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The Assessment, Care in Custody and Teamwork (ACCT) process in prison: findings from qualitative research

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1. Summary

Assessment, Care in Custody and Teamwork (ACCT) is the care planning process for prisoners identified as being at risk of suicide or self-harm. The ACCT process requires that certain actions are taken to ensure that the risk of suicide and self-harm is reduced. This research was carried out, in the summer of 2015, to explore staff and prisoner views on the ACCT process and identify possible improvements, using in-depth qualitative interviews with 31 members of staff and 17 prisoners across six prison establishments in England and Wales. The views presented may not be representative of all staff or prisoners.

1.1 Key findings

- Interviews with staff found they were aware of the different stages of the ACCT process, and of what was required of them and other members of staff at each stage; they knew the different reasons why an ACCT could be opened, and had a detailed knowledge of the processes and what actions needed to take place at each stage.
- However, staff highlighted a number of challenges in ensuring the ACCT process was completed as instructed, including difficulties in ensuring case review meetings were multidisciplinary, and in finding the time to properly engage with prisoners as well as to promptly record detailed observation entries, alongside their other duties.
- Staff reported variation in the amount and quality of ACCT training they had received. Suggested additional training included refresher training, training focussed on mental health and training on handling prisoners misusing or dependent on ACCT.
- Most staff interviewed were very concerned about what would happen if an ACCT was not opened, or was closed too early, in particular if there was a death in custody; there was a perceived lack of opportunity to use discretion in the ACCT process, and a fear of being heavily criticised for their decisions reported by some staff.
- The prisoners interviewed said they felt supported when on an ACCT, but a few felt that the purpose of ACCT and what being on an ACCT involved had not been sufficiently explained to them.
- Prisoners highlighted some difficulties they experienced with ACCT, including reports by some prisoners of disruption to sleep caused by observations during the night, and a lack of clarity about why they were being observed. A key concern for

many prisoners was that they felt there was a lack of confidentiality about them being on an ACCT.

- Staff and prisoners made a number of suggestions about how ACCT could be improved, including: dedicated time and resource for managing ACCT; more frequent training and training on additional areas; guidance on how to adapt the ACCT process to meet individual prisoner's needs; and improvements to the physical ACCT document. Staff also gave examples of local practices, including: producing a pocket guide for staff detailing key risks and triggers for suicide and self-harm; and providing all new prisoners on an ACCT with a leaflet to explain the process.

2. Background

Any prisoner identified as being at risk of suicide or self-harm must be managed through the ACCT process. ACCT was first developed in 2005. The ACCT process requires that certain actions are taken within different time frames, to ensure that the risk of suicide and self-harm is reduced. Some of the actions that are required include:

- Any staff member who receives information, including from family members or external agencies, or observes behaviour, which may indicate a risk of suicide/self-harm, must consider opening an ACCT by completing a 'Concern and Keep Safe' form.
- Within one hour of an ACCT being opened, staff must talk to the prisoner and complete an Immediate Action Plan (IAP) to ensure the prisoner is safe from harm.
- The trained ACCT Assessor must interview the at-risk prisoner within 24 hours of the 'Concern and Keep Safe' form being completed. Every effort must be made to engage with the prisoner. The outcome of this interview should be recorded in the ACCT Plan.
- A first case multidisciplinary case review meeting must be held within 24 hours of the ACCT being opened, ideally immediately after the assessment interview has been carried out.
- The frequency of conversations, observations and support day and night (night requirements may be different) must be agreed and recorded in the ACCT documents.
- Staff managing the ACCT must complete the CAREMAP¹ giving detailed and time-bound actions aimed at reducing the risk posed by the prisoner.
- Multidisciplinary case review meetings, to monitor progress with the CAREMAP actions and review the level of conversations and observations, must continue at a frequency that reflects the risks being managed.

An ACCT is closed by the multidisciplinary case management team when the individual prisoner is no longer considered to be at risk. The ACCT is then held in a post-closure state for 7 days, during which time it can be re-opened if additional concerns arise. A post-closure interview with the prisoner is then conducted.

