



Ministry  
of Justice

# **Government response to the Harris Review into self-inflicted deaths in National Offender Management Service custody of 18-24 year olds**

December 2015





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Presented to Parliament  
by the Lord Chancellor and Secretary of State for Justice  
by Command of Her Majesty

December 2015



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## Foreword

When an individual enters the prison system they are placed in our care. Offenders are rightly sent to prison as a punishment, not for further punishment. The State has a duty to ensure that everyone deprived of their liberty as a punishment for crime, is kept in a secure environment and held in humane and decent conditions.

It is never acceptable to view self-harm and self-inflicted deaths as a regrettable feature of prison life. Even if every individual incident cannot be foreseen or always prevented, we must never become complacent or tolerate such high levels of harm in our prisons.

We know that prisoners are among the most vulnerable and troubled people in our society and imprisonment can heighten the risk of self-harm if correct policies and procedures are not in place. In that context the dedicated and professional staff working in our prisons do an incredible job every day in managing a population with complex needs and looking out for those prisoners at risk. In many cases their quick action prevents prisoners from taking their own lives.

Yet, despite this, there remain too many instances where individuals have, sadly, taken their own lives. Between April 2007 and December 2013, there were 83 self-inflicted deaths amongst 18-24 year olds in prison custody. Over the last two years, the total number of self-inflicted deaths across all age groups has increased. We must do more to reverse this trend.

We want our prisons to be places where offenders have an opportunity to turn their lives around. Rehabilitation cannot happen in a prison system where safety and security is undermined or where prisoners do not feel safe. Supporting those at risk of suicide is therefore a key part of the role of all prison staff and rates of self-harm are a measure of the health of a prison.

I am very grateful to the Chair of the independent review, Lord Harris of Haringey; to his expert advisory panel; and to all those who contributed to this considered and thorough review. The report is a valuable contribution to the work that so urgently needs to be done to reform our prisons and we can agree with many of the Review's recommendations. Overall I believe the Review's findings support the ambitions I have set out to improve the prison system and reinforce many of the reforms we are now driving.

Good leadership at governor level is critical to creating regimes that support rehabilitation and give more prisoners a sense of purpose. Governors need more autonomy because it is those who run our prisons who are best placed to determine the most effective support needed for those in their custody, in particular the most vulnerable offenders. Training for staff of all grades is vital to ensuring that the risks of self-harm are identified and reduced, and strong personal relationships are fostered that support engagement and rehabilitation. New entry-level training for prison officers is being extended to 10 weeks as part of this.

Even if our policies are appropriate, good management and constant supervision by prison leaders is needed to ensure practice on the ground matches policy. And more and better data and research is key to understanding the problem across the estate, devising interventions that keep prisoners safe and allowing us to target our resources towards those prisoners most at risk.



My Department has already begun to deliver this much needed change, and will be informed by, and learn from, the findings in this report. At the same time, we are taking action across the range of themes highlighted by this review and the government will continue to do so by working closely with the Independent Advisory Panel on Deaths in Custody under the stewardship of its new interim Chair, Kate Lampard CBE.

Reducing the rates of violence, self-harm and deaths in all forms of custody is a Ministerial priority and I am determined to ensure that we build a prison system that has a renewed focus on rehabilitation. That demands a focus on keeping offenders of all age groups safe in custody, and discharging our duty of care.

**The Rt. Hon. Michael Gove MP**  
**Secretary of State for Justice and Lord Chancellor**

## Chapter 1 – The Future of Prisons

1. The Harris Review set the context for their work by outlining the purpose of prison. We agree that the primary purpose of prison should be rehabilitation. Prisons<sup>1</sup> also have a critical public safety role. However the government believes the prison system is in need of reform. Currently, 45% of adult prisoners are reconvicted within one year of release – and almost 60% of those serving under 12 months do so<sup>2</sup>. We need to improve how we manage prisoners and provide them with education and skills needed to become productive members of society.
2. The government recognises that prisoners come, disproportionately, from deprived backgrounds. In the Surveying Prisoner Crime Reduction (SPCR)<sup>3</sup> survey<sup>4</sup>, 29% per cent of those surveyed stated that they had experienced emotional, physical or sexual abuse as a child; and 41% had observed violence in the home as a child. Recent changes to probation services mean that virtually all offenders now get support for 12 months when they leave prison to help them reintegrate back into society. We believe that this must be built on to address what can be done whilst offenders are in prison. Prisoners should not be treated as society's liabilities, but as people who can contribute to society and put something back.
3. We believe that prisons need to be places of hard work, rigorous education and high ambition. For this to be achieved, prisons must also be decent and humane environments where all staff and prisoners are safe and secure. There should be stronger incentives for prisoners to learn and for prison staff to prioritise education and work. Many offenders come into custody illiterate and innumerate and need to learn basic skills to make them employable. We have appointed Dame Sally Coates to undertake a review of education in prisons. She will make her recommendations in March 2016.
4. On 9 November we announced our intention to undertake a major transformation of the prisons estate, investing in a modernised prison estate which is geared towards rehabilitation, so enabling prisoners to turn away from a life of crime. This will involve building nine new prisons by 2021 and closing old and inefficient prisons – many of them Victorian sites in inner city locations – which are costly to run and cannot provide the right physical environment to support our prison reform agenda.
5. We believe that those who work with offenders on a daily basis are best placed to decide how to rehabilitate them most effectively. As such, Prison Governors need more autonomy and the freedom to innovate and find better ways of rehabilitating offenders. The principles of ensuring prisoners can maintain strong family ties, participate in work and education, and look to the future with ambition whilst giving more freedom to governors are at the heart of the work that is currently underway to

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<sup>1</sup> All references to prisons in this response refer to prisons in England and Wales (save for prison healthcare in Wales which is devolved to the Welsh Government).

<sup>2</sup> <https://www.gov.uk/government/statistics/proven-reoffending-statistics-january-2013-to-december-2013>

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278837/prisoners-childhood-family-backgrounds.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf)

<sup>4</sup> The SPCR survey is a longitudinal cohort study of 1,435 adult prisoners sentenced to between one month and four years in prison in 2005 and 2006.

reform the prison system. We will set out these bold reform proposals for prisons in the New Year. Meanwhile this response addresses the remaining recommendations from Lord Harris and the Panel and describes the wide range of work going on to support our commitment to providing safer custody for all.

## Chapter 2 – Young adult offenders

6. The Harris Review focussed on self-inflicted deaths of 18-24 year olds in custody. In doing so the Review examined the lives of 87 young people who died between April 2007 and December 2013. The Review noted that some had had chaotic lives; some had been subjected to child abuse or suffered high levels of bereavement and these factors were compounded by mental health issues or a lack of maturity. The Review concluded that all young adults in custody are potentially vulnerable, and separation from families and support networks is likely to exacerbate vulnerabilities.
7. Whilst there is no universally accepted age group defined by the term “young adult offenders”, the Harris Review focussed on young adult offenders aged 18 to 24. In the criminal justice system, young adult offenders are currently primarily defined as 18 to 20 years old as the sentence of detention in a young offender institution (as set out below) captures this age group. What is widely known and accepted is that young adults, particularly males, are still maturing until the age of 25.
8. In recent years there has been a significant reduction in the number of young adults in the criminal justice system overall: the number of first time entrants<sup>5</sup> aged 18-20 has reduced by 34% between 2010 and 2014<sup>6</sup>. In addition, the number of young adults aged 18-20 in custody has decreased by two fifths (41%) over the five years to June 2015, whilst the number of 18 to 24 year olds in custody has reduced by 26% over the same period<sup>7</sup>.

### Early intervention

9. We are co-ordinating services better when families are struggling to cope with multiple problems. The Review noted and made recommendations about the Troubled Families Programme. **In April 2015 we rolled out the new Troubled Families Programme<sup>8</sup>nationally, which will reach up to an additional 400,000 families in this Parliament.** The new programme retains the original programme’s focus on families with multiple problems, but has been expanded to include families with younger children than the previous iteration of the programme, and a broader range of problems including domestic violence, mental health issues and parental offending. We expect the wider focus to enable local authorities to get involved earlier with families who have younger children.
10. The new programme supports young people in troubled families who have a conviction, but also those who have been identified as potentially getting involved in crime or engaging in offending behaviour. The programme takes an integrated whole family approach to achieving improved outcomes and addressing any crime problems within the context of the family’s problems as a whole, with the aim of achieving significant and sustained progress against all these connected and overlapping

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<sup>5</sup> A first time entrant is an offender who has received their first reprimand, warning, caution or conviction for an offence processed by a police force in England or Wales or by the British Transport Police and at the time of their first conviction or caution, were resident in England or Wales.

<sup>6</sup> <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2015>

<sup>7</sup> Ibid

<sup>8</sup> This government response refers to England only as similar programmes are devolved to the Welsh Government.

problems. The programme is designed to be flexible so that local authorities can prioritise families who are of greatest concern with particular problems such as with crime or anti-social behaviour.

## Recognising maturity

11. The Harris Review received a range of evidence about maturity and the relative immaturity of young adults. The Review felt that maturity is a better guide to a young person's transition into adulthood than their chronological age. We know that young adults' needs differ from those of older adults: whilst young adults in custody have similar needs to older prisoners with high levels of unemployment, substance misuse problems and low levels of educational attainment<sup>9</sup>, young adults are more likely to link their offending to alcohol use than drug use, and report that having a job on release would stop them from re-offending. We also recognise the level of maturity in respect of young adults varies compared to older adults, as does their life experience. We ensure that our services take account of these needs and maturity. **Information on an individual offender's maturity is available to sentencers when considering an appropriate sentence.** All Sentencing Council guidelines for sentencers produced since 2011 include a mitigating factor of the "Age and/or lack of maturity where it affects the responsibility of the offender" when considering the appropriate sentence in an individual case. The guidelines apply to both magistrates' courts and the Crown Court. The information which sentencers have on the individual's maturity will vary depending upon whether, and to what extent, the young person has previously been involved with the criminal justice system, and what information is contained in the pre-sentence report and defence mitigation.
12. The Harris Review noted that the pre-sentence report is a key document in the process and noted that oral and written reports are supplied in line with the court's requirement in an individual case. Maturity assessments take time to complete and the courts balance the benefit to be gained from allowing a longer adjournment to allow one to be completed, and whether the pre-sentence report will make any difference to sentence against the potential impact on the young person. Currently maturity assessments are not mandatory in a pre-sentence report (PSR), except where the young adult has drug or alcohol problems which are directly linked to the offence. Report writers are trained in completing assessments including consideration of maturity. Whilst existing guidance for PSR writers does not mention maturity, PSRs writers have increasingly moved to consider maturity as part of the PSR process. **We will issue revised guidance in Spring 2016 which will state that PSRs completed on 18-24 year old offenders must include consideration of maturity.**
13. **We have used the available evidence about the needs of young adult men to develop a set of commissioning principles for those who commission services for young adult offenders.** 'Better Outcomes for Young Adult Men'<sup>10</sup>, published since the Harris Review reported, provides an accessible summary of the evidence and principles that are relevant to understanding psychosocial maturity. This will help us to better commission, target and sequence services and interventions to improve outcomes and value for money for this group, as well as support a more effective approach to improving their engagement with rehabilitative activity.

<sup>9</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/449586/Young-adults-in-custody.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449586/Young-adults-in-custody.pdf)

<sup>10</sup> <https://www.gov.uk/government/publications/achieving-better-outcomes-for-young-adult-men-evidence-based-commissioning-principles>

14. It is widely recognised that young adults, particularly males, are still maturing until around 25 years of age<sup>11</sup>. We are therefore developing and testing screening tools for psychosocial maturity which, if reliable and valid, will aim to help better tailor services and interventions for young adults at a local level for both prison and probation providers. The Harris Review was impressed with early work on this and supports its progression. Validation of the tools is underway and it is expected that a report will be available by April 2016. Subject to providing a reliable and valid measure of psychosocial maturity, the **new maturity assessment tools will be made available for use by prisons and probation providers, from Autumn 2016.**

### Sentencing and custody

15. We agree that sentencing offenders to imprisonment should be a last resort. The threshold for sentencing offenders to custody is set out in existing law<sup>12</sup>. The law provides that a court may *only* pass a custodial sentence if the court is of the opinion that the offence is so serious that neither a fine alone nor a community sentence can be justified. An additional safeguard is in place so that when a custodial sentence is imposed: the court must also make it for the shortest period commensurate with the seriousness of the offence.
16. The Review recognised that there is no simple answer as to whether young adults should be accommodated in separate institutions or mixed with older adults. Currently young adults aged 18-20 are subject to a different custodial sentencing structure to older adults. Most young adults in custody receive a 'Detention in a Young Offender Institution' (DYOI) sentence which requires them to be held in a young offenders' institution for young adults. In November 2013 the previous government proposed changes to this approach publishing the consultation document, 'Transforming Management of Young Adults (aged 18-20) in Custody'. The consultation paper argued that we could better meet the needs of young adults in custody by providing, for example, appropriate staffing and work and education opportunities in mixed institutions with older adults (and that the DYOI sentence should be abolished). The government response to the consultation was paused following the announcement to conduct the Harris review and **we will consider these issues alongside our wider prison strategy.**

### Young adult women

17. Given that two cases in the Harris Review's cohort of 87 were female, the Review were not able to identify specific trends or themes in relation to young adult women and deaths in custody. The Review noted the particular needs young adult women have and that female prisoners reported poorer mental health than women both in the general population and male prisoners. We recognise that the needs of young adult women differ from those of young adult men. We have considered the available evidence to support improved outcomes for women who commit crime by synthesising what works in both community probation supervision and custody to help women desist from crime. The evidence shows that young adult women's needs are similar to those of adult women, and so to inform commissioning of services for female offenders we published the **NOMS Better Outcomes for Women Offenders**<sup>13</sup> **document in September 2015.**

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<sup>11</sup> Ibid

<sup>12</sup> s152(2) Criminal Justice Act 2003

<sup>13</sup> <https://www.gov.uk/government/publications/achieving-better-outcomes-for-women-offenders>

18. We are also conscious of the higher levels of self-harm seen amongst female prisoners. Whilst women made up around 5% of the prison population in 2014, they accounted for 27% of the self-harm incidents in prisons in that year. There was, however, a 48% decrease in the number of self-harm incidents by women between 2010 and 2013. Whilst there was a 13% increase from 2013 to 2014 when there were 6,780 incidents of self-harm by female prisoners, this is still much lower than levels in 2010.<sup>14</sup> Evidence suggests activities to reduce reoffending include cognitive skills programmes which target impulsivity and self-regulation; and Dialectical Behaviour Therapy is a promising approach to helping reduce rates of self-harm. The approach treats self-harm as a problem with emotion regulation. **We are driving forward a range of work to improve support for female offenders by developing therapeutic environments in women's prisons and staff training in all women's prisons on being trauma informed, both of which should help to reduce self-harm.**

### Transsexual and Transgender prisoners

19. Transgender people are known to be at increased risk of self-harm and suicide and this is recognised in the Prison Service Instruction on the care and management of transsexual prisoners. To better support transgender people, we announced on 8 December that we are conducting a review of the care and management of transgender offenders to identify whether improvements can be made across prisons, probation and youth justice services.

