheduled for 7 October. Family contact was not discussed.

109. On 4 October, the man asked to see the chaplain and told him he was anxious that his mother had not visited and he still had no tobacco. He showed the chaplain cuts that he had recently made to his forearm and agreed that he was using self-harm to draw attention to his situation. The chaplain informed the senior officer of the self-harm. A SO opened a report of injury form, but did not open an ACCT or hold a case review that day. A nurse completed the medical section of the injury form the next day, noting that he had self-harmed the previous night (3 October).
110. On the afternoon of 5 October, a SO opened another ACCT for the man in response to the self-harm he revealed to the chaplain the previous day. He told the SO that he was stressed and had problems with another prisoner on the unit who tried to intimidate him. It was recorded that the other prisoner was already being monitored for bullying. He said he did not want to die, but used self-harm as a coping mechanism. At an ACCT assessment, he told an officer that his main problem was debt and bullying. He said he continued to be upset about not hearing from his mother and having no contact with his girlfriend due to public protection issues. He told the officer that he also wanted to move off the unit but had no plans to harm himself.
111. A SO chaired the first case review with an officer. It was recorded that the man continued to see the chaplaincy, was currently employed and had no thoughts of self-harm. A number of issues were listed in his caremap, including bullying and family contact. The SO wrote that he was to achieve these goals by not borrowing tobacco, keeping his own tobacco in his cell and writing and phoning his family. He called his mother using the office phone.
112. At a MAPPA meeting on 6 October, it was recorded that a public protection meeting had been held at Glen Parva when it was agreed that the man was no longer allowed to receive visits from his children. It was noted that the offender manager and social worker had:

“... both sent reports to the prison stating that he has no convictions against children and that he should have supervised contact with his children but a no contact decision has been made against these requests. The offender manager has been told that this is a standard procedure for HMYOI Glen Parva if an offender is deemed to be any risk to children.”
113. The offender supervisor wrote a report for the meeting, describing the man's continued frustration about family contact. She said that he had not received any visits since July, so felt isolated and that his family, partner and friends did not care about him. She also wrote in an offender information sharing report:

“Following an IRMT [Interdepartmental Risk Management Team] meeting on 18 August when the decision was made to put him as a risk to children and suspend his visits from his two children, he signed the necessary paperwork and was very cooperative. Whilst he is upset

about the decision and does not agree with it, he accepts the process. However, he has not demonstrated any understanding as to the reasons why he is not allowed access to his children stating he has never harmed his own children and that he simply does not understand why he is assessed as a high risk of harm to children. This is of some concern.”

114. On 7 October, the man spoke to his mother which appeared to help his mood. The next day, an extra ACCT case review was conducted after he had attempted to take his life that morning. There is no reference to the incident in the ACCT on-going record, in his case history notes or the wing observation book. The case review was chaired by a SO and attended by an officer. He was advised of the support available to him from staff.
115. On 9 October, an officer wrote in the man’s case history notes that he continued to be employed part time. The next day, a chaplain wrote that he appeared relaxed. At an ACCT case review on 11 October, chaired by a SO, the man said that he felt the support he received from staff was beneficial and that he had recently had contact with his mother from whom he was expecting a visit. The SO noted that his issues about bullying were not as prevalent as he had had no canteen to be targeted for.
116. On 12 October, the man cut his arms. He refused to talk to officers, but told a member of the chaplaincy team that he was very stressed because he was bullied for his tobacco and canteen and he was still unable to see his children and mother on visits. He cut his arms again the next day. An officer recorded that he agreed cutting achieved very little, apart from scarring himself for life. The officer noted that he lacked emotion and blamed his stress on other prisoners taking his canteen. Later that day he told an officer that his lack of family contact caused him stress. When a nurse treated his wounds, she told him that he should ventilate his feelings in a more appropriate way.
117. On 14 October a nurse conducted a mental health review. He told the nurse that he used self-harm to cope. He said he was worried about his children and his offender manager was meant to have seen him the previous week to clarify why he could not contact them. He said he had been interviewed twice the previous week about offences against his children, and was told that he might receive more time in prison. He said he had no thoughts of self-harm, and the nurse recorded that he had no psychotic symptoms. The nurse told him to speak to PMHT in periods of crisis.
118. On 15 October, an officer recorded in the ACCT on-going record that the man had asked about having his canteen sheet back in order that he could add phone credit. Over the next few days he seemed more relaxed, collected his meals and got on well with his cell mate. During an ACCT case review on 18 October, chaired by a SO and attended by his offender supervisor, he was described as being in good spirits. He said he was worried about his canteen and bullying, but would not tell officers who was bullying him. He was still frustrated about not seeing his children and it was noted that his offender manager would be asked again to visit him.

119. He later told a chaplain that he was upset about not having contact with his mother, (although he had written to her the previous week and a visit was arranged for the weekend). When they talked about him not having credit for his telephone, the chaplain queried how he could afford tobacco but not have any phone credit.

120. On 17 October, his offender supervisor informed him that a meeting had been arranged with his offender manager and social worker for 8 November. On 19 October, she sent an e-mail to them. She wrote:

“I have been seeing him weekly as he is currently on an ACCT due to self-harming issues. He is upset due to not being allowed to see his children and states he does not understand why he is deemed to be a risk to them – I have tried to explain this as best I can...

It was my understanding when I took the case over from his previous offender supervisor in the first week of September that you were both planning to come and see him to explain [his ex-partner]’s current situation and wishes re contact and the children, as it is my belief that she no longer wants anything to do with him. I have not disclosed this to him yet as feel this is better coming from yourselves as you will both know [his ex-partner]’s situation and circumstances much better than I do.

He informs me that despite various plans to see him, he still has not seen either of you to date and he is finding it hard to cope, not knowing what the actual situation is. He has tried to write to his partner but has since discovered that she has moved and he does not now know her address.

I know you are both very busy and I can appreciate this. However, I believe that planned meetings between you and him have been cancelled three times now and I feel he really needs to know what is current situation is, so that he can get on with his time in prison and focus on his sentence plans etc.”

121. On 19 October, she sent an e-mail to the two SOs on Unit 1 about the man being bullied and his canteen being taken by other prisoners. She wrote:

“He continues to feel vulnerable to bullying on the wing from others – he does not want to fight and so has ended up giving in to prisoners’ demands – he says you both know the names of the prisoners involved, who are demanding items from him from his canteen, leaving him with no canteen for his own personal purposes; he states that this has been happening every week and he does not know how to stand up to them without fighting.

The SO and I discussed possible ways to resolve the issue and a suggestion was whether you would be able to support him getting his canteen either before the other prisoners, or after they have all received their canteen, to prevent this bullying continuing to occur and to ensure he gets canteen that he wants for himself rather than having it “stolen” / taken from him.”

122. One SO replied that the man already received his canteen separately. He said that he had given him a smokers’ pack telling him to take it to his cell so it could

not be taken off him. However, the SO explained that the day after he had been issued the smokers' pack, he brought the tobacco out of his cell and gave it away. His view was that he had got himself in a difficult position by giving things away and seemed reluctant to take the advice not hand it over. The SO said that he was seen as a soft target on the unit and would continue to be as long as he gave away his things. He explained that officers would work with him to overcome this but that he would have to help himself by taking on board officers' advice. He said that it was agreed by officers that moving him would only divert his issues to another unit, rather than solving them. He said he would meet him again to come up with a plan for that week's canteen.