¹ CAREMAP is the ongoing action plan documenting how the care and support, to address the relevant issues, is to be delivered.

In the light of growing numbers of self-inflicted deaths and self-harm incidents during 2013-14, the ACCT system came under criticism from the Prisons and Probation Ombudsman and other stakeholders. In response to this, a full review of the ACCT process was undertaken, and this research was commissioned to inform that review. The aims of the research were to:

- gain an understanding of staff and prisoners views on how ACCT operates in prison establishments;
- canvas staff and prisoner views on what improvements could be made to the ACCT process; and
- assess staff perceptions of the core ACCT documents, including the Immediate Action Plan (also known as the ACCT plan), CAREMAP and the ACCT questionnaire (completed by the prisoners), which are held together in an orange folder.²

During the first quarter of 2015, when this research was conducted, there were approximately 2,000 prisoners (over the age of 18) on an open ACCT at any one time.

² Collectively referred to as the 'ACCT document'.

3. Approach

Semi-structured interviews were conducted with staff and prisoners across six prison establishments in the summer of 2015. The establishments were selected based on the number of open ACCTs per 1,000 prisoners between January and March 2015, sites with high and lower rates of open ACCTs were included. In order to uncover a range of different views and experiences a range of prisons were sampled; one high security, one local, one Category C, one young offender institution and two female prisons.

In total, 31 interviews were completed with a range of staff: Safer Custody Teams – Heads of Safer Custody (5), Custodial Managers (5) and Safer Custody Officers (1); Healthcare staff – prison officers working in healthcare wings (1) and private healthcare staff (3); Prison officers working both on the wings and in reception (13); and mental health team workers (3). The staff interviewed tended to have been in the prison service for a long time (almost all staff had over 5 years' experience in the service) and had experience working with prisoners who had been on ACCT documents.

Overall, 17 interviews were completed with prisoners who had been through the ACCT process. The Safer Custody Teams in each prison helped select the prisoners. The sample included both adult and young prisoners, those held on remand and those with a variety of sentence lengths, ranging from a few months to lifers. Some of the prisoners selected had been on an ACCT multiple times or for several months, while others had only been on an ACCT once or for a short amount of time.

The interviews were analysed thematically, drawing out the key concepts from each interview and placing them into a thematic grid to identify commonalities and salient views across all interviews. A quality assurance process was undertaken to ensure no themes were missed.

3.1 Limitations

All interviews were voluntary, and the views presented may not be representative of all staff or prisoners. For example no new staff, who may be less experienced with ACCT, were interviewed. The Safer Custody Teams helped identify prisoners to participate, which may have affected how representative the prisoners who took part were.

In addition, it is possible that some of the prisoners may not have been able to adequately recall the ACCT process, due to the extremely difficult situations they had been in when the

ACCTs were opened, for example, some had tried to take their own lives or were struggling with drug detoxification when the ACCTs were opened.

Finally, the research did not include any reviews of the ACCT documents at the six sites to check for compliance with the ACCT process. It is possible that staff did not accurately recall incidents where the completion of the documents did not fully comply with the instructions for the ACCT process. It is also possible that staff were more inclined to give positive responses, demonstrating their knowledge and understanding of the ACCT process, rather than highlighting areas of weakness or a lack of compliance.

3.2 Findings

Staff views

All of the staff interviewed demonstrated an awareness of what was required of them, and other members of staff, at each stage of the ACCT process. This included being aware of the different reasons why an ACCT could be opened, having a detailed knowledge of the processes to follow, and what actions needed to take place at certain stages.

Staff described the opening of an ACCT as a straightforward process and were confident in the reasons that could prompt the opening of an ACCT, including: an actual incident of self-harm, or if the prisoner informed staff that they had an intention to hurt themselves; prisoner body language, demeanour and non-verbal cues such as being withdrawn, quiet or not eating; other problems such as bullying, immigration status, bereavement or difficult relationships with family members.

However, they reported that it was easier to know whether to open an ACCT in prisons that had a more stable population, or where staff had a greater knowledge and understanding of the prisoners in their establishments.