### Black, Asian and Minority Ethnic People in the Criminal Justice System

20. The Harris Review received evidence on the over-representation of Black, Asian and Minority Ethnic (BAME) people in the criminal justice system and the view that BAME prison officers are underrepresented in the workforce but noted that those in the Review's sample were far more likely to be white. We recognise that Black, Asian and Minority Ethnic (BAME) people are over-represented in the criminal justice system<sup>15</sup>. Black prisoners are over-represented in the High Security Estate, are more likely to be in segregation units and have force used against them; and are more likely to be on the lowest level of the IEP scheme. Muslim prisoners are more likely to have force used against them, and report significantly worse responses regarding ease of access to health services. Furthermore, we recognise that BAME prisoners report significantly poorer responses than non BAME prisoners regarding their treatment by prison staff.
21. Equality in the eyes of the law is a fundamental principle of a democratic society and we believe that every section of the community is entitled to a justice system that treats them equally. Those working in the justice system should be aware of the damaging effects of disproportionately worse outcomes or unconscious bias, whenever or wherever they occur and should seek to deliver effective services to all groups. The Young Review, led by Baroness Young of Hornsey and published in December 2014, looked at improving outcomes for young black and Muslim men in the criminal justice system. The government did not commission the review, but did actively support its fact-finding work. It did not respond to the Young Review on a point-by-point basis (as it was not a commissioned report) but **we will continue working with the steering group of the Young Review as their work programme develops.**

<sup>14</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/472713/safety-in-custody.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472713/safety-in-custody.pdf)

<sup>15</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/479966/noms-offender-equalities-annual-report-2014-15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479966/noms-offender-equalities-annual-report-2014-15.pdf)

22. As a result of the Young Review's first recommendation, we are working with the Young Review advisory group to improve rehabilitation outcomes for young black and/or Muslim men in the Criminal Justice System (CJS), particularly those in custody or under community supervision. **The Young Review also recommended the creation of a National Offender Management Service (NOMS) equality strategy, and we launched the equality strategy on 9 October 2015.** The equality strategy will improve data collection and monitoring to gauge equality of outcome at different stages of offender management, from court onward.

## Care Leavers

23. The Harris Review was concerned with a lack of support that care leavers have from family and responsible adults outside of the prison environment. We are committed to improving the outcomes of children in care and care leavers, and have signalled our ambition that care leavers should receive the level of support from their local authority that other young people would expect to receive from their parents.

24. Almost a quarter (24%) of prisoners surveyed in 2005-06 said they had spent time in care<sup>16</sup>. Offenders are, however, often either reluctant to reveal, or unaware of, their care leaver status; and both care leavers and prison and probation staff do not always know the entitlements available to them. **We are considering how we can reassure prisoners about declaring their status and give staff the skills required to apply a careful approach to the timing and method of asking questions about care experiences.**

25. Much has been achieved already since the last government's Care Leavers Strategy was launched in 2013. We have added care leavers' fields to two main screening and assessment tools to support better identification and recording of care leavers in custody and under probation supervision in the community. This helps ensure that those requiring support get the help that they need. **In November 2014 we issued a practitioner guide to help Offender Managers in custody and Offender Supervisors in the community assess and plan work with care leavers by providing factual information about the legal status and needs of care leavers.** The guide highlights the importance of liaison with leaving care services and offers advice and practical steps which they can take. Care leavers' support groups have also been set up in some prisons with input from NACRO and the Care Leavers' Association to help care leavers access the support and entitlements available to them.

26. We believe that positive family relationships can help support offenders in desisting from crime and for those young people who have been in local authority care it is right that local authorities continue to meet their responsibilities as corporate parents until care leavers reach age 21 (or age 25 where the care leaver remains engaged in education or training). Young adults who have not spent time in local authority care will often have significant adults and supportive families that can provide this support. Placing a duty on local authorities to support all young people in custody would therefore be unnecessary and duplicate existing family support. **We recognise the importance of supporting family relationships as this can help reduce re-offending, and can also contribute to tackling intergenerational offending through addressing the poor outcomes often faced by offenders.**

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<sup>16</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278837/prisoners-childhood-family-backgrounds.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278837/prisoners-childhood-family-backgrounds.pdf)



27. **We have appointed a NOMS National Care Leavers' Champion and regional champions to share effective practice and promote the care leavers' agenda across the prison estate.** To continue to drive forward the focus on care leavers' needs, **we have established a National Care Leavers' Forum** which includes representatives from across government as well as voluntary sector organisations such as the Care Leavers' Association. The Forum meets four times a year and has identified five priority areas upon which it is now focusing - identification, recording, entitlements, support and scrutiny. This work will continue to drive improvements in services for care leavers and feed into the continuing cross government focus on care leavers.

### **Transition from youth to adult custody and probation services**

28. The Harris Review noted that the transition from the secure youth estate, and youth services, to the adult prison system and adult services is challenging, and young adults should be supported during this process. We recognise that a transition from youth to adult justice services can present a significant challenge for all involved. We have taken a number of steps in recent years to improve transition processes both in custody and community probation services, and we are committed to continuing to build on this progress. In 2012 we published NOMS' Transitions Protocol which sets out the process for transitioning young people from youth to adult custodial services. **We are reviewing the protocol and will re-issue it in Autumn 2016 as a mandatory instruction to be followed by custodial staff to ensure smooth transitions.**
29. The Youth Justice Board (YJB) has published a Transitions Framework for the management of community supervision cases transferring from youth to adult offender services. **The Joint National Protocol for Transitions in England from youth to adult services has recently been reviewed and was published in November 2015.**<sup>17</sup> The protocol seeks to identify the responsibilities of each organisation in the transition process, and provide a minimum expectation of all partners following the recent changes to the delivery of adult offender management services. Also **earlier this year we implemented a youth-to-adult IT portal which improves the availability of information and assessments on young people prior to transfer to adult services.**
30. The current system provides a distinct youth justice system for those aged under-18, to whom a different legislative framework applies and who have different needs and requirements. We, with the Youth Justice Board, recognise that the benefits to children who turn 18 in custody of a stable placement in the youth secure estate can be significant, and consequently about 10% of the population in under-18 custody is aged 18. **Therefore, subject to risk assessment, children serving Detention and Training Orders (DTOs) (or who are serving sentences with a short period remaining after their 18th birthday, or who are part-way through the parole process) will normally remain in the under-18 secure estate.** There is currently sufficient capacity within the under-18 secure estate to operate flexibly to make sure that those young adults who do need to move to the adult estate can do so as part of a planned and managed transition after they turn 18. As long as there remains sufficient capacity in the secure estate to accommodate some 18 year-olds, this approach will continue based on the circumstances and needs of individual offenders.

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<sup>17</sup> <https://www.gov.uk/government/publications/joint-national-protocol-for-transitions-in-england>

31. We announced in September that we are conducting a review of the youth justice system. The review, led by Charlie Taylor and due to report in summer 2016, will explore how the youth justice system can most effectively interact with wider services for children and young people to prevent offending and rehabilitate young offenders. The review will consider whether the current arrangements remain fit for purpose, and whether changes are required to the structures, responsibilities, funding and governance of the system. Therefore we do not intend to take forward the remaining Harris recommendations which alter the Youth Justice Board and Youth Offending Services' functions whilst the youth justice review is underway. **The Youth Justice Review will be informed by the Harris Review findings in drawing up its own recommendations for reforms to the youth custodial estate.**

### **Cross government working**

32. We agree that a multi-disciplinary and cross-departmental approach should continue to be adopted across the criminal justice system as it is at present. **The Harris Review is right to highlight the importance of the prevention agenda to tackle the root causes of offending and to divert young people from custody wherever possible, and this is dependent on a cross-government approach.** Many departments work together in a range of areas to support young adults, for example, work led by the Department for Education to improve those who are care leavers as set out above. The Social Justice Cabinet Committee and accompanying Strategy was set up to ensure our focus across government for those affected by family breakdown, low educational attainment, worklessness, problem debt, and addiction combine to cause the entrenched poverty affecting many of our communities.

## Chapter 3 – Safety in Prison Custody

33. The Harris Review makes a range of recommendations to improve current ‘safer custody’ practice in prisons, and we are grateful for the thoughtful approach the Review took on this matter.
34. The review must be considered against a wider backdrop of increases in suicide in society. Levels of male self-harm in the general community often remains ‘hidden’ to a greater degree than self-harm incidents in prison due to a lack of self-reporting.
35. Offenders are a very high risk group: drug/alcohol abuse, troubled family background, relationship issues, social disadvantage and isolation, previous sexual or physical abuse, and mental health problems are all more prevalent than in the general population and increase the risk of self-harm or suicide. Imprisonment can act as a protective factor, providing a structured and supportive environment. However it can also add to risk to those where environment is an influencing factor, as it can be socially isolating and difficult to handle psychologically.
36. We have extensive work underway to strengthen the support prisons provide to vulnerable offenders. Keeping people safe is of the highest priority.

### Assessment and support

37. The Harris Review recommended that a new specialist role called a Custody and Rehabilitation Officer (CARO), qualified as a social worker or professional youth worker, must be created specifically to work with young adults in custody, with a caseload of 15-20 offenders; and that a new risk assessment (SAVRAS) be implemented and individual custody plans (ICPs) generated.
38. We agree that it is critical that offenders are properly assessed and properly supported during their time in prison. However we disagree that this is best achieved through an additional specialist caseworker role for young adults, with associated risk assessment and plans. All staff have a responsibility to care for and support prisoners, flagging up heightened risk of suicide or self-harm when they identify it. Additional focussed support, particular to the needs of that individual, can then be provided when it is needed. In addition, there are already specific caseworking functions under the Offender Management model which a ‘CARO’ might cut across. It is hard to see how such a caseworking, assessment and planning process would be justified for young adults but not older age groups given the higher rate of self-inflicted deaths in middle-aged men in prison. **We believe that it is important that training and effort should be focussed on equipping existing staff, who know the offender best to spot changes in behaviour that might indicate an increase in suicide risk, rather than diverting effort and resources to create a new additional role.**
39. On entry into custody, a number of assessments are completed for each prisoner including a basic custody screening which must be completed within 72 hours, and healthcare screening. For those sentenced to 12 months or more, a structured assessment of risks and needs is completed following sentence, and an individualised sentence plan produced, which is overseen by an offender supervisor. The offender supervisor role should provide continuity within an establishment, and requires the offender supervisor to establish and maintain a relationship with the prisoner, having

regard to their welfare, to enable a holistic approach to be taken to risk reduction and progression through sentence. The Offender Management Model has been in place since 2006, and in that time there have been significant changes to the prison and probation services which are integral to its delivery. **The Offender Management Model has recently been reviewed in order to ensure that it can be effective for the future, and as a result we will be making changes to offender management roles. The Offender Management review is being considered as part of wider prison reform. A greater emphasis will be placed on staff having dedicated time to engage with prisoners, in order to develop positive, supportive relationships and to be alert to welfare needs. We believe it is more important to assess once and well, so we disagree that there should be a new risk assessment or plan.**

40. A wide range of prisoners may be at-risk of self-harm or suicide, with self-inflicted deaths occurring across all age groups, and at all points during sentence length. The early days in custody are recognised as a period of heightened risk, but the levels of risk presented by individuals fluctuate over time. For this reason, and in the light of the need to focus staff attention and relevant specialist resources on those prisoners who most require them, the ACCT process (assessment, care in custody, and teamwork) is a flexible, multi-disciplinary case management process which provides for individualised care for prisoners assessed to be at increased risk. Any member of staff (healthcare, prison or other) can open an ACCT if they have concerns that a prisoner presents a risk of suicide or self-harm, and this triggers a more detailed psychosocial assessment by a trained assessor and a case conference with input from healthcare and other relevant disciplines to devise an appropriate care plan. This is overseen by a case manager who holds case reviews as required as the care plan is implemented and assesses whether risk has reduced. The Harris Review describes that ACCT and the associated Prison Service Instruction as providing a thorough and comprehensive process, but raises concerns about its implementation, in particular noting that the focus is too much on procedure and not enough on care.
41. **We have recently conducted a review of the use of ACCT, and recognising these concerns has focused this review on issues of compliance with the policy and the quality of delivery of care and support through the process.** The findings of this review are currently being considered and a summary of its findings and recommendations will be made available by Summer 2016. **A number of improvements to the process, including tools to assist staff in fulfilling their roles in the process and a revised policy document will be put in place during 2016.**
42. We recognise the concerns that led to the Review's recommendation to create a new caseworker role and assessment process and consider that these should be addressed through improvements to the Offender Management Model and improvements in compliance with and delivery of the ACCT process. We do not therefore intend to implement the new role of CARO and its associated SAVRAS and ICP processes as they risk detracting from all staff's responsibility in prison for prisoner safety, which underpins and is integral to the ethos of every institution in the prison estate. The philosophy that 'every contact matters' is central to our recent efforts to recruit the right staff and to train them in the importance of care, safety and rehabilitation in their roles.