123. That evening the man reported to officers that he had been assaulted by two prisoners in the unit's showers. He would not name the perpetrators or make a written statement because he thought he would be in more trouble if he did. An ACCT case review was held. He told the SO that he was happy sharing with his cell mate but did not want to remain on Unit 1.
124. On 20 October, the offender supervisor wrote again to the offender manager and social worker, saying that it was important that all three agencies met him as he was clearly struggling. They agreed to meet on 8 November.
125. The same day the man told a member of the chaplaincy team that he was still stressed because he could not get tobacco. He said he was "brewing up to cut again". He said that he was upset because he had been told by a prisoner that his partner and children had been seen out with another man, but he was looking forward to a visit from his mother at the weekend. The chaplain noted that there, "... may be repercussions if she [his mother] does not show up".
126. On 21 October, he declined to attend an ACCT case review. A SO chaired the review with an officer. An officer was consulted before the meeting, as was the man's cell mate. The man was not talking to staff after his alleged assault in the showers and he still owed a lot of tobacco. His cell mate told officers that that the man would self-harm in order to receive a smokers' pack. The ACCT review agreed that he needed to control his tobacco use and manage his finances. Officers should not issue any more smokers' packs. This was added to his caremap, but no other issues on the caremap were updated or discussed.
127. The man declined to attend another ACCT case review on 24 October, chaired by a SO and attended by a RMN. Even though he did not go to the review, he told staff that the ACCT "made him feel safe". The SO noted, "... done nothing to address his problems, he continues to hide his head in the sand". Later that day it was noted that he would not leave his cell to receive medical treatment for an ear complaint or collect his meal for fear of being attacked so he was treated in his cell.
128. On 25 October, he was seen by a chaplain. He again refused to leave his cell to collect meals and appeared "down in mood". It was also noted that his trainers had been taken from his cell and it was suspected that his cell mate had given them to another prisoner. Later that day his medical record indicates that he did not attend a doctor's appointment. The medical record does not give any reason

for this but this appears to be because he had no shoes.

129. He still refused to leave his cell on 26 October. He could not go to work that afternoon because of his missing trainers and missed a healthcare appointment about his ear infection. The following day his shoes were found on another unit, apparently having been traded for tobacco. It is not clear whether he was involved.
130. On 28 October, he appeared at court charged with criminal damage before his recall to prison. He received a twelve month conditional discharge. Both before and on his return from court he was seen by a member of healthcare and his history of self-harm was noted.
131. At an ACCT case review on 31 October, chaired by a SO and attended by an officer, he was more positive and said that he was relieved that he would not have to serve any additional time in prison. He told the officers that he would find a new job when he found something that he wanted to do.
132. On 1 November, he told staff that he felt stressed as he had not received any canteen. He told staff he thought he would be attacked on his way to education. He was taken off the list for education because he refused to leave the unit and instead started a writing course from his cell.
133. On the morning of 2 November, he told staff that he was having problems with other prisoners on the unit. That afternoon, he scratched his wrists and he was treated by a nurse. A SO wrote in the ACCT on-going record:

“He has actually already made superficial cuts to his arms. He claims others on the unit are going to get him. I explained this is the same conversation we have been having for the last four weeks and nothing has happened yet and several of the [local gang] element are no longer on the unit. However, I have arranged for him to be seen by healthcare tonight and then move to Unit 11.”

Later that afternoon he was transferred to Unit 11. He told staff that he now wanted to come off ACCT procedures. He appeared to settle well on the unit, associating with other prisoners and was seen laughing and joking with his new cell mate.

134. The man told officers about his problems with family contact on 3 November. He had not received any canteen the previous week, so asked for a smokers' pack. The request was initially declined, but the next day a SO gave him one, despite the agreement not to.
135. At a MAPPA meeting held on 7 November, his ACCT was discussed and the planned visit from social services and his offender manager the next day. It was noted that his mother had still not visited, and that his partner had now moved address. During an ACCT case review the same day, he told a SO and an officer that he was feeling much better on the unit. The SO noted on the review, “No thoughts of self-harm. No harm since book opened. Maintaining positive contact with mental health and chapel”. She decided to close his ACCT.

136. On 8 November, the offender manager visited Glen Parva to discuss the man's contact with his children, but the social worker did not turn up. She and the offender supervisor still met him to discuss his release and discharge plans. They briefly discussed family contact, but did not explain the restrictions in place.
137. The following day, 9 November, the offender manager sent an e-mail to the social worker expressing her disappointment that she was not at the meeting. On 10 November, the offender supervisor sent an e-mail to the social worker. She said:

"All I can say is that the man is desperate to see you to know what his situation is regarding his children. The prison have agreed that he can have written contact (but no visits still) with his children now, but he does not know where they are as his partner has moved address and has not been in touch with him and apparently is in a new relationship now.

I understand that CYPS (social services) are going to close the case but before you do, I believe it is vital that you arrange to come and see him with myself and the offender manager to explain that you are happy for him to have supervised contact with his children upon his release if this still is the case. I just want to assure you that he does not pose any kind of risk of harm to you here and would really appreciate an open and frank discussion with you about his future contact with his children. Certainly if your service is prepared for him to have supervised contact upon his release from prison next year, then this would really help any future relationship which he will need to build with CYPS in order to rebuild his relationship with his children.

He loves his children and this is clear for all to see. He is desperate to know what will happen next year. Additionally, if his partner is truly in a new relationship now, he does need to be informed so that is not a shock for him once he is released and so that his risk of harm can be effectively managed in the community. He is hugely emotionally vulnerable inside Glen Parva and is desperate to have some clarity as to his future contact with his children.

I agree with the offender manager omlinson that we all need to work closely to resolve any issues that he has and it is essential for you to be able to see him promptly in order to explain the future proceedings to ensure smooth and effective case management both in custody and upon release which would also in turn reduce his potential risk of harm to other in the community. **Please let us know when you are free to come and see him as soon as possible in order to explain to him what his future contact with his children will entail and help us manage him and any risks he may present to himself and to others effectively.**"

138. On 17 November a public protection review relating to the monitoring of the man's mail and telephone calls took place at the prison. The offender supervisor wrote a brief report for the meeting. She said:

"The most significant change to the above circumstances is that he no longer has any visits from his partner or his younger siblings – he has not had a visit since July 2011. He has limited contact with his mother and his siblings have been

taken into care due to neglect concerns. He has made no phone calls to date – I began monitoring his phone calls from 26 October 2011...

... on 3 November received a 12 month conditional discharge – previously been a victim of bullying having his canteen taken from him etc by unit bullies and was on a constant ACCT document in order to manage his vulnerabilities... moved to Unit 11 due to bullying concerns.

Following a conversation with an officer on Labour Board and a discussion with his Unit, prison staff members have removed him from education from 1 November as he constantly refused on his unit to attend education. There was also a health issue for his safety as he feared that he will be the victim of an attack which is due issues occurring on his previous unit. He has therefore been removed from education until further notice... ”

He is being de-registered from being MAPPA level three in the next two weeks, due to being in prison until next year. He will be reregistered at level three apparently three months prior to his release back into the community.”

The operational manager agreed that he was considered a MAPPA level two, and should be managed by his offender manager.