## Safer cells

43. The Harris Review considered the physical environment of the prisons it visited and made recommendations in relation to safer cells and ligature points. We believe that the use of a 'safer cell' – which aims to make suicide or self-harm as difficult as possible - can be helpful in certain circumstances. However, when considering the use of a designated safer cell it must be borne in mind that safer cells cannot deal with the problems underlying a prisoner's self-harming or suicidal behaviours, and so safer cells can only complement (and not replace) a regime providing individualised and multi-disciplinary care for at-risk prisoners. **We accept that current data on safer cells is incomplete and we are working to improve the data held on the number of safer cells in early 2016, and considering the policy and maintenance implications of their use in the context of wider improvements to the prison estate, including the design and construction of 9 new prisons by 2021.** We agree that window design should allow an air flow whilst remaining as free as possible of ligature points. Light fittings in safer cells are designed to minimise the risk of use as a ligature point.

## Prison staff's skills and training

44. The Harris Review recommended that staff should be trained in maturity issues that impact on young adults. **We agree that staff skills and training are absolutely vital in rehabilitating and caring for those in prison. We have an extensive learning offer available for all prison staff including governors to access through in-house courses specific to prison roles, and access to wider management and leadership training provided by Civil Service Learning.** All new prison officers receive training in mental health awareness and safer custody. The training provides an understanding of mental health disorders, including how to respond effectively to prisoners experiencing mental ill health issues, as well as our strategy for managing suicide prevention, self-harm and violence management. Further training is available to prison officers throughout their career depending on their role within their prison. The mental health awareness training can also be accessed at local level by other prison staff who come into regular contact with prisoners.
45. In recognition of the complexity of the role of a prison officer and the challenges of the current custodial population, **we have reviewed the entry level training that all new prison officers receive, and concluded that from January 2016 a new 10 week Prison Officer Entry Level Training course and supporting qualification will be introduced.** As part of this, all new recruits will receive training in basic life support. This revised course will have an expanded content in relation to safer custody and mental health issues, and there will be more emphasis on building stronger staff-prisoner relationships. **This is an increase of 25% in the length of the course and should ensure all new staff are better equipped to begin their important work as prison officers. We will continue to provide ongoing training and skills development for staff throughout their careers.**

## Regime and time out of cell

46. The Harris Review made recommendations about the time prisoners should spend outside their cells. **We agree that structured regimes with appropriate time out of cell and the provision of purposeful activity is essential for the rehabilitation of offenders in custody and has wider health benefits.** Purposeful activity of all varieties contributes to the well-being of prisoners and underpins a healthy prison environment where working, learning, exercise and association are regular features of prison life. The benchmark for young offender institutions and the closed adult estate (except high security) provides over 10 hours out of cell each day, including over 6 hours of purposeful activity. In some prisons in which there are ongoing staffing shortages restricted regimes will operate temporarily. Arrangements are made to redeploy staff to these prisons on detached duty to provide support and operational resilience and the regime is designed to facilitate the maximum time out of cell consistent with the maintenance of safety and security.

## Peer support, family and friends

47. **The Harris Review noted that visits and contact with families are usually protective factors for those in prison. In addition to the support that staff working in prisons of all professional backgrounds can provide, we believe it is very important to ensure prisoners can also draw on support from family, friends and fellow prisoners.** For many years we have worked in partnership with the Samaritans who support the running of 'Listener' schemes, whereby prisoners who are deemed suitable for the role are trained by the Samaritans to provide confidential and non-judgmental support to fellow prisoners experiencing emotional distress. We recognise the support that family and friends can provide through visits, telephone and written contact, and the need to ensure that families and friends feel confident to, and can easily pass on concerns they may have about a prisoner's well-being to an establishment. **We have continued to develop our approach to supporting offenders' families and to build the evidence base through initiatives such as piloting new models of custody and community-based family support.** For example, we have established full time Family Engagement Workers at all public sector female prisons, and have piloted a community based model with probation providers in the South West and Isle of Wight. It is mandatory to consider the involvement of families in the care and support plans for those subject to the ACCT process.

48. Prisoners at all levels of the Incentives and Earned Privileges (IEP) are eligible for the minimum number of visits under Rule 35 of the Prison Rules 1999. It is existing policy that visits are not withdrawn as a punishment. Visits are maintained whilst restricted regimes are in operation and are suspended only in operational emergencies. The opportunity to earn additional visits above the statutory minimum is part of the current IEP scheme. We are considering IEP as part of the Government's wider approach to prison reforms.

## Improvements to person escort record

49. The Harris Review recommended that two phone numbers should be included in the person escort record before a mobile telephone is retained by the police/prison authorities. We are not convinced that the person escort record is the best way of storing/including phone numbers, as an offender's mobile phone may have been retained for evidential purposes before a PER is even required. We agree, however,

that it is important that information is shared effectively when offenders transfer between criminal justice settings and we are committed to improving access to personal phone numbers. **A project is underway across criminal justice agencies to improve the ‘person escort record’ used when people are transported between police stations, the courts and prison custody, in part in response to a Thematic report carried out by Her Majesty’s Inspectorate of Prisons.** A new national person escort form, being piloted in the South Central region for six months from November 2015, now includes a Suicide and Self Harm Warning Alert as an integral part, and a ‘red flag page’ to record heightened risks and any significant events which occur during the escort. Other developments include a broader medical section which now prompts the recording of information on social care needs in response to the Care Act 2014, and any vulnerabilities such as hearing, poor sight etc. Young-person specific event codes, and references to post incident serious injury warning signs which staff need to be aware of, have also been included.

### Gangs, bullying, violence

50. We are committed to reducing violence in prisons and a **major programme of work is underway** over 2015-2017, including work to improve understanding of the drivers and patterns of prison violence, enhance interventions and local management strategies, and pilot new tools such as body-worn video cameras and a case management approach for managing challenging behaviours.
51. We recognise that bullying occurs in prisons, but consider the term is less useful for dealing with its manifestations for adult prisoners than under-18s, as it can underplay the seriousness of some of these behaviours. We are committed to responding to the issue of gangs in prison. Our assessment is that the extent of gang presence varies widely between prisons. Operational guidance was provided to prisons in April 2015 on the development of local violence reduction strategies, including addressing ‘bullying’ and understanding group-related prison violence. Every prison was required to put in place a revised local strategy by the end of September 2015.

### Tackling new psychoactive substances

52. We recognise that prisoner use of new psychoactive substances (NPS) can cause significant issues. Their use has been linked to health concerns as well as specific acts of violence and erratic behaviour. We have already introduced a number of measures to tackle the use of psychoactive substances in prisons, including **communications to make sure that offenders are aware of the consequences of taking psychoactive substances**, as are visitors who attempt to bring them in. This has been issued alongside **a series of articles and briefings to Governors and staff. We are working with Public Health England on the development of an NPS toolkit for health practitioners and operational staff in prison**, which will be finalised by Autumn 2016 and provide a comprehensive source for understanding the behaviours associated with NPS use and practical advice on referral to, and treatment by, health colleagues.
53. **The Psychoactive Substances Bill will introduce new offences covering the supply of any type of NPS, possession of NPS within a prison**, and changes to the Misuse of Drugs Act will see a wide range of the more dangerous NPS placed on the controlled list. **On 10 November 2015 we brought into force a new criminal offence of throwing or otherwise projecting any item into a prison.**

## Continuing to engage with experts

54. The challenge of understanding and addressing the increase in self-inflicted deaths amongst all age groups in prison is one of our highest priorities. We draw on partnerships with health commissioners and providers and with third sector bodies such as the Samaritans for support in this. We support the work of the Independent Advisory Panel on Deaths in Custody, which advises the Department of Health, the Home Office and the Ministry of Justice on reducing deaths in secure settings. Ministerial Board on Deaths in Custody meetings routinely consider the challenges of reducing suicide in prisons. We endorse the work of Her Majesty's Chief Inspector of Prisons and the Prisons and Probation Ombudsman, promoting the valuable learning from thematic reports to staff. We benefit from the insights of numerous academics working in this field, and participate in the National Suicide Prevention Strategy Advisory Group. **We recognise that this is a dynamic problem that is not restricted to prisons in England and Wales and we therefore believe that NOMS should engage with international experts and new academic research and data analytics to better understand suicide and self-harm incidents in prisons to inform future policy and operational practice.** We need more data and better evidence on the most effective means to prevent these incidents and should draw widely on the experience of colleagues in related professions and the community.



## Chapter 4 – Health services in prisons

55. Since April 2013 health services in prison have been commissioned through 10 NHS England Health and Justice regional commissioners who are specialists in prison health commissioning. Commissioning is based on clinical need and equity of access to comparable services to those in the community. The responses in this section refer to healthcare in English prisons only, as healthcare in Welsh prisons is devolved to the Welsh Government. We work closely in partnership with our colleagues in health services in Wales to support prisoners in Welsh prisons. The Welsh Government commissions all health services in Wales (excluding non-clinical substance misuse services) via Local Health Boards. It is for the Welsh Government to respond to the recommendations of the Harris Review which fall under their purview.

### Improved provision of Mental Health services

56. Child and Adolescent Mental Health Services (CAMHS) are specialist NHS services offering assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. They are expected to see young people up to the age of 18, though individual services vary. We agree that Child and Adolescent Mental Health Services need to improve in order to enable better links and earlier identification of mental health issues for young people. We are committed to delivering in England the vision set out in *Future in Mind*, the previous government's report which establishes a clear and powerful consensus about improving children and young people's mental health and wellbeing.<sup>18</sup>

57. **We are investing an additional £1.4 billion over the next five years this includes £1.25bn to support the development of improved, more accessible services for children and young people's mental health and wellbeing and an additional £150million to tackle eating disorders. A major transformation programme, backed by additional investment, will deliver a step change in the way children and young people's mental health services are commissioned and delivered,** placing the emphasis on prevention and early intervention, building care around the needs of children young people and their families, including the most vulnerable. As a first step, Clinical Commissioning Groups (CCGs, which commission community NHS services in the local areas which they cover) have submitted plans for children and young people's mental health and wellbeing developed with local partners, which are currently being assured by NHS England. These plans cover the whole spectrum of services for children and young people's mental health and wellbeing. *Future in mind* also proposed more widespread use of single points of contact between schools and CCGs to improve communications and referrals between schools and services. Many areas are already using a single point of access to targeted and specialist mental health services through a multi-agency 'triage' approach, including areas working within the Children and Young People's Improving Access to Psychological Therapies (IAPT) programme. Work is also underway with the Department for Education (DfE) and NHS England on pilots of single points of contact and there are a wide range of local projects working across CAMHS and education, looking at issues such as bullying, emotional wellbeing, risk-taking behaviour, etc.

<sup>18</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

## Liaison & Diversion and Places of Safety

58. The Harris Review recommended that further funding be made available to ensure the early identification of mental health issues. We believe it is right that we support those with mental health vulnerabilities who come into contact with the criminal justice system. Liaison and Diversion (L&D) services in England identify, assess and refer people of all ages who have mental health and other vulnerabilities when they first come into contact with the criminal justice system, at police stations and courts, to the appropriate treatment or support service. This support may be in the community or the justice system – L&D assessments help magistrates and judges to divert vulnerable offenders where appropriate (e.g. with severe mental health or learning disabilities) into health service provision to meet their needs when sentenced.
59. The Liaison and Diversion (L&D) programme's national service specification, which is currently being tested, provides for an all age service with equality of access. Where appropriate, early identification through L&D could result in some people being diverted away from the criminal justice system altogether. L&D services also allow for treatment requirements to be made available as part of a community or suspended sentence supervision order, including as an alternative to custody where appropriate.
60. We have commissioned Liaison and Diversion services since April 2014. A national service specification is currently being tested for L&D services in England, with 24 trial sites currently covering more than 50% of the population. Subject to an evaluation of these trials, and approval of the business case, **we aim to deliver provision of Liaison and Diversion for the whole of the country by 2017/18.**
61. Under section 136 of the Mental Health Act 1983 the police have the power to take someone found in a public place who they believe to be suffering from a mental disorder and in need of immediate care and control to a place of safety so that a mental health assessment can be completed and any ongoing care arranged. **The Mental Health Act 1983 Code of Practice 2015 makes it clear that a police station should only be used as a place of safety in exceptional circumstances and work in every area of the country to take action to improve mental health crisis care services and introduce services, such as street triage, which refer people in mental health crisis to the appropriate mental health service, has significantly reduced the use of police stations as a place of safety.**
62. We made a manifesto commitment to 'proper provision of health and community based places of safety for people suffering mental health crises'. To support this we announced in May 2015 that an additional £15 million would be invested to support the development of additional health-based places of safety in England during 2016/17. We are working with a number of local areas on plans for investment to increase the capacity of local services to ensure that people in mental health crisis are not taken to police stations as a "places of safety" (as defined by sections 135/6 of the Mental Health Act 1983). We also announced that a **new Policing and Criminal Justice Bill** will include a number of provisions to amend police powers under the Mental Health Act 1983 including removing police cells as possible places of safety for under 18s detained under section 135 or 136 of the 1983 Act, clarifying what is meant by the circumstances under which police cells may be used for such detentions, and reducing the current 72 hour maximum period of detention.