139. On 22 November, the offender supervisor told him that his ex-partner might not support his contact with his children after all. She told her that other prisoners on the unit were upsetting him by saying that his ex-partner was having wild parties and sleeping with other men. She had a long discussion with him about coping strategies. He said that he was upset because his grandmother had told him that his mother had gone to Africa, but he did not know how long for.
140. At approximately 5.00pm on the afternoon of 24 November, the man was involved in a fight with another prisoner. He later said that he had issues with the prisoner on the “outside” and when he saw him, in a communal part of the prison, He took his chance to “get him”. He was restrained by prison officers and taken to the segregation unit. A nurse noted in his medical record that he appeared “shook up and frightened”. The nurse recorded that he had, “... recent superficial lacerations to both his forearms, had not told anybody. States did self-harm on 19 November.” She opened ACCT procedures on him at 5.35pm because he was stressed about having no visits and losing touch with his family. The nurse also noted that he was to be reviewed by the PMHT.
141. The man had always been on the standard regime at Glen Parva, but as a result of the fight, he was automatically placed on the basic regime and TAB 2 monitoring was started. That evening he returned to Unit 11. He confirmed that he was aware he was now on TAB procedures and had been placed on report for a breach of the rules and a formal disciplinary hearing (and adjudication) would be held.
142. A SO completed the ACCT immediate action plan. She noted that he should remain in a double cell for support, be checked at least hourly and to be given access to both Listeners and the Samaritans. (Listeners are trained by the Samaritans to support fellow prisoners who are in distress or crisis and need to

talk in confidence.)

143. During his ACCT assessment the next morning, the man told an officer that he missed his family and two children. He said that he had fought the prisoner the previous day to release his anger, after he had found out that his mother had gone to Africa and left his brothers. He said he was frustrated at not knowing what was going on and might “lose it soon”. He told the officer that he did not want to kill himself, but he was “sick of everything” and could see no hope. The officer explained how he could access both Listeners and Samaritans. He said he did not like to use them, but wanted to keep in contact with the chaplaincy and that it would be helpful to see someone from the mental health team.
144. A SO chaired an ACCT case review at 12.00pm on 25 November, with an officer and the man. Little is recorded during the review other than that he had a history of harming himself and that he needed to remain in a shared cell, be kept occupied and should use systems of support available to him, and keep a positive relationship with staff.
145. At around 10.15pm on 25 November, the man and his cellmate cut their arms. The cellmate told the investigator that he was the man’s second cousin. A nurse recorded in the medical record that the two prisoners had made a pact to self-harm. She treated their injuries and asked the PMHT to see the man the next day.
146. An officer wrote an entry in the unit observation book at 10.45pm that a TV shelf was found hidden under a mattress in the man’s room. Both prisoners were placed on governor’s report and his cellmate was moved cell because the officer thought they were not suitable to stay together.
147. At 11.55pm, the Night Orderly Officer, along with a nurse from the PMHT, held a short case review with the man. The Night Orderly Officer recorded that he was feeling frustrated and continued to have ongoing problems with his family and issues with other prisoners. His risk was assessed as low, but the ACCT remained open. The PMHT were to be invited to the next review, scheduled for 30 November.
148. Although it had been agreed the previous day that the next ACCT review would be 30 November, a SO chaired a case review the following afternoon, 26 November, attended by mental health nurse and a registered nurse. The man was described as calm and relaxed. He told the SO he was on TAB 2 and the basic regime. After the review, the nurse noted in his medical record that he talked about his mother and how she had left the family home two weeks before and gone to Africa. He said he had recently found out that his younger siblings had been placed in care and he felt rejected and hurt. The nurse noted that he was to be given crosswords and word searches to keep him busy, and confirmed that he had been taken onto the PMHT caseload.
149. The SO completed a new caremap. It was agreed that he should remain in a shared cell, ask staff to get him out of his cell to clean the unit, and talk and get support from the PMHT. The man, unit staff and the PMHT shared responsibility

for these actions. He had moved cells, and was sharing with a different cell mate.

150. A chaplain went to see him following his self-harm. He told the chaplain that he and his cellmate had been “mucking about” the previous evening. He said he was still frustrated about lack of family contact. The chaplain agreed to see him again in two days.
151. An officer noted in the man’s case history notes that:

“... for one reason or another he has slipped through the net and has not been appointed a personal officer until now. .”
152. Later that afternoon, the man told an officer that he was stressed because his mum had gone to Africa. He later collected his meal and told another officer that he was fine. That evening he asked to speak to a nurse and told the nurse that he was not happy about sharing with a different cellmate. The nurse described him as quite settled in mood, with no thoughts of self-harm.
153. On 27 November, he was given some puzzles and word searches. He collected his meals and was described as laughing and joking with his cellmate. He told officers he was fine. The following entry was made in the unit’s observation book:

“He within ten minutes of the day staff going off duty last night rang his cell bell wanting me to get tobacco from another cell for him. When I refused he demanded to see the healthcare staff and threatened to do something that would result in him going to unit seven [the segregation unit]. After healthcare staff spoke with him he went to sleep.”
154. On 28 November, the man told a chaplain that he was anxious for news of his family, saying that he had heard his mother had left the country and his two younger siblings had been taken into care. He said that he was trying to get hold of his grandmother, but was out of credit on his telephone account. The chaplain told him that he would telephone his grandmother. Although he said he had no telephone credit, it appears that some credit was added that day because he attempted to make a number of telephone calls between 28 November, and 9 December, only two of which were answered. On the evening of 28 November, he spoke to his grandmother and aunt who told him that his mother was on holiday and was not going to visit him. He told them that he had had a fight with another prisoner, so he might not get released on parole.
155. At an ACCT case review on 30 November, chaired by a SO and attended by his offender supervisor and a nurse, the man said he was relaxed and they discussed his family situation. He said that he felt in control, but the SO said he should speak to him if he felt stressed, rather than cutting himself. The SO told the investigator that his presentation at the review was, “... positive, it was, as I say it was a good case review”. The SO went on to say that he was happy and content and that he had good eye contact. The SO said the man, “... felt comfortable, the people that were in the room felt comfortable in regards to the

decisions made – that’s my feeling on what I observed at that time”. The nurse told the investigator that, “...he was quite happy in mood. There was nothing troubling him”. His caremap was not reviewed, but it was agreed that the ACCT could be closed. A post closure review was scheduled for 7 December.

156. The man’s adjudication for fighting with a prisoner took place on 2 December, having been adjourned at the time. He was found guilty and was punished by the loss of half his earnings and his television, use of gym, access to canteen, use of private cash and association for 14 days. He remained on the basic level of IEP which would also have limited his regime, including having no television.
157. On 5 December, a chaplain spoke to the man’s grandmother, who explained that his mother had been evicted from her home and gone to Africa for a week. She said that his two younger siblings had been taken into foster care. She said she was willing to bring his mother and sister to visit. The chaplain saw him that afternoon and told him about about the telephone call. He said that he had asked his solicitor for advice about access to his children when he was released. The chaplain encouraged him to join the music group to help deal with his stress. He said he would like this but he was anxious about seeing other prisoners from his home area. This was the chaplain’s last contact with him.
158. On 7 December, the man was assessed to take part in the Crisis, Aggression, Limitation and Management (CALM) course. The tutor that he was more willing to discuss his offences and his emotions. He appeared motivated and engaged well throughout the assessment.
159. The same day, the offender supervisor prepared a report for the Parole Board. She recommended early release as long as it was not before February 2012, when there would be a place available in an approved premises. She told the investigator that she informed the man at the time of the review that she would be recommending his parole.
160. That afternoon a SO carried out an ACCT post-closure review. He noted that the man was happier than he had ever seen him, because his mother had returned from Africa and he had been in contact with his grandmother. The man said he was going to put in an application for accumulated visits. The SO said there was nothing in his behaviour to suggest his ACCT document should be reopened.
161. A meeting that had been arranged by the man’s offender manager and social services did not take place on 8 December. E-mails were exchanged to find another suitable date after Christmas.

### **Friday 9 December 2011**

162. In the early hours of 9 December, officers discovered that the man’s cellmate had broken his bed and started to damage the wall around the window. The man was moved to a single cell later that morning. A chaplain recorded that he was fine during a conversation that morning, but anxious about his forthcoming parole review.