## Treatment for offenders

63. **We are working to develop a systematic approach to ensure that every person who leaves custody has been registered with a GP**, removing one of the main blockages to accessing both primary and secondary care.
64. We note the recommendation that CCGs should prioritise access to treatment for offenders referred through L&D. Whilst it is not possible to prioritise access to health services on any other basis than clinical need, Liaison and Diversion services are key to ensuring offenders' health needs are identified as soon as possible, resulting in timely and improved access to services, wherever they end up within the system. When offenders leave prison their healthcare becomes the responsibility of the local CCG and significant steps have been made in ensuring GP registration and developing a pathway that ensures continuity of care when prisoners return to the community. This continuity of care needs to be supported, in the event of an individual's return to the secure estate so that identified need, treated by community based services, can be sustained within any receiving establishment.

## Parity of Services with those in the community

65. We agree with the Harris Review that the principle of parity with healthcare provided in the community for offenders in prison and when they leave prison means that the care should be of the same quality as the care received by the rest of the population. Health (including public health) and social care services are already commissioned to a standard of equivalence of access with the community, and this underpins all commissioned health and social care activity across the secure estate, including prisons. **This has been set out in NHS England's Document 'Securing Excellence in Commissioning for Offender Health'<sup>19</sup> (February 2013), and in legislation (the Care Act 2014, and the Social Care and Wellbeing Act 2014).**
66. Improving Access to Psychological Therapies (IAPT) is an initiative which supports the NHS in offering patients routine first-line treatment for depression and anxiety-based disorders. We note that the review states that IAPT for depression and anxiety-based disorders should be as readily available to those in prison as they are in the community. Although all commissioning of services is based on needs of the patient population and appropriate delivery, and therefore it may not be possible to deliver IAPT across all establishments, **there is a significant drive for the community based IAPT developments to be mirrored across commissioned services in the secure estate, including prisons.**

## Joint responsibility for prevention of self-harm and self-inflicted deaths in custody

67. We believe that responsibility for prevention of self-harm and self-inflicted deaths in custody is already shared by custodial and healthcare providers (as recommended by the Harris Review), although **we accept that there could be greater clarity on how responsibility can be apportioned between devolved and non-devolved areas (i.e. between England and Wales).** We have a mechanism to support cross-border protocols and communications and this approach will continue to address the

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<sup>19</sup> <https://www.england.nhs.uk/wp-content/uploads/2013/03/offender-commissioning.pdf>

challenges common across the estate, and support the learning and approaches we have initiated around this work.

68. **There is a strong NOMS, Public Health England and NHS England partnership commitment to ensure further emphasis on their joint responsibility and ownership of management of self-harm prevention. For example, best practice guidelines for constant supervision are being reviewed and we expect the guidelines to be in place by Autumn 2016.**

## Information Sharing

69. The Review recommends a consistent approach throughout the criminal justice system to requesting consent to share medical information. This is a difficult balancing act between ensuring that information is shared where it is essential to protect a risk to life on one hand, whilst on the other respecting the importance of protecting the principle of confidentiality of the doctor patient relationship if young people are to have the confidence in accessing the health care and support they need.
70. It is important to note that there are circumstances in which pertinent information can already reasonably be shared, in the best interests of the patient. Clinicians' experience is that if there is an expectation they will share information with non-healthcare staff without explicit consent then young people in custody will withhold information that is necessary for them to receive effective treatment, or withdraw from treatment altogether, because of the loss of trust. This would put clinicians in the position that they could not meet their duty of care to the individual nor would they receive the information which the review is keen that they share with non-healthcare staff.
71. **We support greater efforts from healthcare staff to seek consent from young people that information be shared with non-healthcare staff, and will discuss the practicalities with the British Medical Association, General Medical Council and other professional organisations.** This will include provision of guidance advising healthcare staff that they must record whether or not they have sought consent to share information from a young person in custody and the outcome of any conversation and steps to be taken when it is not possible to obtain consent. This would be consistent with a duty to cooperate in relation to information sharing and the overall thrust that clinicians should wherever possible seek consent. We agree that consent should be sought at the first instance and that information should be shared where consent is received, and where it is not, that this should be revisited when a prisoner moves to a new establishment with a clear outline for the rationale behind consent.
72. **We will consider what more could be done to support this happening in practice, including placing contractual obligations on NHS England commissioned providers to share information with CJS agencies once informed consent is received at each stage of the CJS process** - from NHS England commissioned Liaison and Diversion providers at police stations and courts to NHS England commissioned custody health providers, and between different custodial settings.

73. Whilst obtaining consent and sharing information accordingly should be aimed for in every case, we reject the recommendation that a statutory duty of cooperation should be introduced for the sharing of information with the Prison Service to be placed upon those organisations that have direct engagement with the Prison Service (including health, mental health services, police, etc). There are cases where sharing of medical information is unnecessary (where it does not relate to vulnerability) even where consent is given, and where consent is not given there is a risk of unintended consequences as outlined above (i.e. deterring people from seeking medical assistance in the first place). **We believe that Information Sharing Protocols are a better option** as new legislation would in any case need to conform to wider legislation on information sharing and data, which already supports health providers' abilities to share information.

### Continuity of healthcare

74. In relation to continuity of care plans following a transfer between establishments, or to community providers, the government agrees that there should be no interruption in treatment. **The new Health and Justice Information System (HJIS), which is currently being procured (procurement set to end in July 2016, with roll-out by July 2017), allows health staff anywhere to access patient files, even in community settings. This system is being used to cross reference patient activity so that records are accessible wherever the person is being seen by a healthcare professional.** The system will not allow full record sharing across secure and community settings, but will allow summary care record information to be shared across community settings including secondary care settings whilst they are still held in the residential estate.

### Life Support Training

75. The Harris Review recommended life support training. The Immediate Life Support course is an assessed qualification delivered by the Resuscitation Council UK, a charity which promotes resuscitation guidelines. We agree in principle with the recommendations that all healthcare staff must be trained to the minimum level of the Immediate Life Support Course, and that a system for checking that standard emergency medical equipment is available and in good condition is in place. **All healthcare staff working within frontline NHS services in England must have annual basic life support training as part of their mandatory training. NHS commissioned providers are contractually bound to ensure systems are in place to avoid severe harm or death.** This applies to all patients receiving NHS funded care so does apply to prisoners.

## “Never Events”

76. The Harris Review recommended that an appropriate “never event” in a custodial setting should be considered. “Never events” in a healthcare context are serious incidents that are considered unacceptable, and which are entirely preventable. The Review recommends that a “never event” should be created to ensure that no young person who is identified as requiring detention and treatment/assessment in hospital under the Mental Health Act 1983 (the Act) should be detained in police or prison custody. **We agree that when a prisoner is clinically assessed by the appropriate mental health professionals as meeting the criteria under the Act he or she should be transferred to a mental health hospital under section 47 or section 48 of the Act, which can meet their clinical and security requirements as soon as possible.** Following the Health and Social Care Act (2012), NHS England has updated previous DH guidance on transferring adult prisoners to secure psychiatric hospitals under section 47 and section 48 of the Act. The guidance sets out how transfers, including those of young adults, can be enabled to take place within 14 days. **NHS England and NOMS are currently strengthening this guidance to include the expectation that a 14 day transfer is the limit and longer periods will require exception reporting.**

## Care Quality Commission Inspections

77. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The CQC ensures that health and social care services provide people with safe and effective care. The CQC has undertaken regular inspections of health provision in prisons and YOIs, in partnership with Her Majesty’s Inspectorate of Prisons (HMIP), for some years. Previously each inspectorate used their own separate inspection framework however the CQC and HMIP are **currently piloting the use of a single framework for inspection, which will lead to a joint report, and this is the subject of a consultation paper published at the end of March<sup>20</sup> “*Our approach to regulating health and social care in prisons and young offender institutions, and health care in immigration removal centres*”.** This closer working relationship with HMIP will also enable a more consistent approach to reviewing deaths in prisons and YOIs, so that HMIP can raise these directly with CQC.

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<sup>20</sup> <http://www.cqc.org.uk/content/how-we-regulate-and-inspect-health-and-social-care-prisons-and-young-offender-institutions>

## Chapter 5 – Governance and oversight

78. In any civilised democratic society we believe that it is right that unexplained deaths are investigated and reported on. All deaths that occur in prison custody will be subject to an investigation by the Prison and Probation Ombudsman and an inquest will be held. The Secretary of State for Justice and justice Ministers are regularly briefed by NOMS on incidents across the estate including self-harm in custody and the Prisons Minister is provided with full details of the cases where death occurs.

### Criminal Justice independent oversight bodies

79. The Review made a series of recommendations about arm's length bodies who have obligations relating to the deaths of young people in custody: HM Inspectorate of Prisons, the Prisons and Probation Ombudsman (PPO), Independent Monitoring Boards and the Independent Advisory Panel (IAP) on Deaths in Custody. Many of these recommendations are for the organisations themselves to consider and respond to rather than the government. It would not be appropriate to prescribe the detail of how such independent bodies carry out their work. The recommendations that relate to the independence, role and sponsorship of those bodies will largely be considered as part of the wider prison reform work. We will keep sponsorship of the IAP under review. We think the independence of the PPO is not in doubt. Statutory change will depend on parliamentary time being available.

### Coroners' remit

80. The Harris Review made recommendations about coroners' roles and sharing information that relate to deaths in custody. When a coroner opens an inquest s/he has a duty to determine the identity of the deceased and establish how, when and where the deceased died. In accordance with the Coroners and Justice Act 2009, in a coroner's investigation in which Article 2 of the European Convention on Human Rights is engaged (such as a death in custody), the purpose of the investigation includes determining the detailed circumstances in which the death occurred. He or she may therefore consider factors in the deceased's history which may establish a broader context in which to understand the circumstances surrounding the death.

### Information following a death in custody

81. There is considerable information available following a death in custody. Where a coroner conducts an inquest into a death and considers that there is action which should be taken to prevent future deaths in the same or similar manner he or she is under a duty to write a report to prevent future deaths (PFD report). The Chief Coroner publishes details of all PFD reports and the responses to them, redacted where necessary, and is required to include a summary of these in his annual report to the Lord Chancellor. Work is underway by the Judicial Office, which supports the Chief Coroner, to make all PFD reports since July 2013 available on the Chief Coroner's website. We have no current plans to enable further work on the themes of PFD reports.

82. The reports of the Prisons and Probation Ombudsman (PPO) into the death are published after the inquest. These reports are currently anonymised, but changes to be introduced shortly will include the deceased's name. We publish detailed information in quarterly Safety in Custody statistics<sup>21</sup>.
83. With the amount of information already available following any death in custody, there are no plans to centralise the function. The websites of each of the agencies contain details of their published reports, redacted as necessary.

### **Monitoring and reporting of detention by the State**

84. The treatment and conditions of persons detained by the State is regularly monitored by international and domestic organisations. In particular, the UK is a party to (and periodically reports to the United Nations under) the International Covenant on Civil and Political Rights, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The UK's periodic reports and the United Nations' observations are all publicly accessible.
85. In addition, under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the UK established a "National Preventive Mechanism". This is coordinated by HM Inspectorate of Prisons which works together with organisations which inspect UK places of detention with the aim of preventing torture and inhuman or degrading treatment. The National Preventive Mechanism produces an annual report of its activities which is laid before the UK Parliament.
86. The UK is a party to the Council of Europe European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment; under this Convention, the UK's detention facilities are inspected by Council of Europe experts. Although the visit reports and the UK government's responses are in principle confidential, we ordinarily grant permission to make these documents publicly available on the internet.
87. Conditions in prisons and deaths in custody are reported in a range of government publications including Her Majesty's Inspection of Prisons reports, Independent Monitoring Board and NOMS annual reports, and quarterly safety in custody statistical publications. We respond, and will continue to do so, to requests for information and evidence from parliamentary committees including the Joint Committee on Human Rights and Justice Select Committee, amongst others.

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<sup>21</sup> <https://www.gov.uk/government/collections/safety-in-custody-statistics>



Recommendation no.	Recommendation	Government Response	Response Detail
<b>Purpose of Prison</b>			
1	Ministry of Justice (MoJ) must publish a new statement setting out that the purpose of prison is to hold safely and securely those people sent there by the courts, either because they have been sentenced to imprisonment or because they have been remanded in custody while awaiting trial or sentencing. A prison should provide to those in custody a regime whose primary goal is rehabilitation. The penalty of imprisonment is the removal of liberty; all persons deprived of their liberty shall be treated with respect for their human rights (including the European Convention on Human Rights) and their individual protected characteristics (as defined by the Equality Act 2010). Restrictions placed on persons deprived of their liberty shall be the minimum necessary and proportionate to the legitimate objective for which those restrictions are imposed. Life in prison should approximate as closely as possible the positive aspects of life in the community.	Agree	The Secretary of State has stated that the purpose of prison is rehabilitation.
<b>Young Adult Offenders</b>			
35	NOMS should continue its useful work on developing a tool to measure maturity effectively, the aim of which should be to better identify and support those in custody who are vulnerable because of a relative lack of maturity. This tool should be appropriately tested and made operational as soon as possible. Progress on this tool should be reported within one year of the publication of this Review.	Agree	NOMS will continue the work to develop the tool - validation of the tool is underway and it is expected that an evaluation report will be available by April 2016. Effectiveness will be assessed before options for implementation are considered.
38	NOMS should further develop its work on care leavers, in order to ensure that care leavers can be accurately and reliably identified upon arrival in Prison and that data is collected to ensure that progress through custody for care leavers is properly recorded, researched and improved.	Agree	Care leaver status is now identified and recorded using the Basic Custody Screening Tool and P-NOMIS. Further work to improve the custodial experience of care leavers continues.