163. At 11.03am the man spoke to his mother on the telephone and said that he thought he had lost his parole because he had been in a fight with another prisoner. During the telephone call he made a number of threats about his ex-partner. His mother said she would not regain custody of his siblings. She told him that his son had been in hospital because of accidentally "eating cocaine". He was worried that his girlfriend was putting his children's lives at risk. He told his mother that if he did not get parole he would not be out of prison until the day of his 21<sup>st</sup> birthday.

### **Saturday 10 December 2011**

164. An officer had been the man's personal officer for two weeks but had never spoken to him about his issues of self-harm. He made no entries in his case notes. In the early afternoon of 10 December, the officer suggested to him that he had a shower as he smelt strongly of body odour. He agreed. The officer let him make a phone call in the unit office, although he said he did not know who the call was to and did not monitor it. He then returned to his cell. The officer said that he was calm and there was no sign that he was thinking about self-harm.
165. At about 3.30pm, the man asked an officer if he could speak to someone from the PMHT. The officer discussed this with the man's personal officer, who told him that nobody from the mental health team was available at that time on a Saturday. He said his mother had told him that his son had been admitted to hospital after eating cocaine at his ex-partner's party. He said his phone credit had run out before he could get the whole story. His personal officer asked him if he wanted emergency credit, but he did not have the money to buy it. The officer told him that she could not ring the hospital, but she would ring the chaplaincy to see if they could find out what was happening. She did not offer him a telephone call because she knew he was subject to public protection monitoring. She said that he told the officer that he was fine, except that he was worried about his son.
166. When interviewed, the personal officer described him as being worried about his son but relaxed. She did not consider he needed to have an ACCT opened. She tried to reassure him about his son and assured him the chaplaincy would find out the situation. She said he did not display any unusual behaviour.
167. At about 3.55pm the officer left a message on the chaplaincy's answer phone detailing the man's concerns. She told him that someone from the chaplaincy would see him the next day. He told her that he had no thoughts of self-harm.
168. He did not come out of his cell to collect his evening meal so his personal officer took his meal to his cell at about 4.50pm. He told the officer that he was okay but was still concerned about his son. She told him to ring his cell bell if he had any problems and told him again that the chaplain would see him in the morning. She said, "... I thought it was genuine what he was telling me because he was really relaxed and didn't display any kind of unusual behaviour to me at that time". The officer said that she did not consider him at risk of self-harm, so she did not open an ACCT.

169. After prisoners were locked in their cell, at about 4.55pm, the man asked an officer for a toilet roll. When he returned with it, the officer said he told him he would see the nurse and chaplain in the morning and he assured him that he was not going to do "anything stupid". The officer checked him again at about 5.10pm when he said he was sitting on his bed and appeared fine.
170. The officer told the investigator he walked round the wing at least hourly to check ACCTs. At about 6.04pm he passed the man's cell and looked in and at first thought he was looking out of his cell window but then noticed he had a bed sheet around his neck which was attached to the window grill. The officer radioed for emergency assistance, went into the cell and used an anti-ligature knife (which all officers carry) to cut the sheet from around his neck. He laid on the floor and removed the sheet from his neck. He could not find a pulse so started cardiopulmonary resuscitation (CPR).
171. SO A was escorting two nurses to unit 1 treatments room when he heard "assistance required Unit 11 Landing 3" on his radio. The SO said that he could not recall what medical assistance had been called for, but he and the nurses ran to Unit 11 to assist and arrived in under a minute. They found the officer attempting to resuscitate the man. The SO said that he observed what was happening from outside the cell and took control of the situation.
172. An entry in the communications room log said, "Med assistance required Unit 11 cell 3-8 ... the man suspended by ligature from grill". The nurse who was radio call sign Hotel 1 (the first responder to any medical emergency) heard the request for immediate medical assistance on the radio. He said he ran to the Unit with SO B, who he and the other nurse were with at the time. This is contrary to the SO A's account. He said two officers went with them while the nurse went to healthcare to collect the emergency response bag and other equipment and to ask another nurse to come. The nurse told the investigator that he responded to a code blue, an emergency code used to inform staff that someone is experiencing breathing difficulties.
173. The nurse said he got to the cell about two or three minutes later and took over resuscitation from the officer. He asked for an ambulance which SO B instructed the communications room to call. According to the Ambulance Service the emergency call was received at 6.07pm.
174. The nurse said that he could not find a pulse, the man's pupils were fixed and he was not breathing. The nurse was then joined by two more nurses, who both assisted with resuscitation. The nurses attached a defibrillator and the man's pulse returned. Paramedics continued with resuscitation on their arrival at 6.15pm, and he was stabilised and then taken to hospital. He was escorted by two officers, but no restraints were used.
175. There were no contact details for the man's next of kin on his record and it took Glen Parca until the morning after his admission to hospital to contact his mother. (Although his mother's telephone number was on his phone records and the chaplain had had telephone contact with his grandmother.) By the time the prison contacted her, the man's mother had already been told by the police and was on her way to the hospital. After she had spoken to his mother, an

operational manager from Glen Parva met the family at the hospital later that morning.

176. The man remained on a life support machine in the intensive care unit for a few days. He had brain injuries and his prognosis was poor. His family decided his life support machine should be switched off and he died the day before his 20<sup>th</sup> birthday.
177. The operational manager acted as the prison's family liaison officer. She visited the man's mother on the afternoon of 14 December. She returned his property and arranged a prison contribution towards the cost of the funeral expenses.

### **Post-mortem report and toxicology**

178. A post-mortem examination was conducted. He reported that the man must have been found shortly after hanging himself. He said that, "Despite this period being short his brain has been starved of oxygen for a sufficient time which had resulted in hypoxic brain injury which ultimately, despite medical treatment, has led to his death".

### **Prisoner and Staff Support**

179. All prisoners on open ACCT documents were reviewed and support was offered to other prisoners on the unit.
180. Staff involved in the emergency response were invited to a hot debrief. (A hot debrief is a meeting to give staff the opportunity to share their feelings following involvement in a traumatic incident.) Most of those involved found it helpful to go through what had happened and said that the support from the prison's care and welfare team had been good, but two of the officers said that they were not invited to the hot debrief.

## ISSUES

### ACCT procedures

181. Between April 2009 and his death in December 2011, the man was subject to ACCT procedures on thirteen occasions. Eight were opened before he got to Glen Parva on 20 June 2011. He was the subject of a further five ACCTs at Glen Parva in the six months before his death. The investigator reviewed all of the ACCTs and found a number of deficiencies in the process.

#### Transfer of prisoners on ACCT

182. On 27 January 2010, the man transferred to Glen Parva from Warren Hill, so that he could be closer to his family. However, he remained at the prison for just five days before he was transferred onwards to Stoke Heath. At the time of his transfer he was subject to ACCT procedures. Instructions about the transfer of prisoners on open ACCTs was contained in chapter 15 of Prison Service Order (PSO) 2700 Suicide and Self-harm Prevention:

*“The intention to transfer a prisoner on an open ACCT Plan (or in the post-closure phase of ACCT) must be discussed with the receiving establishment, a record must be retained in the sending establishment to show this has been done (as well as a record made in the ACCT Plan), and relevant information must be conveyed either with or ahead of the prisoner. ... It is good practice to invite staff from the receiving establishment to attend a case review prior to any transfer of a prolific self-harmer.*

*The proposed transfer, and issues arising from it, must be discussed at a case review with the prisoner...*

The prisoner should be given information about the regime and facilities of the new establishment, helped to prepare, and subject to security considerations, be given the opportunity to contact family and friends before the transfer.”

183. Although he was on an open ACCT at the time of the transfer, there is no evidence that the move was discussed with him or with staff at Stoke Heath. As he had a history of self-harm and family contact was very important to him this should have been fully taken into account before a move was considered, in line with the provisions of PSO 2700. (This guidance is now in PSI 64/2011 which came into effect in April 2012.)

**The Governor of Glen Parva should ensure that prisoners on open ACCTs are transferred the guidance in PSI 64/2011.**

#### Case reviews

184. PSO 2700 states that:

*“The Unit Manager responsible for the prisoner during the first night at*

*the new establishment must ensure arrangements are in place to keep the prisoner safe pending an ACCT Case Review – which must take place within 24 hours of the prisoner's arrival – and (if one has not already been appointed) appoint a case manager.*

185. Although the man arrived on an open ACCT, staff at Stoke Heath did not carry out an ACCT case review until three days after his transfer from Glen Parva.

**The Governor of Stoke Heath should ensure that case reviews are held within 24 hours for prisoners arriving on open ACCTs.**

186. The majority of case reviews at Glen Parva and Littlehey were chaired by different case managers and those who attended the reviews changed. During the last five ACCTs opened on the man at Glen Parva, 22 case reviews took place, 18 of these reviews were chaired by a different case manager. In four of the five ACCTs opened, 13 case reviews took place and every review was chaired by a different case manager. Some case reviews were chaired by senior officers who had no previous contact with him. The reviews often had only two members of staff present and sometimes it was just he and one member of staff. At Littlehey one case review was chaired by a member of staff on his own who did not know him. Many of the reviews were not multidisciplinary and despite his mental health treatment representatives from the prison's healthcare frequently did not attend.
187. As case reviews at Glen Parva were scheduled every seven days, officers at the reviews changed according to their shift pattern. Case reviews were scheduled for a set time and the senior officer on duty that day undertook the role of case manager. On several occasions, case managers closed ACCT procedures without anyone at the review knowing him. In the report of the inspection of 2009, the Inspectorate was also concerned that many case reviews were not multidisciplinary, and some reviews took place with just a senior officer and the prisoner present.
188. PSO 2700 required case reviews to be attended by at least a named case manager, a residential officer and an appropriate member of non-discipline staff. In the man's case there was very little continuity and consistency of case management or attendance at reviews to ensure appropriate continuity and follow up from previous reviews. The case review team should support a prisoner and consider whether his risk has reduced. When the senior officer chairing case reviews and the officers attending case reviews change frequently, they will not be in the best position to judge what, if any, progress has been made to reduce the prisoner's risk.

**The Governors of Glen Parva and Littlehey should ensure there is continuity of case managers at multidisciplinary ACCT case reviews to enable appropriate and consistent assessment of risk and progress.**

### Response to self-harm

189. One the evening of 16 May 2010, at Stoke Heath, the man punched the wall of his cell and cut his arms after he received bad news about his family. The Operational Support Grade (OSG) on duty that night did not start ACCT procedures and a nurse was not called to attend to his injuries. ACCT procedures were eventually opened by a mental health nurse who happened to see him the following day.
190. At Littlehey on 23 March 2011, he scalded himself with boiling water, but he was not seen by a prison nurse until the following afternoon, almost 24 hours after the incident. There was no mention of the incident in the ACCT on-going record and the first reference to it was during a case review the following evening 24 March, at which just two prison staff were present.
191. At Glen Parva on 4 October 2011, he showed the prison chaplain cuts that he had made to his arms. The chaplain informed the unit's SO but an ACCT was not opened until the following day, 5 October.
192. PSO 2700, in operation at the time, required:

*"In the event of any incident of self-harm staff must (where there is not one open already) open an ACCT plan. This must be done no matter what the reason for the self-harm."*

**The Governors of Stoke Heath and Glen Parva should ensure that that an ACCT is opened following any incident of self-harm.**

### Caremaps

193. The man had a new caremap each time he was subject to ACCT procedures. His goals included keeping busy, remaining in a double cell, getting support for bullying and debt, and maintaining contact with the prison's mental health team. In all five of the caremaps at Glen Parva, he was asked to maintain contact with his family.
194. Of the fifteen goals, a named member of staff shared responsibility for only one. Fourteen others were considered actions for him to take to reduce his own risk. We are concerned that the responsibility of achieving the goals set out in the caremap, on the majority of occasions was given to him to achieve, without nominated staff support.
195. It is of course important for prisoners placed on ACCT to be given some responsibility for improving their situation. However, it is not always appropriate or possible for the goals to be achieved by the individual on their own, without help or supervision by a named member of staff. Some of the goals set for him were unachievable, such as maintaining contact with his family when he had been prevented from doing so.
196. His caremap was only updated once throughout his time in custody, and many of the goals and actions had still not been achieved when the ACCT was closed.

Issues around bullying, debt, and contact with his family remained unresolved throughout his time in custody and he was given little help to resolve them.

197. During his time in custody from July 2008, he was moved on five occasions. Over the same period, he 13 separate ACCT documents. The moves were contrary to the supportive measures that his caremap suggested were needed.
198. All of his caremaps were of a poor standard. PSO 2700, in operation at the time, required all actions on a caremap be completed before an ACCT could be closed. There was little reference to caremap goals at ACCT reviews. Had checks taken place as required, more might have been done to help achieve his goals and thereby reduce his risk of self-harm.

**The Governors of Glen Parva, Stoke Heath and Littlehey should ensure that caremaps:**

- **address identified problems**
- **have realistic, achievable goals**
- **share responsibility for achieving goals between the individual and named members of staff**
- **are reviewed and updated at each ACCT case review.**

Using information recorded in previous ACCTs

199. Prison staff at Stoke Heath and Glen Parva often opened new ACCT documents when previous ACCTs had only recently been closed. There was no evidence that previous documents were referred to. Prison Service Instruction (PSI) 64/2011, which now governs the management of at-risk prisoners, suggests that an ACCT could be re-opened if the case manager considers that the reasons for the risk are the same. We consider this is good advice.
200. Previous ACCT documents contain valuable information which provide important contextual information. To ensure that this information is not lost, and fully taken into account, we make the following recommendation:

**The Governors of Stoke Heath and Glen Parva should ensure that information from previous ACCTs should be taken into account when opening new ACCTs.**

**Disciplinary procedures**

201. The man was on the standard regime of the incentives and earned privileges (IEP) scheme. After his involvement in a fight on 24 November 2011, he was reduced to basic, a more restricted regime with less time on association and more time in his cell. The same day an ACCT was opened after a nurse noticed he had cut his arms. There was no apparent consideration of whether being on the basic regime might increase his level of risk. Two days after his ACCT was closed, on 2 December, at a formal adjudication, he was found guilty of fighting. As a punishment he lost half his earnings (£2.50 a week unemployment pay), and could no longer use the gym or buy canteen for 14 days. He also lost 14 days of association and his television (although he could watch his cell mate's television, who was not on basic regime until he was moved to a single cell on 9

December). There was no evident consideration of whether the effects of these punishments might be to increase his risk again, for example by leading to him to get into more debt with other prisoners.