30	A multidisciplinary and cross-departmental approach must be adopted to support young adults who have entered or are at risk of entering the Criminal Justice System. The Government Departments involved should be the MoJ, the Home Office (HO), the Department of Health (DH), Department for Innovation, Business and Skills (BIS), Department for Work and Pensions (DWP), and Department for Communities and Local Government (DCLG). The initiative should be coordinated by the Cabinet Office, with input from the Government Equalities Office. Similar arrangements should be developed in Wales under the auspices or working with the Welsh Government.	Agree in principle	The government agrees with the concept of cross-departmental work, but believes that departments work effectively across government already, including the jointly sponsored Independent Advisory Panel on Deaths in Custody.
36	If the Youth Offending Team (YOT) and other key organisations believe that due to an individual's lack of maturity, it would be in the best interest of a vulnerable young adult to remain in the under-18 estate after they reach 18, suitable accommodation should be found for that person within the juvenile estate, recognising safeguarding issues.	Agree in principle	Subject to risk assessment, children serving Detention and Training Orders (DTOs) (or who are serving sentences with a short period remaining after their 18th birthday, or who are part-way through the parole process) will normally remain in the under-18 secure estate.
33	The Review recognises that there is no simple answer as to whether young adults should be accommodated in separate institutions or mixed with older adults. All young adults (18-24 years), however, must be accommodated in small units that have the specialist staff and regime to meet their needs and that, when their maturity or vulnerability mean it is in their best interests, they should have the facilities to accommodate them in specialised wings or blocks.	Subject to wider reforms	This will be considered in the context of prison reform.
37	YOTs and other relevant agencies should be required to remain in contact with a young adult who transfers from the youth estate to an adult or young adult establishment for at least 6 months after they reach 18, and longer if particular vulnerabilities are identified. This may extend to 21 or 24 (if they are in full-time education), comparable with the local authority duty for young adults who were 'looked after' before they reached 18.	Subject to wider reforms	The functions and powers of YOTs and other agencies are subject to the government's youth justice review. The review reports in summer 2016.

29	There must be a legal recognition of the concept of 'maturity'. As well as chronological age, maturity should be a primary consideration in making decisions relating to diversion, sentencing and, where a custodial sentence must be given, how and where a young adult (18-24) should be accommodated. The work to achieve this should be the responsibility of the Ministry of Justice, who should report on progress within 1 year of the publication of this review.	Reject	Maturity is recognised in Liaison & Diversion services which identify vulnerabilities, and as a mitigating factor in sentencing guidelines. Prison accommodation will be considered as part of the wider prison strategy. However, the government does not agree that legislation should currently be considered which legally recognises the concept of maturity.
32	Local authorities must have an explicit statutory duty to provide a corporate parenting and support role to all young people who are in NOMS custody, in addition to their existing statutory duties towards care leavers in custody. This should include providing a 'Significant Adult' who would be able to visit during normal visiting hours and to act as a mentor and personal advisor to these young adults.	Reject	Young adults who have not spent time in local authority care will often have significant adults and supportive families that can provide this support. Placing a duty on local authorities to support all young people in custody would therefore be unnecessary and duplicate existing family support. We continue to work to support constructive family relationships with all offenders we have contact with to support their rehabilitation.
<b>Prison Safety and Environment</b>			
11	Each establishment, guided by instructions from NOMS if necessary, should review their estate and their population demographics and make a formal ongoing assessment of the minimum number of "Safer Cells" that are considered necessary to accommodate those requiring this additional protection.	Agree - already adopted	This is existing policy and the NOMS safer cells working group is working to improve the use of safer cells across the prison estate.
5	National Offender Management Service (NOMS) must identify and keep a record of the number of certified 'Safer Cells' (PSI 17/2012) both in use and available for use across the estate.	Agree	A process is in place for identifying safer cells and NOMS will develop a register of them. We are working to improve the data held on the number of safer cells over 2016.
10	Window design in safer cells should allow an air flow and be free of possible attachment points for a ligature.	Agree	The existing design is intended to maximise air flow and minimise ligature points. We continuously seek to improve this design.

12	NOMS should provide sufficient capital funds to allow for the building or the modernisation of sufficient cells to “Safer Cell” standards to meet that assessment and also for the subsequent maintenance of the sufficient cells to that standard.	Agree	Maintenance of safer cells to the agreed standard forms part of the prison maintenance programme.
13	All cells that have achieved certified to “Safer Cell” standards should then be maintained to that standard unless there is a documented decision by the Governor to allow the “Safer Cell” designation for that cell to cease.	Agree	Maintenance of safer cells to the agreed standard forms part of the prison maintenance programme.
7	All young adults should spend at least 8 hours a day outside of their cell and must be entitled to at least one hour of daily exercise in the open air every day. NOMS must record details of instances when a prisoner has not been able to comply with these minimum standards.	Agree in part	<p>It is essential that prisoners spend a reasonable part of the day out of cell and this is reflected in the fact that the public sector benchmark for YOIs and closed adult prisons (except the high security estate) provides for 10.25 hours unlocked</p> <p>We do not believe that one hour in the open air is necessary. Existing policy is that a minimum of 30 minutes in the open air must be provided</p> <p>We do not agree that it would be practicable or beneficial to record data at the individual level recommended as this would be unduly time-consuming and would serve no practical purpose. Alternative means of collection of a more limited, relevant data set are being explored for the future.</p>

2	<p>In line with the European Convention on Prevention of Torture (CPT), all young adults in custody must be able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature. Levels of purposeful activity must be sustained for prisoners on all levels of the Incentives and Earned Privileges (IEP) scheme.</p>	<p>Agree in principle</p>	<p>We agree that all young adults in custody must be able to spend a reasonable part of the day outside their cells, engaged in purposeful activity. NOMS is compliant with all legal requirements for prison regimes. The figure of 8 hours is a recommendation, and not a part of the CPT itself.</p> <p>Our commitment to this is reflected in the fact that the public sector benchmark for YOIs and closed adult prisons (except the high security estate) provides for 10.25 hours unlocked. 6.25 hours of this are spent engaged in what is defined by NOMS as purposeful activity.</p>
6	<p>NOMS must develop and publish a distinct policy for management of gangs, including an identification of what strategies are most likely to deliver better outcomes in relation to the management and support of those individuals who may be perceived as being part of a gang.</p>	<p>Agree in principle</p>	<p>NOMS is committed to responding to the issue of gangs in prison. As our assessment is that the extent of gang presence varies widely between prisons we believe that benefits will be maximised through targeted efforts at local level, rather than issuing a national policy. This mirrors the approach taken by the cross government Ending Gangs and Youth Violence Programme in the community. Operational guidance for developing local violence reduction strategies, including a section on 'Understanding Group Related Prison Violence' was issued in April 2015. Best practice guidance on managing the risks presented by gang members, and effective approaches to supporting them to leave gangs and offending behind, is being prepared for prisons and probation services and will be issued in 2016.</p>

40	As part of their response to bullying NOMS must provide (for example through an external contractor or Non Government Organisation (NGO), if appropriate) a 24 hour anti-bullying helpline. This service should be provided through a free telephone hotline, so that prisoners or their families could report problems. All calls would be logged and passed to the relevant prison which would be expected to record the action taken, including consideration of urgency and appropriate management of the issues raised.	Agree in principle	There are existing systems for prisoners to report issues and we would not want to put in place a system that would undermine these. We are committed to broadening opportunities for families to report concerns, but we are not convinced that a 24 hour helpline is the best way to do so.
4	Her Majesty's Inspectorate of Prisons (HMIP) must conduct a thematic review on Safer Cells, which includes an analysis of what the right number of safer cells is for each prison and Young Offender Institution (YOI). The review should identify which prisons are maintaining enough cells at the correct 'Safer Cells' level. Once this is established, whether the prison continues to maintain the right level should become a standard part of HMIP inspection process.		This is for HMIP to consider as part of their programme of thematic inspections.
3	We recommend that the application of the current IEP scheme must urgently be reviewed so that the shortcomings associated with the current scheme be addressed and resolved. With immediate effect prisoners must not be automatically downgraded to the entry level of IEP on return to the prison following sentencing.	Subject to wider reforms	We are considering IEP as part of the Government's wider approach to prison reforms.
8	Any young adult where there are current concerns about their vulnerability recorded as part of their Safety and Vulnerability Risk Assessment and Support (SAVRAS) should not have their regime (IEP) status downgraded.	Reject	We do not believe that a rigid policy with regard to decisions about regime level for prisoners assessed as being at risk of self-harm or suicide is appropriate. The existing IEP policy mandates that the needs of prisoners at risk of self-harm or suicide are considered, and all decisions (including withdrawal of privileges), should be considered on a case by case basis and, where necessary, alongside Assessment Care in Custody Teamwork (ACCT) or any other process that supports vulnerable prisoners.

9	All light fittings within cells should as standard be tested to ensure that they are not able to bear the weight of a young adult before any cell can be signed off as being fit for purpose as a safer cell.	Reject	Designated safer cells already have light fittings designed to minimise the risk of use as a ligature point. We do not use light fittings that detach from the ceiling because when weight is applied they present other risks of harm, either from their use as weapons or from the wiring that is exposed as a result.
14	Every prison should record and publish details of the time spent out of the cells for every prisoner; including time spent engaging in purposeful activity out of their cells. This information should be collated nationally for management information purposes and also to enable further analysis of outcomes.	Reject	We do not believe that it is practicable or beneficial to record data at the individual level recommended as this would be unduly time-consuming (it would currently require costly manual data collection) and serve no practical purpose. Alternative means of collection of a more limited, relevant data set are being explored for the future.
31	NOMS must accept that bullying wherever it occurs is a specific problem that requires specific, focussed responses. We recommend that NOMS must publish a specific Prison Service Instruction to cover the issue of bullying both from other prisoners and from staff and how custodial establishments can tackle and aim to reduce numbers of incidents. Bullying should not be subsumed into the policies that cover Violence Reduction.	Reject	Bullying is included within policies on violence reduction as the manifestations of bullying in the adult estate can be serious. There is a wide-ranging programme of work underway (2015-2017) to reduce all forms of prison violence, including bullying. This includes the requirement for all establishments to have a local violence strategy in place with the aims of achieving lower rates of violence, reducing the harm caused by violence, and building a safer, non-violent prison culture.

<b>Leadership/Ownership/Roles</b>			
21	NOMS should ensure that the implementation of Prison Service Instructions is properly resourced in order that the intended benefits can be effectively delivered throughout the prison system. NOMS must have systems in place to ensure that this is happening.	Agree - already adopted	All PSIs are subject to a rigorous approvals process which includes a requirement for an impact assessment. Benchmark staffing levels for public sector prisons are set at a level that allows compliance with existing Instructions.
27	NOMS must properly assess the impact of each PSI both new and existing with relevant practitioners and experts consulted as appropriate. An impact assessment must also be carried out every time a PSI is changed. If a policy decision has been made that the benefit of a PSI is required then sufficient resources must be provided to ensure its delivery.	Agree	Such impact assessments form part of the approvals process for new PSIs and amendments (PSI 29/2012 - The Instructions System).
73	At any stage during the young adult's time in custody, all prison staff must be under a positive obligation to notify the CARO (or the person acting on their behalf in their absence) of any concerns about an individual's risk/vulnerability. Appropriate out of hours cover arrangements for the role of the CARO should also be made.	Agree	Although the government does not agree with the recommendation to implement the CARO role (see recommendation 15), the existing policy under the ACCT system is that on receipt of risk information staff must open an ACCT, or, if an ACCT is already open, inform the ACCT case manager to trigger a further case review.
16	A senior individual, supported by a dedicated unit within NOMS, must be given clear responsibility for ensuring the particular needs of all young adults are provided for appropriately across the estate.	Agree in part	A Deputy Director of Custody for young people (up to 21) is already in place for this purpose. Young adults (up to 24) form over 20% of the total prison population and are held across the estate, and we do not agree therefore that this individual can take operational responsibility for their management. No dedicated unit is therefore required.