202. The IEP scheme is intended to reward or punish ongoing behaviour, whereas an adjudication follows a specific incident when Prison or YOI Rules are broken. According to PSI 11/2011 which governs the incentives and earned privileges scheme, a prisoner's behaviour may result in both an adjudication and a downgrading of their privilege status because the disciplinary processes are two separate procedures. The PSI says that "a single incident of misbehaviour or short term failure of performance will not automatically result in a change of status" and that "the determination of a prisoner's privilege level must be based on patterns of behaviour rather than a single incident". The PSI also requires governors to ensure that their local IEP scheme considers the needs of prisoners who are at risk of suicide or self-harm and that decisions to withdraw privileges should be considered on a case by case basis alongside the ACCT process. The combination of the man's reduction on the IEP scheme and the adjudication punishment meant his time out of cell was drastically reduced, and his activities in cell were almost non-existent.

203. The man had no history of fighting or bullying other prisoners, but was downgraded to basic automatically, because he was made subject to TAB 2 procedures, not because he had any pattern of fighting or disruptive behaviour:

**The Governor of Glen Parva should ensure that prisoners' IEP status is downgraded only after a pattern of disruptive behaviour and that loss of privileges take into account any identified risk factors.**

204. We are also concerned that that there is no record that the man's risk of self-harm was taken into consideration before implementing the punishment at adjudication. Limiting his money, and therefore his tobacco, compounded his well documented problems with debt. The impact of the punishment on his risk was not properly considered. We therefore make the following recommendation.

**The Governor of Glen Parva should ensure that adjudicators take fully into account all the identified risk factors before deciding on a punishment for prisoners who are or have been recently subject to ACCT procedures.**

### **Enhanced case reviews**

205. During his time in custody the man self-harmed on numerous occasions and spent a significant amount of time on ACCT procedures. His self-harm was identified as a response to specific risk factors: contact with his family and bullying due to debt, neither of which were ever resolved.

206. PSO 2700 "Managing at-risk prisoners whose behaviour is particularly challenging", explains the purpose of enhanced case reviews:

- Providing "consistent, integrated care by all staff involved with the prisoner" by ensuring that the Caremap includes "*a named key worker(s), strategies for encouraging pro-social behaviour, and agreed strategies for*

*responding to each individual problem behaviour that the prisoner displays: both those problems that involve self-harm and those that involve anti-social behaviour.”* (Mandatory instructions are written in italics in the PSO.)

- Including “*an active, on-going, persistent attempt to engage the individual and build a positive, on-going relationship with him*” by appointing a member of staff to act as the key worker.
- Ensuring that “*adequate support for members of staff*” is built into the process.
- Encouraging the prisoner to reflect on their triggers and try to understand their behaviour.

207. The suggested criteria for enhanced case management set out in PSO 2700, and now in PSI 64/2011, are written mostly for prisoners whose behaviour is very challenging and disruptive. The man did not fit these behavioural criteria. Nevertheless, we believe that there would have been real advantages to considering whether to review his situation under the enhanced case management process. This is particularly because he had a number of seemingly intractable problems which the prison made no headway in resolving through the standard ACCT process and this resulted in further ACCTs being opened. There was no senior attention to his problems or a more coordinated approach.

208. The enhanced case review process would have meant more senior level attention to reviewing his care and support and would also have helped ensure that all the relevant people were involved and consulted at each review. This would have allowed his risk factors to have been considered in the round. His self-harm, fear of other prisoners and family contact issues would have been discussed by a multi-disciplinary review team which had the authority and ability to resolve them. In particular some progress might have been made in addressing the issue of whether he was allowed contact with his children- an issue which was never resolved and needed some senior management attention. We therefore make the following recommendation:

**The Governor of Glen Parva should ensure that enhanced case reviews are used to support prisoners with on-going complex risk factors which are not resolved through standard ACCT review procedures.**

#### **Public protection and contact with his children.**

209. Lack of contact with his family and in particular his two children was a well-documented trigger to the man's self-harm, mentioned in every ACCT document opened since July 2008. The cause of the restrictions was never fully established and at various times were explained as the violent nature of his offence, his own history of abuse, alleged abuse of his siblings, and an allegation of rape. The records are confusing and often contradictory, and the investigation was not able to establish the reasons that his contact with his children was ever in question.

210. Although social services and the probation service had agreed to support his contact with his children, the visits were stopped by the prison. The prison cited

public protection reasons and his MAPPA status and they were worried about the safety of his children. For visits to resume again, his ex-partner needed to give her permission, but the relationship had broken down in the meantime and his frustration continued as she refused contact. On one occasion during an ACCT review, it was implied to him that the reason he could not see his children was because he had sexually abused them. There was no evidence to substantiate this claim. The situation was further confused in that during July, when the prison said he could not have contact with his children; he had two visits with them. Nor is it apparent why the prison pressed the social services to visit and explain the reasons that contact was not allowed, when social services supported him seeing his children and it was the prison's own decision not to allow contact.

211. He should have been able to see his children and if that was not possible he was owed a clear explanation, but it appears that the staff themselves were confused about the circumstances. Officers relied on the chaplaincy to encourage family contact and deal with his family issues. Social services repeatedly failed to engage with the prison or him, but there was no-one familiar with children and young people's services (CYPS) who could pursue this matter on his behalf.
212. HM Inspectorate of Prisons reported that more than half of the young adults at Glen Parva said that they received no support to maintain contact with their families. Twenty six per cent were fathers, many of whom had complex family situations involving social services. The Inspectorate recommended the employment of a qualified family support worker familiar with social services procedures to ensure that appropriate pathways are followed so prisoners can maintain family contact. The lack of such a post at the prison appears to have resulted directly in an unjustified prison-led decision to prevent the man seeing his young children. This was not supported by either his offender manager or social services, yet undoubtedly caused him considerable distress.

**The Governor of Glen Parva should ensure the availability of qualified family support workers to help ensure young adult prisoners are able maintain contact with their families.**

### **Bullying and debt**

213. Glen Parva's TAB policy includes a support structure for officers to use with the victims of bullying. During his time at Glen Parva the man told officers on numerous occasions that he felt threatened by other prisoners, including members of gangs from his home area.
214. He was also apparently threatened by other prisoners with whom he got into debt. He had no external support to send him money and often borrowed tobacco from other prisoners on the understanding that he would repay them double the amount. The issue of debt and fear of others was raised frequently during ACCT reviews and at other times as something that he felt unable to control. During interviews with officers, it was clear that the majority did not regard other prisoners' behaviour towards him as a result of his debt was bullying behaviour. There seemed to be an acceptance that requiring prisoners to repay double amounts of borrowed tobacco was reasonable and that prisoners should expect repercussions if they did not. Although it was accepted that he was

vulnerable to others he was never formally recognised as a victim and supported through the TAB procedures under the violence reduction strategy.

215. While his vulnerability was recognised, little was done to tackle the root cause. Officers dealt with his problems about his debt, and his fear of others, by moving him between units and taking food to him when he was too fearful to leave his cell. They gave him smokers' packs, but then stopped to prevent him trading his tobacco (although it also appears it might have been bullied from him.) His problems with debt were identified on his ACCT caremaps as an action for him to resolve. No staff were given responsibility to help deal with this.
216. The Inspectorate of Prisons in their 2009 report commented that, at the time of their inspection, more young people at Glen Parva than in other comparable establishments felt unsafe. They found that some young people were reluctant to leave their cells for association and felt particularly unsafe in the showers. The man's meals often had to be taken to him in his cell, and the day that he hanged himself, he was encouraged to have a shower because his personal hygiene was so poor. He did not go to education or work, which meant he had less money to spend on tobacco. This compounded his debt problem and also meant he had little purposeful activity to help distract him from the issues which caused him distress. We are concerned that the main response to his vulnerability seemed to be to move him from one unit to another, where, often as a consequence of mounting debt he became increasingly isolated and reluctant to leave his cell. Glen Parva does not have a specific unit for prisoners who are identified as vulnerable, but the absence of such a unit seems to have increased his vulnerability.

**The Governor of Glen Parva should ensure that there are appropriate arrangements to protect the safety of young adult prisoners who are vulnerable to others and which allow them to participate in an active regime.**

217. The Inspectorate was also concerned that Glen Parva staff were not adequately trained in TAB procedures and we note the TAB victim support procedures were not used to protect the man. Ironically, the only time TAB procedures were used was to place him on stage 2 of the anti-bullying strategy automatically after he was involved in a fight. We are concerned that prisoners in debt are not effectively protected at Glen Parva. Our interviews with officers indicated that there was too much acceptance that debt for tobacco was a normal occurrence and that threats to cover debts should be expected. Whatever the reason for intimidation, safeguarding measures should be used to challenge all threatening behaviour and protect prisoners from being targeted by others.

**The Governor of Glen Parva should ensure that TAB procedures effectively challenge intimidatory behaviour and appropriately support victims of bullying.**

### **Calling an ambulance**

218. The man was discovered at about 6.04pm, but it was not until the first response nurse arrived that an ambulance was called. While on this occasion this was a

relatively short time of approximately three minutes, even a short delay in such circumstances can have a significant impact on a person's chance of survival and we consider an ambulance should have been called immediately when he was found hanging.

219. Glen Parva's local suicide and self-harm prevention policy states that the duty manager will "assess the situation and on the advice of on scene healthcare staff request the communications room to call an ambulance". This is contrary to guidance issued by the National Offender Management Service (NOMS). A letter written jointly to all prison governors and primary care trusts by the Chief Executive of NOMS and the Director of Offender Health on 17 February 2011, made it clear that where there are concerns about the immediate health of a prisoner an ambulance should be called without waiting for healthcare staff to attend.

**The Governor of Glen Parva should ensure all staff understand the need to call an ambulance immediately in a medical emergency and that local policies reflect this.**

#### **Personal officer scheme**

220. Glen Parva's local personal officer scheme guidance describes the role of the personal officer:

"The work and role of personal officers is crucial in the establishments drive to deliver the highest possible standards of staff prisoner relationship. A "healthy prison" is one where prisoners feel safe, treated with respect, dignity ... Relationships are built and maintained on mutual trust. Personal officers are prisoner's initial point of contact, it is therefore your responsibility to be aware of your prisoners needs and address his day to day issues positively... all prisoners be allocated a personal officer within 24 hours of being moved to a residential unit in the prison."

221. The man arrived at Glen Parva in June 2011, but did not have a personal officer until one was appointed on 26 November, four months later and just two weeks before his death. It was recorded in his case history notes that, "... for one reason or another he has slipped through the net and has not been appointed a personal officer until now..."
222. The man's personal officer explained that he was a quiet prisoner, so he did not speak to him. This is in spite of the fact that he was regarded as at risk of suicide and self-harm, was on an open ACCT, was downgraded to the basic regime the next day, and had an adjudication for fighting a week later. The officer said that he would not always make a personal officer's contribution to ACCTs, because any officer can contribute.
223. The Inspectorate were concerned that personal officers focussed on recording and tackling negative behaviour, but were not sufficiently proactive in supporting prisoners with practical needs. In particular, the Inspectorate noted that the personal officer scheme at Glen Parva said little about wider resettlement

objectives, including supporting prisoners to maintain contact with their children and families. The personal officer told the investigator that he was not aware that the man had problems with family contact.

224. In the three weeks after the man's ACCT was closed on 7 November, there was only one entry in his case history notes. All officers should use case history notes to record significant information about a prisoner, but there is particular responsibility for personal officers. Glen Parva's personal officer guidance states that entries should be made in the case note history at a minimum of once a fortnight, and other significant events should be recorded in the unit's observation book. There was no introductory personal officer entry in his case notes.
225. The man was supported by the chaplaincy and there is evidence that a number of officers spoke to him and seemed to understand his issues. However, the fact that a personal officer was not appointed until late November meant that there was no single member of staff who took responsibility for his care and day to day wellbeing. The personal officer did not understand his responsibility as the man's personal officer. The Inspectorate recommended that personal officers receive training in the role, which should include an understanding of relevant family issues. We repeat that recommendation:

**The Governor of Glen Parva should ensure that all personal officers receive specific guidance and training about the personal officer scheme and what is required of them, including examples of effective interviews and wing file entries.**

### **Mental health referral at reception**

226. The man arrived at Glen Parva on 20 June 2011, after he had been arrested for breach of his licence conditions the previous day. At the time of his arrest he had held a knife to his throat and threatened to take his own life. Before his transfer to prison a member of escort staff opened a suicide self-harm warning form, highlighting two attempts to take his life in the preceding month.
227. The first reception screening tool used at Glen Parva states:
- “For some people, coming into prison can be difficult and a few find it so hard that they may consider harming themselves. If a positive response is given below, self-harm warning forms have been received or you have concerns then please refer the patient to the PMHT.”
228. Despite the man's history of self-harm flagged up by the escort services the reception nurse did not refer him for a mental health assessment. However, he was seen by a mental health nurse after he self-harmed on 1 July. The nurse told the investigator that he would not have been seen before this if a referral had been made at reception. The nurse explained that prisoners are usually assessed between seven and ten days of a referral. Nevertheless, in line with local guidance a referral should have been made on the basis of the self-harm warning form. We make the following recommendation.

**The Governor of Glen Parva and Head of Healthcare should ensure that all staff in reception are aware of and follow the local guidance about referring newly arrived prisoners at risk of self-harm to the prison's primary mental health team.**

### **Referral to prison doctor**

229. The man was assessed by a mental health nurse on 1 July 2011, and said that he had self-harmed because voices told him to. The nurse referred him for a psychiatric assessment and to be seen by the prison's doctor. The nurse noted that he would continue to be supported by the PMHT. He was not seen by a doctor at the prison until 22 September 2011, nearly two months after his original referral.
230. The doctor noted that he had been feeling down for months and, although he had previously self-harmed, he had never sought help. The doctor reviewed his records, diagnosed him with depression, prescribed fluoxetine (an antidepressant) and planned to review the medication a week later. In the meantime, a nurse referred him to the doctor again because of his poor drug compliance. He did not attend that appointment but we do not know the reasons why and no one appears to have followed this up. (We note that at the time there is a suggestion that he had no shoes.)
231. The doctor did not see him again. His prescription for depression was not renewed and no one spoke to him about why he did not take it. He only saw a doctor once at Glen Parva. We are concerned that his antidepressant medication was allowed to lapse without follow-up by a doctor.

**The Governor and Head of Healthcare should ensure that all prisoners diagnosed with depression and prescribed antidepressant medication are regularly reviewed and that non-attendance at GP appointments are followed up.**

### **Cancellation of psychiatric assessment by the MHIRT**

232. The man was referred for a psychiatric appointment after he told a nurse he self-harmed in response to voices in his head. He later claimed that he had made this up because he thought it would get him out of prison earlier, and the referral was withdrawn. The investigator asked the nurse if the psychiatric assessment should have taken place. She said:

“He should have been assessed by the in-reach team for them to make that decision whether or not he needed some psychiatric input, whether he was fibbing or not, and that's not a criticism to the team like you say. That would be my professional opinion and everybody else's I think.”

233. Although the clinical reviewer concluded that a psychiatric assessment was unnecessary, we are concerned that the man's mental health was not assessed by a member of the prison's MHIRT to establish whether or not he was hearing voices, or that his behaviour was manipulative. The decision to cancel his psychiatric assessment should have been informed by a further MHIRT

assessment.