61	<p>With a view to developing an ICP, all young adults entering custody must undergo a full multi-disciplinary holistic needs assessment within 48 hours of their arrival in custody. This process, to be known as the Safety and Vulnerability, Risk Assessment and Support (SAVRAS) process, should be co-ordinated by a CARO, who will ensure that as part of this process an appropriate assessment is made by suitably qualified practitioners (properly trained in issues of gender and cultural sensitivity) of any physical, social care, and mental health needs of, or other vulnerabilities and risks faced by, the young person. These needs will include those currently covered by the ACCT process.</p>	Agree in principle	<p>The government rejects the creation of a new assessment. The SAVRAS would place additional, unfunded burdens on healthcare staff, as well as local authority care and support staff. This would provide a level of service higher than that available to the general community, undermining the principle of parity. It is critical that offenders are properly assessed. Currently, on entry into custody, a number of assessments are completed for each prisoner including a basic custody screening which must be completed within 72 hours, and healthcare screening. For those sentenced to 12 months or more, a structured assessment of risks and needs is completed following sentence, and an individualised sentence plan produced, which is overseen by an offender supervisor.</p> <p>The ACCT process (assessment, care in custody, and teamwork) is used for prisoners assessed to be at increased risk, and the opening of an ACCT triggers a more detailed psychosocial assessment by a trained assessor and a case conference with input from healthcare and other relevant disciplines to devise an appropriate care plan. We have recently conducted a review of the use of ACCT, the findings of which are currently being considered. A number of improvements to the process, including tools to assist staff in fulfilling their roles in the process and a revised policy document will be put in place during 2016. This improved process will not, however, be known as SAVRAS.</p>
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15	<p>A new specialist role must be created to work specifically with all young adults in custody. The Custody and Rehabilitation Officer (CARO) will be required to take responsibility for the overall well-being of the young adult and must have a caseload of no more than fifteen or twenty prisoners, so that as a central part of the role it is possible to build and sustain a close and effective relationship with each individual prisoner. This role will be specialist and skilled, understanding developmental and maturity issues that impact on young adults, and will require competencies at least equivalent to a professional youth worker or qualified Social Worker.</p>	Reject	<p>We agree that it is critical that offenders are properly assessed and properly supported during their time in prison. However we disagree that this is best achieved through an additional specialist caseworker role for young adults, with associated risk assessment and plans. All staff have a responsibility to care for and support prisoners, flagging up heightened risk of suicide or self-harm when they identify it. Additional focussed support, particular to the needs of that individual, can then be provided when it is needed. We do not intend to implement the new role of CARO for all young adults as it risks detracting from all staff's responsibility in prison for prisoner safety, which underpins and is integral to our ethos. The philosophy that 'every contact matters' is central to our work and the concept of an additional specialist may undermine that. In addition, there are already specific caseworking functions under the Offender Management model which a 'CARO' might cut across.</p> <p>The offender management model has recently been reviewed and one of the principles that will inform the development of the revised system is that skilled and supported staff should be in place to implement it.</p>
22	<p>Following each self-inflicted death in custody, the Minister for Prisons should personally phone the family of the prisoner who has died to express their condolences on behalf of the State and to promise that a full and thorough investigation will take place, and that any lessons from the death will be studied and acted upon to avoid similar deaths in the future.</p>	Reject	<p>Although personal phone calls from ministers would accurately reflect the importance with which deaths in custody are treated, Governors will understand the circumstances surrounding deaths in custody better than ministers. Therefore we do not recommend any change to current practice.</p>

28	NOMS must put in place a more effective central system for auditing the implementation of PSIs at individual establishments and to assure NOMS senior management that the Instructions are practical and are being implemented with all anticipated benefits being delivered.	Reject	We have processes in place for line management oversight in the public sector and contract management in the contracted sector. These include an audit system for outcomes related to key Prison Service Instructions (PSIs), including safer custody. HMIP and IMB (Independent Monitoring Board) reports also provide regular scrutiny and assessments of establishment performance.
60	Each young adult (18-24 years) in custody must be assigned to a suitably qualified and experienced staff member who will act as their personal Custody and Rehabilitation Officer (CARO) whose responsibility it will be to build a supportive relationship with them, to oversee their security and well-being, to ensure their health, education, social care and rehabilitation needs are met, and to oversee the assessment for and delivery of their Individual Custody Plan (ICP).	Reject	We do not believe that there is a need for an additional specialist role. The report does not fully reflect the work undertaken by staff in a number of other key roles within prisons, particularly as part of the offender management process. We do not accept that every young adult prisoner requires this level of professional case management input, and offender supervisors already build and sustain effective working relationships with prisoners, with ACCT case managers providing additional focused support to those assessed as being at risk of self-harm or suicide. The offender management model is under review and one of the principles that will inform the development of the revised system is that skilled and supported staff should be in place to implement it.
62	The ICP should be developed by the CARO, in consultation with the young adult concerned in order to identify how, by whom and when their needs identified by the SAVRAS process, will be met.	Reject	We do not believe that there is a need for an additional case management plan for all prisoners. The offender management model provides this for all prisoners and an additional care plan is developed for those who are subject to the ACCT process. See response to 15.
63	NOMS should consider whether the ICP, SAVRAS and CARO approach might also usefully apply to older adult prisoners.	Reject	See responses to 15 and 60-62. Given that the government rejects this recommended approach for young adults, it will not be applied to older adults.

69	All young adults should have an up to date ICP, and SAVRAS, that is co-ordinated by their CARO, who will be accountable for assuring the quality of the documentation, its regular review, and ensuring that its various elements are implemented.	Reject	See responses to 15 and 60-62.
<b>Staff and Training</b>			
19	MoJ and NOMS must take urgent steps to fill the recruitment gap that is putting undue pressure on an already stretched workforce in prisons.	Agree	The target of recruiting 1700 new prison officers to meet target staffing by April 2015 was achieved. The NOMS HR Resourcing Project is continuing to recruit to ensure that staff numbers are maintained.

23	All staff working in prisons who have contact with prisoners, including prison officers, contracted staff, and in-reach workers must receive regular mandatory training to enable them to recognise and deal with vulnerabilities, particularly mental health needs, and also in relation to the SAVRAS (referred to in chapter 6) process. All staff should be subject to regular continuous professional development requirements that are subject to external moderation.	Agree	Although the government does not agree with the recommendation to implement SAVRAS (see recommendation 61), all new prison officers receive training in mental health awareness and safer custody. The training provides an understanding of mental health disorders, including how to respond effectively to prisoners experiencing mental ill health issues, as well as NOMS strategy for managing suicide prevention, self-harm and violence management. Further training is available to prison officers throughout their career depending on their role within their prison. The mental health awareness training can also be accessed by other prison staff who come into regular contact with prisoners. There is no external moderation of the continuing professional development of prison officers, however, work is underway to assess the continuing professional development requirements for staff working with young adults in custody. In recognition of the complexity of the role of a prison officer, we are currently reviewing the entry level training that all new prison officers receive. In January 2016 a new 10-week Prison Officer Entry Level Training course and supporting qualification will be introduced.
24	Remuneration of prison officers should reflect this professionalization, because it is otherwise unrealistic to expect to recruit and, retain a workforce capable of successfully managing complex vulnerabilities in a custodial environment.	Agree	The Prison Service Pay Review Body that provides independent advice on the remuneration of operational staff in public sector prisons is required by its terms of reference to take into account the need to recruit, retain and motivate suitably able and qualified staff.

25	Governors must commend every frontline member of staff who have actively implemented measures and made judgments that lead to the prevention of a self-inflicted death and that a record of every commendation and the action taken be shared with the Equality Rights and Decency (ERD) Group, who must disseminate this across the custodial estate where appropriate.	Agree	Such commendations are good practice. Regional Safer Custody Leads work with Equality, Rights and Decency Group at NOMS HQ to share and promote good practice in safer custody.
18	The role of all operational staff including governors must be further professionalised, with the improvement of skills and knowledge across the workforce, including governors. A process of Continuous Professional Development be introduced so that these skills are kept up to date.	Subject to wider reforms	This will be considered in the context of prison reform.
26	The management of young adults is distinct from the management of the older prison population. The specific skills and personal qualities that are required to work successfully as a prison officer in these situations needs to be assessed and provision made for regular, progressive and monitored training.	Subject to wider reforms	This will be considered in the context of prison reform.
17	CARO training must begin within 12 months of publication of this report.	Reject	See response to Recommendation 15.
20	From the evidence given to the panel from many sources, it is apparent that the current operational staffing levels in prisons are not adequate. Following the recruitment that NOMS is currently undertaking, Benchmarking levels should be reviewed immediately to allow for full compliance with Prison Service Instructions that concern the safety and well-being of prisoners and must include implementation of this report.	Reject	The benchmark level has been designed to be safe, decent and secure. There is facility for Governors to request a change in their benchmark level through a Benchmark Adjustment Notice process.

## Information Sharing and Transfer

39	NOMS should introduce a robust assurance process for the safe transfer of every prisoner. As part of the preparations for transfer and on completion of transfer there must be a mandatory obligation on both the sending and the receiving establishments to ensure that the full details of a prisoner's record, including any current or former SAVRAS, is transferred. There must also be a positive duty on the receiving establishment to review and, if necessary, to act on the information provided, and also to follow up, in a timely manner, when information is thought to be missing.	Agree - already adopted	Existing policy. The Person Escort Record (PER) is designed to ensure that information about risk and vulnerability is always available to those with responsibility for the individual. The PER is currently being reviewed to ensure that it continues to operate effectively. A new national person escort form, being piloted in the South Central region for six months from November 2015, now includes a Suicide and Self Harm Warning Alert as an integral part, and a 'red flag page' to record heightened risks and any significant events which occur during the escort. There are specific safeguards in place for prisoners subject to the ACCT system.
75	During any transfer, where a prisoner has a SAVRAS (as all young adults will have) as part of their ICP, the receiving establishment must ensure that there must be no interruption of the ICP and/or SAVRAS as a result of the transfer.	Agree - already adopted	Although the government rejects the creation of the ICP and SAVRAS, the existing policy under the ACCT process is that there must be prompt and accurate transfer of risk information and continuity of care for the prisoner on transfer. The new Health and Justice System, which allows health staff anywhere to access patient files, is currently being procured (procurement set to end in July 2016, with roll-out by July 2017).
76	Where a prisoner who is being transferred to another prison has been on an ACCT, and when the crisis plan of the SAVRAS has been implemented, which was closed within the last three months this must be highlighted and the Care Plan (ICP) reviewed within 24 hours of receiving the prisoner.	Agree - already adopted	Although the government rejects the creation of the ICP and SAVRAS, the existing policy under the ACCT process is that there must be a prompt and accurate transfer of risk information and continuity of care for the prisoner on transfer. This includes a case review.
74	When the transfer is between the youth estate and an adult institution, the YJB will be accountable for the transfer of all relevant information from the YOT, including health, mental health and care leaver status.	Subject to wider reforms	The functions and powers of YOTs and other agencies are subject to the government's youth justice review. The review reports in summer 2016.

<b>Diversion</b>			
41	<p>The Review strongly supports the view expressed to us by our judicial representative that prison should be a last resort, it should not be used as the default solution when other alternatives are appropriate and available. A reduction in the prison population will enable prisons to provide an environment which meets appropriate standards of decency, safety and respect, and will assist prison authorities to comply with their human rights obligations, including the obligation to protect life. Diversion to healthcare, social care and other alternatives to custody can be a better means of addressing the complex needs of young people, and, in turn, better serve the victims of crime and society in general. It is essential that all magistrates and judges involved in sentencing decisions must be adequately trained on the vulnerabilities of young people, and the range of diversion schemes and alternatives to custody available within the local area.</p>	Agree - already adopted	<p>Prison as a last resort is a legal requirement. The threshold for sentencing offenders to custody is set out in s152(2) of the Criminal Justice Act 2003. The law provides that a court may only pass a custodial sentence if the court is of the opinion that the offence is so serious that neither a fine alone nor a community sentence can be justified. An additional safeguard is in place so that when a custodial sentence is imposed the court must also make it for the shortest period commensurate with the seriousness of the offence. We will explore the need for judicial training, and take into account any relevant recommendations by the Justice Select Committee report on young adult offenders in 2016.</p>
43	<p>The scope of the Troubled Families Programme should be expanded to address early family intervention. The Welsh Government should be invited to expand their own programmes to address the same issue.</p>	Agree - already adopted	<p>The Troubled Families programme includes this. The programme has already been expanded and the new programme retains the original programme's focus on families with multiple high cost problems, but has been designed to specifically include families with younger children, and those specifically affected by problems like domestic violence, mental health issues and parental offending (a factor likely to identify children at risk of future offending).</p>
44	<p>There should be a parallel Programme focussing on the needs of vulnerable young people who are at risk of entering or already have had a number of encounters with the criminal justice system.</p>	Agree - already adopted	<p>Vulnerable young people who are at risk of entering or already have had a number of encounters with the criminal justice system are within the scope of the Troubled Families Programme, and therefore a parallel programme would be duplicative.</p>



47	It is the collective responsibility of all relevant public agencies to ensure that no young adult who is identified as requiring detention and treatment/assessment in hospital under the Mental Health Act 1983 should be detained in police or prison custody. This should be a 'Never Event'.	Reject	Reject (to both police and prison custody) as never events are not appropriate in these contexts as "never events" apply to health settings rather than police and prison, and the Mental Health Act 1983 (section 47 in relation to prison) already provides for any adult who requires detention/assessment or treatment in hospital to be provided with it accordingly.
42	Where a young adult is at risk of being placed in custodial remand for reasons that include concern that they do not have suitable alternative accommodation to which they can be remanded, the relevant local authority should either have to provide it, in something similar to the 'Bail Hostel' provision, or pay the costs of the custody provided through NOMS.	Reject	Arrangements for accommodation and support for individuals on remand are managed through the Bail Accommodation and Support Service (BASS) arrangements by NOMS, and the government has no current plans to change this. BASS provides accommodation and support for the target group aged 18 and over who, without intervention of BASS would have a strong likelihood of being sent to or remaining (in the case of second bail applications) in prison.
46	When a court is considering passing any form of custodial sentence upon a young adult (18 to 24) then a full written pre-sentence report must be commissioned.	Reject	Provisions in the Criminal Justice Act 2003 (s156) set out when a Pre-Sentence Report (PSR) is required. The government believes that judicial discretion should remain in line with the law, however we will examine how best to ensure that issues of maturity are properly considered in advice prepared for sentencers. The existing PI 05/2011 Determining PSRs does not mention maturity. Since the PI was issued, PSR writers have increasingly moved to consider maturity as part of the PSR process. A revised PI Determining PSRs will be issued in 2016. This will state that PSRs completed on 18-24 year old offenders must include consideration of maturity.

<b>Families/Support</b>			
52	All custodial establishments must produce and publish information for families and prisoners on the arrangements for contacting their relatives in properly appropriate and accessible form. Arrangements should be made for this information to be widely available, for example at Magistrates courts and online.	Agree - already adopted	This is existing policy - (PSI 16/2011 - Providing Visits and Services to Visitors).
56	Whenever an 18 – 24 year old is being considered for a prison transfer, the distance from the address of the family/primary carer must be considered and the transfer needs to be agreed with the recommended new dedicated young adult unit in NOMS.	Agree - already adopted	Consideration of distance from home exists in current policy (PSIs 39/2011, 40/2011 and 41/2011 Categorisation and Recategorisation.) It is not proposed to create the dedicated young adult unit in NOMS (see 16 above).
58	Prison Governors should assure themselves that there is guaranteed commitment from all staff to the operation of the Listener scheme, and that Listeners feel supported and enabled.	Agree - already adopted	The few prisons without Listener schemes provide peer support through alternative means.
34	All custodial establishments should have in place a process whereby a prisoner can arrange for a visit from family within 3 days of their arrival at the prison for the first time.	Agree	This is existing policy for newly convicted prisoners (PSI 74/2011). Every unconvicted prisoner is given the opportunity to receive at least three one-hour social visits each week, one of which may be on a weekend (PSI 16/2011).