**The Head of Healthcare should ensure that referrals for a psychiatric assessment are not cancelled unless there is clear evidence that there are no mental health concerns.**

## CONCLUSION

234. This was a young man who spent many of his teenage years in custody. He was vulnerable, having a long history of self-harm and had been the subject of ACCT procedures on thirteen occasions since 2009. His self-harm was triggered by the restrictions on family contact, bullying and debt. The ACCT process was not managed well, and the cause of his self-harm was never addressed. Despite well-documented problems with debt, he was never supported through TAB as a victim of bullying.
235. He he had been placed in a cell on his own on the basic regime and had other privileges withdrawn following adjudication, including his television. On 11 December, he received confusing and upsetting news about his baby son being in hospital. It is possible that all of these factors contributed as a trigger to the actions that he took that day. We are concerned that a lack of a coordinated approach to managing his vulnerabilities meant that his risk factors were not appropriately addressed by a multi-disciplinary forum.

## RECOMMENDATIONS

1. The Governor of Glen Parva should ensure that prisoners on open ACCTs are transferred the guidance in PSI 64/2011.

**Accepted** - *The Governor of Glen Parva will ensure that prisoners on open ACCTs are only transferred if it is in their best interests, and in line with the guidance in PSI 64/2001*

2. The Governor of Stoke Heath should ensure that case reviews are held within 24 hours for prisoners arriving on open ACCTs.

**No response was received from NOMS regarding this recommendation.**

3. The Governors of Glen Parva and Littlehey should ensure there is continuity of case managers at multidisciplinary ACCT case reviews to enable appropriate and consistent assessment of risk and progress.

**Accepted** - *Governors Order to be issued requiring Case Managers to book reviews for when they are on duty. Consistency to be monitored through the Manager weekly ACCT audit checks. Consistency to be monitored through the Safer Prisons team ACCT audit checks.*

4. The Governors of Stoke Heath and Glen Parva should ensure that that an ACCT is opened following any incident of self-harm.

**Accepted** - *NTS to be issued requiring all staff who discover an incident of self-harm to:*

- a. *Open an ACCT*
- b. *Report the at of self-harm to the centre*
- c. *Make entry in the Unit observation book*
- d. *Submit an SIR*

5. The Governors of Glen Parva, Stoke Heath and Littlehey should ensure that caremaps:

- address identified problems
- have realistic, achievable goals
- share responsibility for achieving goals between the individual and named members of staff
- are reviewed and updated at each ACCT case review.

**Accepted** - *Refresher training to be delivered to Case Manager in terms of expectations for CAREMAPS. Re-issue already published guidance on expectation of CAREMAPS. Continue to monitor compliance through weekly Manager ACCT audit checks. Continue to monitor compliance through Safer Prisons ACCT audit checks*

6. The Governors of Stoke Heath and Glen Parva should ensure that information from previous ACCTs should be taken into account when opening new ACCTs.

**Accepted** - *The Governor of Glen Parva will ensure that relevant information from prisoners ACCTs will be taken into account when opening new ACCTs. ACCT Assessor training to be reviewed to ensure it makes clear all information regarding harm must be taken into account.*

7. The Governor of Glen Parva should ensure that prisoners' IEP status is downgraded only after a pattern of disruptive behaviour and that loss of privileges take into account any identified risk factors.

**Rejected** - *NOMS adopts a zero tolerance approach to violence. In line with this HMYOI & RC Glen Parva takes a robust approach to serious acts of violence such as fights or assaults. In these instances under the Violence Reduction strategy a prisoner must be immediately reviewed for Basic regime. The review would determine the appropriateness of downgrading a prisoner and would consider relevant risk factors such as self-harm or vulnerability. In other words a prisoner is not automatically placed on basic regime.*

8. The Governor of Glen Parva should ensure that adjudicators take fully into account all the identified risk factors before deciding on a punishment for prisoners who are or have been recently subject to ACCT procedures.

**Accepted** - *The Governor of Glen Parva will review local procedures to ensure that adjudicators take fully into account all the identified risk factors before deciding on a punishment for prisoners who are or have been recently subject to ACCT procedures.*

9. The Governor of Glen Parva should ensure that enhanced case reviews are used to support prisoners with on-going complex risk factors which are not resolved through standard ACCT review procedures.

**Accepted** - *The Governor will ensure that enhanced case reviews are used to support prisoners with on-going complex risk factors which are not resolved through standard ACCT review procedures. Case Managers will be trained in the importance of taking an overview of a prisoners self-harm or suicide support needs to ensure that problems are fully resolved and do not continue to re-appear.*

10. The Governor of Glen Parva should ensure the availability of qualified family support workers to help ensure young adult prisoners are able maintain contact with their families.

**Rejected** - *There is no provision under SBC to complete this work or provide this staffing. On this basis Glen Parva is unable to fund such a post. Support in terms of maintaining family contact is instead provided through:*

- a. *Personal Officer*
- b. *Chaplaincy*
- c. *OMU*
- d. *Exemplar Project*

11. The Governor of Glen Parva should ensure that there are appropriate arrangements to protect the safety of young adult prisoners who are vulnerable to others and which allow them to participate in an active regime.

**Accepted** - *This vulnerability strategy will be reviewed to ensure that there are appropriate arrangements in place to fully manage the needs of vulnerable prisoners.*

12. The Governor of Glen Parva should ensure that TAB procedures effectively challenge intimidatory behaviour and appropriately support victims of bullying.

**Accepted** - *Glen Parva will review use of TAB procedures to ensure they effectively challenge intimidatory behaviour and supports victims.*

13. The Governor of Glen Parva should ensure all staff understand the need to call an ambulance immediately in a medical emergency and that local policies reflect this.

**Accepted** - *Suicide and Self-harm Strategy to be reviewed to ensure it is explicit that any member of staff can request an ambulance and this will be actioned immediately without the approval of any manager.*

14. The Governor of Glen Parva should ensure that all personal officers receive specific guidance and training about the personal officer scheme and what is required of them, including examples of effective interviews and wing file entries.

**Accepted** - *The Governor of Glen Parva will ensure that all personal officers receive specific guidance and training about the personal officer scheme and what is required of them, including examples of effective interviews and wing file entries.*

15. The Governor of Glen Parva and Head of Healthcare should ensure that all staff in reception are aware of and follow the local guidance about referring newly arrived prisoners at risk of self-harm to the prison's primary mental health team.

**Accepted** - *The Mental health Carepathway Individual case management guidelines will be updated to include the statement "all prisoners arriving with a self harm warning form at Glen Parva will be referred to the Primary Mental Health Services". Additionally all prisoners being received into Glen Parva are seen on the second morning by a member of the Primary Mental Health team, to ensure that they are aware of referral process and identify any concerns that they had not declared on arrival or have developed since their reception.*

16. The Governor and Head of Healthcare should ensure that all prisoners diagnosed with depression and prescribed antidepressant medication are regularly reviewed and that non-attendance at GP appointments are followed up.

**Accepted** - *Non attendance is followed up by the healthcare team, prisoners not attending are rebooked. Work has been completed collaboratively by healthcare and the prison to increase the level of non-attendance at healthcare.*

17. The Head of Healthcare should ensure that referrals for a psychiatric assessment are not cancelled unless there is clear evidence that there are no mental health concerns.

**Accepted** - *Referrals to the psychiatrist are managed by the Secondary mental health service, which is provided and managed by a different provider to the healthcare department. The Head of Healthcare will contact the Service manager for secondary mental health services with Northamptonshire Trust and seek clarification on the processes for cancellation of psychiatry appointments.*