48	Families are integral to supporting young people in custody and can help to keep them safe from harm. They must be included, where appropriate, as a central component of the management and care of young people in custody.	Agree	The government is committed to encouraging contact with families and is taking forward a number of initiatives, including family engagement workers, which are now working in a number of YOIs and all female establishments. Additionally work is being done on improving both the physical environment and supervising arrangements for visits supporting the creation of a more supportive family experience. The Prison Visits Booking initiative has introduced a standardised process for families to request to book visits on line 24 hours a day, 7 days a week and its website offers a range of information and links. Policy already mandates consideration of involving families in the care and support plans for those subject to the ACCT process.
49	Assistance should be given to families/principal carers to become more involved with their relative in custody where appropriate, including providing relevant information to help them understand the Criminal Justice Service (CJS), how to contact the prison, how to contact the CARO, and how to contact the Visitor Centre.	Agree	The government is committed to encouraging contact with families and is taking forward a number of initiatives, including family engagement workers. (PSI 16/2011 - Providing Visits and Services to Visitors)
57	Governors should place high priority on peer support systems, such as Buddy schemes, Peer Mentors and Prisoner Councils and should ensure that there is a guaranteed commitment from their staff towards these schemes.	Agree	The benefits of such schemes and the principles underpinning their operation have recently been set out in PSI 17/2015.
59	Governors should ensure that Listener Suites are provided within their establishments and that they are a safe and supportive environment.	Agree	Listener schemes run in all but a few establishments. Listener suites add to the operation of the schemes by providing private, decent surroundings that can be used by Listeners to see callers. In establishments with no Listener Suites, there are suitable alternatives.

50	Visits and contact with family are usually a protective factor against harm and should not be withdrawn as part of punishment, IEP or because of restricted regimes.	Agree in part	Prisoners at all levels of the Incentives and Earned Privileges (IEP) are eligible for the minimum number of visits under Rule 35 of the Prison Rules 1999. It is existing policy that visits are not withdrawn as a punishment. Visits are maintained whilst restricted regimes are in operation and are suspended only in operational emergencies. The opportunity to earn additional visits above the statutory minimum is part of the current IEP scheme. We are considering IEP as part of the Government's wider approach to prison reforms.
51	All custodial establishments should have in place a process that will ensure that all prisoners will be able to contact a family member or a friend within 2 hours of their arrival in Prison, including following a transfer.	Agree in principle	This is good practice, but is not always feasible. Prisoners assessed as being at risk of suicide or self-harm are given priority.
55	NOMS should invest in new technology, such as in-cell telephony and video call facilities, (for example Skype), similar to those used successfully in other jurisdictions in order to facilitate better contact with family. If necessary, to support this, families should be assisted through provision of access to facilities at an appropriate place close to where they live.	Subject to wider reforms	Telephony services are under review. We aim to improve contact with families and work is underway to test the possibility of making greater use of Internet Based Video Services in the future, whilst addressing any security risks. Any such investment would be subject to commercial tender.
53	Prisons must improve their processes for receiving information direct from the families of prisoners, particularly young adults. We recommend there should be a dedicated telephone line for families/friends and others to pass on concerns about prisoners, which should be continuously available over a 24 hour period. Information received should be logged and passed on appropriately to be recorded as part of the SAVRAS. This process should be audited.	Reject	We are committed to broadening opportunities for families to report concerns, but we are not convinced that a 24 hour helpline is the best way to do so. Prisons have a variety of arrangements in place for families and friends to bring concerns to the attention of staff, and we believe that continuing to improve these, and making information about them more readily available to prisoners and their families and friends, will be the most effective way of ensuring that risk information finds its way to the staff who have the ability to act on it.

54	A young adult should be given the opportunity to include on the Person Escort Record (PER) two personal phone numbers for friends and family, before a mobile telephone is retained by the police/ prison authorities.	Reject	We are committed to improving access to personal phone numbers. To this end, we have launched a project across criminal justice agencies to improve the 'person escort record' used when people are transported between police stations, the courts and prison custody, and a new national person escort form is being piloted. Although the PER process is under review, we are not currently convinced that the PER is the best way of storing/including phone numbers, as a mobile phone may have been retained for evidential purposes before a PER is required.
70	Families must be provided with sufficient opportunities to feed into the SAVRAS process, including through providing potentially relevant information on the dedicated concern line, and any such information must be recorded within the SAVRAS documentation.	Reject	See responses to 15 and 60-62. The ACCT process is designed to involve families where appropriate.
<b>Healthcare</b>			
67	Further to the statement of the purpose of prison, the European Prison Rules (5) states the principle of approximation as closely as possible the positive aspects of life in the community; therefore healthcare must take a central responsibility in this area.	Agree - already adopted	The principle of parity, or equivalence of provision with community provision, is already in place in England and Wales. NHS England will commit to demonstrating and providing assurance of that parity for healthcare within prisons. (See recommendation 64).
77	A record of any time a prisoner has spent on an ACCT/or the crisis plan of a SAVRAS must be recorded on System 1(or replacement) so that it is available for prison healthcare staff.	Agree - already adopted	This is already existing policy under the ACCT process.

83	All Healthcare staff must be trained to the minimum level of the Immediate Life Support Course of the Resuscitation Council with scenarios adapted to suit the prison environment. All prison staff must also be trained to a minimum of basic life support level	Agree - already adopted	This is an existing commitment. All healthcare staff working within frontline NHS services in England and Wales must already have annual basic life support training as part of their mandatory training. NHS commissioned providers, including in prisons, are contractually bound to ensure systems are in place to avoid severe harm or death.
105	CQC should undertake regular inspections of health provision in prisons and YOIs and these should include an assessment of whether initial health screening and the 48 hour multi-disciplinary holistic needs assessment is occurring, and how well healthcare is engaging and leading in the SAVRAS work.	Agree - already adopted	This is an existing commitment. HMIP and CQC carry out joint inspections of health provision in prison and YOIs. CQC and HMIP are currently piloting the use of a single framework for inspection which will lead to a joint report.
45.1	Further investment is needed by the Department of Health (and Welsh Government equivalent) in Liaison & Diversion (L&D) schemes, with a view to providing more appropriate services to vulnerable young people. Equal commitment should be provided to supporting Alcohol and Drug use and addiction services and services relating to the meeting of housing needs of individuals.	Agree	A national service specification is currently being tested for L&D services in England, currently covering more than 50% of the population. Subject to an evaluation of these trials, we will deliver provision of L&D for the whole of the country by 2017.
45.3	Mental Health Assessment and Treatment Programmes must be expanded to cover all custody suites and criminal courts in England & Wales.	Agree	Liaison and Diversion assessment and referral to treatment should be available at all custody suites in England and Wales. A national service specification is currently being tested for L&D services in England, with 24 trial sites currently covering more than 50% of the population. Subject to an evaluation of these trials, we will deliver provision of Liaison and Diversion for the whole of the country by 2017.

66	Responsibility for prevention of self-harm and self-inflicted deaths in custody should be jointly owned by both NOMS and Healthcare.	Agree	There is a strong existing commitment to ensure further emphasis on joint responsibility and ownership of management of self-harm prevention. For example, best practice guidelines for constant supervision are being reviewed and are expected to be in place in 2016.
68	There should be a consistent approach throughout the criminal justice system to requesting consent to share medical information, which should happen at the first point of contact with the health services in a CJS setting, whether that be at a police station or at a prison, and that that consent should apply to the remainder of the prisoner's journey through the CJS. If consent is declined it should be revisited regularly particularly if a serious health incident occurs.	Agree	We agree that consent should be sought at the first instance (including via Liaison and Diversion) and that information should be shared where consent is received, and where it is not, that this should be revisited when a prisoner moves to a new establishment with a clear outline for the rationale behind consent.
78	Any health assessment (both physical and mental) produced at the police station by the liaison and diversion practitioner and others at the start of a prisoner's journey through the criminal justice system should be shared amongst specified CJS organisations (e.g. CPS, legal team, NOMS, HMPS) in order to assist them in making reasoned decisions subject to the issues relating to the sharing of data.	Agree	We agree that any health assessment produced through the criminal justice system should be shared amongst specified CJS organisations in order to assist them in making reasoned decisions subject to the issues relating to the sharing of data and where consent is obtained or where the individual is a risk to themselves or to others.
79	Department of Health, Home Office and the Ministry of Justice need to issue joint guidance to the effect that when consent to sharing medical information has been given by a person in custody, then the assumption is that that consent remains valid (unless withdrawn) throughout the criminal justice journey of the person in custody.	Agree	Yes, we will discuss the practicalities with British Medical Association, General Medical Council and other professional organisations so that any guidance issued advising healthcare staff will consider that they must record whether or not they have sought consent for information sharing from a person in custody, the outcome of any conversation and the steps to be taken when it is not possible to obtain consent.

80	An appropriate consent form should be available which reflects the above, and in particular requesting of such consent should be a standard part of any prison reception assessment.	Agree	NOMS and NHS England are reviewing current Assessment, Care in Custody and Teamwork (ACCT) procedures and new guidance will be issued in 2016. The new ACCT guidance will include updated advice on information sharing and recording information, in particular for the most vulnerable prisoners who are placed on constant supervision observation, and will consider the requirement to make use of prisoners' health information forms a standard part of the reception screening process.
81	Should such consent not be given, the person in custody should have an informed discussion periodically with healthcare professionals to revisit the decision made.	Agree	The Mental Health Act Code of Practice (revised April 2015) – “the Code” – sets out good practice guidelines in respect of confidentiality and information sharing. The Code is intended to “be beneficial to...people involved in visiting or dealing with care of detained patients” including prisoners with severe mental illness”. The Code highlights when confidential information may legally be disclosed, even without patient consent, if a healthcare professional judges this to be in a patient’s best interests. The Code also outlines how sharing information with “people with a valid interest in the care and wellbeing of the patient can contribute to and support their care and treatment”, subject to applying reasonable safeguards to justify the necessity to disclose, and in making a full and accurate recording of decisions reached in the decision to disclose information.



82	Guidance from health organisations should be considered to reflect the duties of the State to protect life in custodial settings, with appropriate guidance given as to the disclosure and sharing of health information in such settings (including in those instances where consent is not provided).	Agree	Prisoners identified as at risk of suicide or self-harm must be cared for using Assessment, Care in Custody and Teamwork (ACCT) procedures. The National Offender Management Service (NOMS) is currently reviewing ACCT procedures with a view to issuing new guidance in 2016. As part of this review, NOMS, NHS England and DH are revising Constant Supervision guidelines for prisoners at risk of suicide and, when completed (also in 2016), new good practice guidelines covering both health care and operational staff will come into force, replacing current guidelines from 2006. The new guidance will include advice on information sharing.
45	Further funding should be made available by the Department of Health to Child and Adolescent Mental Health Services (CAMHS) (and Welsh Government equivalent) to ensure early identification of mental health issues that, if properly supported, can be dealt with more effectively at an early age. CAMHS services need to be more closely linked to educational facilities, including custodial ones, to children up to the age of 18.	Agree	We are making available an additional £1.4 billion over the next five years, including £150m on eating disorders, to support the development of improved, more accessible services for children and young people's mental health and wellbeing. A major transformation programme will deliver a step change in the way children and young people's mental health services are commissioned and delivered, placing the emphasis on prevention and early intervention, and building care around the needs of children, young people and their families, including the most vulnerable. Clinical Commissioning Groups (which commission community NHS services in their local areas) have submitted plans for children and young people's mental health and wellbeing developed with local partners, including Education. The plans, currently being assured by NHS England, cover the whole spectrum of services for children and young people's mental health and wellbeing and will be delivered from 2016 onwards.

64	There must be parity of health care services in prisons and YOIs with those in the community and NHS England and Local Health Boards in Wales should commission the services necessary to do this and deliver what is set out in this chapter.	Agree in part	Parity is an existing commitment - set out by affirming “equivalence of care” so that offenders receive an equivalent range and quality of treatment and services from the NHS as people in the community, according to clinical need. Our shared priorities to improve care pathways for prisoners include improved prison mental health care standards to ensure equivalence with mental health care in the community. We reject the commitment to commission services necessary to deliver what is set out in this chapter.
84	<p>84. Each prison and YOI should have an emergency medical response plan that contains the following elements:</p> <ul style="list-style-type: none"> <li>• 84.1 A mandatory Medical Emergency Response exercise each year, including emergency medical codes, in conjunction with local health care providers and emergency services.</li> <li>• 84.2 NHS needs to consider developing an appropriate health “NEVER” event in a custodial setting.</li> <li>• 84.3 A system for checking that standard emergency medical equipment is available and in good condition in appropriate locations within the prison/YOI.</li> </ul>	Agree in part	<p>84.1 – PSI 09/2014 Incident Management Manual includes a requirements for establishments to put in place contingency plans for a range of different types of incidents, including deliberate self-harm, and to undertake at least three different incident exercises each year, ensuring that the emergency services are invited to participate and that communication arrangements with emergency services are tested.</p> <p>84.2 We reject that a “never event” is appropriate in a custodial setting regarding emergency response plans.</p> <p>84.3 – This is already existing policy. First Aid Equipment is already checked regularly by First Aid trained staff.</p>
45.2	Clinical Commissioning Groups (CCG) should consider ways to prioritise access to NHS treatment services for those diverted from custody via the liaison and diversion process.	Reject	The government rejects prioritisation of services for those referred from Liaison and Diversion. It is not possible to prioritise access to health services on any other basis than clinical need. But Liaison and Diversion services are key to ensuring offenders health needs are picked up and clearly identified as soon as possible, resulting in timely and improved access to services, wherever they end up within the system.

65	NHS England should commission prison mental health services in line with the recommendations of this report.	Reject	This recommendation is too broad and in part (e.g. CARO and SAVRAS) would place additional, unfunded burdens on healthcare staff, as well as local authority care and support staff. This would provide a level of service higher than that available to the general community, undermining the principle of parity.
71	<p>71. All commissioning, contract and performance management policies and documents for health and mental health provision in custody should include responsibilities for SAVRAS and will include the following:</p> <ul style="list-style-type: none"> <li>• 71.1 Health teams must be actively involved in the operation of the SAVRAS process, although the delivery of services through the ICP to meet assessed needs should be multidisciplinary;</li> <li>• 71.2 Where a mental health, learning difficulty or significant social issue(s) are identified through the SAVRAS process, a full age-appropriate psychosocial assessment must also be carried out by a suitably qualified health care professional. The results will inform the content of the ICP.</li> <li>• 71.3 Where a SAVRAS contains an element of need elevated to a crisis stage, only a suitably qualified health care professional, in conjunction with the CARO, will have the authority to terminate the services designed to meet that need.</li> </ul>	Reject	<p>The government rejects the recommendations for CARO, ICP and SAVRAS. Healthcare elements will be fed into the review into the delivery and compliance of ACCT, to look for ways to improve and develop mechanisms for ensuring the process is consistently applied. The SAVRAS would place additional, unfunded burdens on healthcare staff, as well as local authority care and support staff. This would provide a level of service higher than that available to the general community, undermining the principle of parity.</p> <p>71.1 Not applicable as SAVRAS is not being adopted.</p> <p>71.2 The ACCT process (assessment, care in custody, and teamwork) is currently in use for prisoners assessed to be at increased risk, and the opening of an ACCT triggers a more detailed psychosocial assessment by a trained assessor and a case conference with input from healthcare and other relevant disciplines to devise an appropriate care plan. We have recently conducted a review of the use of ACCT - see response to recommendation 61.</p> <p>71.3 Not applicable as SAVRAS is not being adopted.</p>

72	Case Reviews of the SAVRAS and ICP will be led by the CARO and must be multi-disciplinary and where necessary must include representatives from healthcare. Where appropriate, the CARO should consider including chaplaincy, education, relevant in-reach staff, VCS and prisoners' families/friends. CRC/NPS probation and TTG workers should also be involved when the individual is being prepared for resettlement.	Reject	The governments rejects the recommendations for CARO, ICP and SAVRAS.
85	The Secretary of State for Justice should introduce legislation to create a statutory duty of cooperation for the sharing of information with the Prison Service to be placed upon those organisations that have direct engagement with the Prison Service (including health, mental health services, police, etc.).	Reject	In the main co-operation and aggregate data sharing is well supported in legislation. For example reciprocal duties to co-operate between the Secretary of State for Justice (on behalf of prisons), probation services and local authorities under the Care Act 2014; and duties to co-operate to reduce re-offending under Crime and Disorder Act 1988. Sharing of medical information may be unnecessary where it does not relate to vulnerability even where consent is given. There are concerns this may lead to offenders not disclosing problems to healthcare staff. Instead, the government will look at information sharing across the criminal justice and healthcare system and consider the full financial and policy requirements of possible new Information Sharing Protocols.
<b>After a self-inflicted death</b>			
89	A meeting should be convened possibly chaired by Chaplaincy in conjunction with the local Samaritans, to come together and provide support to prisoners and staff following a self-inflicted death.	Agree	This is existing policy. (PSI 64/2011 - Safer Custody)

87	NOMS must establish requisite monitoring and reporting systems to ensure that all custodial establishments comply with PSI 64/2011, with regard to engagement with families after a death, and to ensure the timely provision of appropriate levels of information and support and the appointment of the FLO. The FLO must not have been the young adult's CARO. A meeting should be convened possibly chaired by Chaplaincy, in conjunction with the local Samaritans, to come together and provide support prisoners and staff following a self-inflicted death.	Agree in part	This is existing policy (aside from the limitation on the FLO not having been the young adult's CARO, as we reject the creation of the CARO). Compliance forms part of the safer custody audit, as well as being the subject of comment in PPO reports.
86	Following a death there should be a 'Duty of Candour' upon NOMS and its staff both towards those organisations responsible for managing the post death processes (such as the PPO and the coroner) and the families and friends of the deceased young adult.	Reject	NOMS staff are required to behave in accordance with the Professional Standards statement (see PSI 06/2010 Conduct and Discipline) which states that they "must carry out their duties loyally, conscientiously, honestly and with integrity. They must take responsibility and be accountable for their actions". PSO 1300 - Investigations makes clear that this includes a requirement "to offer all reasonable co-operation" during investigations and that failure to do so, or acting in any way that undermines the investigation's process or procedures are breaches of the standard of conduct and discipline.

88	Families of the deceased should have a right to non-means tested public funding for legal representation at an inquest. The costs of legal representation for the families should be borne by NOMS.	Reject	<p>Legal aid thresholds exist for public funding, which is means-tested across a range of situations. The government does not consider it appropriate to make separate funding available which is out of step with wider legal aid policy. Legal Help (the advice and assistance level of legal aid) is available to family members of the deceased, and can cover all of the preparatory work associated with an inquest, for example to help families prepare written questions they would like the Coroner to ask. Additionally Legal aid for representation remains available through the Exceptional Funding Scheme (operated by the Legal Aid Agency) and will continue to be provided where certain published criteria are met. Both Legal Help and exceptional funding for legal representation are subject to means testing. Means testing is a long-standing feature of the civil legal aid scheme. The means test ensures that limited resources are focussed on the most financially vulnerable.</p>
<b>Governance, Inspection, Monitoring and Investigation</b>			
102	PPO and Coroners should be given the remit, where they think it appropriate, to look beyond the circumstances of any individual death to see whether there were other factors that occurred earlier in the prisoner's history that might have contributed to the death.	Agree - already adopted	This is already provided for in existing legislation for Coroners, and in place for the Prisons and Probation Ombudsman.

96	NOMS should consider each PPO recommendation and any Coroners' jury finding and Preventing Future Deaths (PFD) reports individually, decide whether it applies only to the establishment where a death occurred or more widely across the estate, and then put in place an appropriate action plan in response to that recommendation (which may involve other establishments). Such action plans should be made public and monitored by the Equality Rights and Decency Group within NOMS to ensure that the letter and spirit of such recommendations is being followed and they should report each year to the IAP and HMIP.	Agree in part	PPO recommendations and PFD reports are currently handled and published in this way. Equality, Rights and Decency Group in NOMS HQ does not have an assurance role, but Deputy Directors of Custody, as the line or contract managers of Governors, do play this role. The annual reports of the PPO and HMIP already provide information on compliance with these action plans.
99	In the event of HMIP producing a poor grading for an establishment, NOMS should consider whether that prison should be placed under special measures which might include the replacement of some or all of the management team and – where relevant - the running of the establishment by an alternative provider.	Agree in part	These procedures are already in place in that there are existing measures to take management action in the event of a poor grading. The measures do not currently include the running of the establishment by an alternative provider.
101.1	The IMB membership must be representative of the community it serves, and where possible should reflect the local prison population. HMIP should develop an action plan to address this, which might include provision of a living wage for participation.	Agree in part	The Ministry of Justice is currently supporting the Independent Monitoring Boards in increasing the diversity of their members. We have put in place a range of actions aimed at increasing diversity of the IMB membership. They are: advertising the role through a wider variety of channels, such as recruitment websites, university law schools and DiversityJobs.co.uk. The National Council for IMBS has a retention working group in place and individual Boards are taking forward local initiatives e.g. IMB members from Glen Parva and Leicester attended DeMontfort Universities Voluntary Recruitment day on 4th November to promote IMB volunteering opportunities among students.
90	Parliament should have a much greater role in oversight of the inspection process and in driving change.	Subject to wider reforms	This will be considered as part of the wider Government review process for all arm's length bodies.

92	Oversight of the HMIP and PPO must be transferred from the Ministry of Justice to Parliament who would set their budgets and appoint their respective heads.	Subject to wider reforms	This will be considered as part of the Government's wider prison strategy.
97	HMIP should have a statutory duty (as opposed to an informal arrangement) when inspecting an establishment to review progress achieved on implementing previous PPO recommendations (using any reviews the PPO may have conducted) and any previous Coroners' jury findings and PFD reports.	Subject to wider reforms	The need for any statutory change for the inspectorates will be considered as part of the wider prison strategy.
100	We recommend that HM Inspectorate of Prisons should have a statutory duty to check that their recommendations are being acted upon	Subject to wider reforms	The need for any statutory change for the inspectorates will be considered as part of the wider prison strategy.
101	The responsibility for the oversight and funding of the IMBs should transfer to HM Inspectorate of Prisons.	Subject to wider reforms	This will be considered in 2016/17 after the governance review of the IMBs which is currently taking place has completed.
106	Responsibility for the co-sponsorship role for the work of the IAP should be transferred from NOMS to the MoJ.	Reject	We believe that there is no immediate need for change, but we will keep the responsibility for sponsorship of the IAP under review as structures involve.
93	HMIP and the PPO should have a statutory duty in consultation with the NPM and the IAP present a public report annually to the MoJ on deaths in NOMS custody and the progress in addressing the underlying issues identified from previous deaths. MoJ should be under a statutory duty to publish a detailed thematic response each year to this report. This should be considered by the Justice Committee of the House of Commons.	Reject	We reject the need for an additional annual report on the basis that the PPO already publishes an annual report, the Independent Advisory Panel on Deaths in Custody meets quarterly to advise the Ministerial Boards on Deaths in Custody and quarterly statistics are published on deaths in custody.



95	<p>95. The PPO should be placed on a statutory footing and should have statutory powers to require the production of documents and to compel witnesses to participate with PPO investigations.</p> <ul style="list-style-type: none"> <li>• 95.1 The PPO must look to develop standards of service for the process of investigating deaths in custody, similar to those operated by the IPCC for the securing of a crime scene, following a death in custody</li> <li>• 95.2 The PPO should ensure that clinical reviews are independent and conducted by appropriately qualified and experienced clinicians and reviewers and should take over the management of this function by being funded to appoint a panel of suitably qualified clinical reviewers. Clinical reviews should take account of information from the families/primary carer of the deceased if at all possible.</li> <li>• 95.3 The PPO should review the action plan produced in response to its recommendations and have the right to reject it, and require a new action plan to be produced if the PPO considers that it does not adequately address the recommendations made.</li> </ul>	Agree in part	<p>We agree in part however the independence of the PPO is not in doubt and we are not aware of any investigation which has failed due to witness non-appearance. Placing the PPO on a statutory footing is subject to parliamentary time being available. (95.1-95.3 are a matter for the Prison and Probation Ombudsman to consider).</p>
107	<p>Each body to which a recommendation in this Review is directed should produce an action plan on implementing those recommendations within three months of the Government's response to this review being published. These action plans should contain SMART targets. The IAP should have responsibility for discussing these action plans with the bodies concerned and also monitoring the progress of the implementation.</p>		<p>The government has set out its actions in this response, and others are contingent upon wider prison reform and the youth justice review.</p>
91	<p>The Review acknowledges that NOMS cannot deliver these recommendations without significant resource investment. Although in the longer term, it is anticipated that this investment will be funded through savings delivered by earlier intervention and diversion from the CJS, the government response to this report must detail how this extra resource will be given to NOMS.</p>		<p>The Ministry of Justice's funding for the next 5 years was set out as part of the Government's spending review announced on 25 November 2015. Budgets will be allocated to NOMS within that overall funding settlement.</p>

94	Every two years MoJ and NOMS should produce a report for the Joint Committee on Human Rights on the extent to which prisons and YOIs are meeting their obligations inter alia under the human rights act and other relevant national and international standards.		The government notes the recommendation; it is a matter for the Joint Committee on Human Rights to decide upon.
98	During Inspections, HMIP should ensure that they take account of the views of prisoners' families on the prison regime.		This is for Her Majesty's Inspectorate of Prisons to consider.
103	The Chief Coroner should be provided with sufficient resources to enable him to report on themes emerging from prevention of death reports involving deaths in custody.	Reject	Where a coroner conducts an inquest into a death and considers that there is action which should be taken to prevent future deaths in a similar manner, s/he is under a duty to write a report to prevent future deaths (PFD report). The Chief Coroner publishes details of all PFD reports and the responses to them, and is required to include a summary of these in his annual report to the Lord Chancellor. We have no current plans to enable further work on the themes of the PFD reports.
104	All inquest findings, PFD reports and responses that relate to deaths in custody should be centrally collated and available for public search (subject to any necessary redaction).	Reject	There is considerable information available following a death in custody. The Chief Coroner publishes details of all PFD reports and their responses (see recommendation 103). PFD reports into deaths are published after the inquest, and detailed information is published in quarterly Safety in Custody statistics. Given the amount of information available following any death in custody, there are no plans to centralise the function.

108	The MoJ (on behalf of the Government) should produce and present to Parliament an annual report on progress on delivering the action plans, accompanied by a commentary from the IAP. This should be informed by a Cross-Departmental working Group.	Reject	Conditions in prisons and deaths in custody are reported in a range of government publications including Her Majesty's Inspection of Prisons reports, Independent Monitoring Board and NOMS annual reports, and quarterly safety in custody statistical publications. We respond, and will continue to do so, to requests for information and evidence from parliamentary committees including the Joint Committee on Human Rights and Justice Select Committee, amongst others – an annual report would therefore be duplicative.
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