Staff highlighted a number of challenges in ensuring the ACCT process was completed as instructed. These included:

- It was difficult to ensure case review meetings³ were multidisciplinary with attendees that both knew the prisoner and that the prisoner was comfortable with. Information was often shared via email when attendance at these meetings was not possible.

³ Held after the initial assessment to discuss how the prisoner is doing, and to review the CAREMAP and observation levels.

- There was some uncertainty about what actions should be included in the CAREMAP, to ensure they would be relevant and help support the individual prisoner to overcome the problems that led to them being on an ACCT.
- The reactive nature of the prison environment was viewed as limiting the time available to conduct ACCT duties, which could result in key parts of the ACCT process occurring outside of the specified time-periods.
- It was said to be difficult to find the time to both properly engage and having meaningful interactions with prisoners, as well as promptly to record observation entries, especially if a prisoner was on a high level of observation.⁴ Staff reported often completing detailed records of observations later, fitting this around the prison regime.

Most staff felt that the ACCT document was straightforward to complete and essential. However, they felt that the documents were not physically robust enough, meaning that when ACCTs were open for a long period of time they became “scruffy”. Staff had a number of suggestions for improvements that could be made to the ACCT document, including changes to the layout to make them easier to complete and review, and moving to an electronic format for some of the information. Staff also felt there was a lack of feedback from senior staff quality assuring the ACCT documents on the content and quality of information in them – something they said they would have found helpful.

There was variation in the amount of training on ACCT that staff reported having received, and in the time since their last ACCT training. There were mixed views on the content and quality of the training offered on ACCT. Some staff said that the training was good and adequately prepared them for dealing with ACCT. However, others felt that there was a divide between the training and actually managing these situations in practice, and some felt that the training was outdated and needed improving. Many staff mentioned a desire to go on refresher training, and a need for training with a focus on mental health.

The majority of staff were very concerned about what would happen if an ACCT was not opened, or was closed too early, and about the possibility of attending a Coroners’ Court if a death in custody happened. There was also a perceived lack of opportunity to use discretion in the ACCT process, and there was a fear of being heavily criticised in a Coroners’ Court,

⁴ Observations are a key part of ACCT, they allow staff to make sure the prisoner is safe and identify any changes to their behaviour or situation. The level of observations for each prisoner is agreed at case review meetings, following discussions with the prisoner and staff.

even if staff were fully confident in their decision at the time. This was thought to lead to ACCT being overused, with some staff reportedly opening them too quickly and a feeling that it was better to open one unnecessarily than not at all.

Staff also spoke about the regular challenge of handling prisoners perceived to be manipulating the use of ACCT, and prisoners who were put on an ACCT for reasons which staff felt were not genuine. There was a perception that some prisoners used ACCT to get additional privileges or to have decisions changed, for example to try to stop transfers or adjudications, or to get extra phone calls. Some prisoners were also considered by staff to become dependent on the attention the ACCT provided and would remain on it so that the attention continued. Some staff felt they were not properly equipped or supported to manage this type of behaviour and that the training should help with this.

Prisoner views

The prisoners interviewed generally felt supported when on an ACCT. They found it reassuring that support was available to them and that staff were there to help. However, there were some instances of prisoners not fully understanding what ACCT was for and feeling that it was insufficiently explained to them when an ACCT was opened.

They highlighted some difficulties they experienced with ACCT, including:

- The number of people at the case review meetings could be intimidating, especially if they did not know who they were, and there was a perceived lack of consistency in those attending meetings.
- Some problems with observations and checks were reported, such as staff turning on cell lights at night which interrupted sleep, while regular checks led to a lack of privacy for prisoners and their cellmates. Prisoners were not always clear why they were being observed.
- Prisoners had mixed opinions on the quality of their relationships with staff. Many perceived the type and quality of support received to vary depending on the individual member of staff. There were some positive interactions reported, for example, several prisoners reported that the staff genuinely cared and that the support they received was good. However, others felt that staff did not have the time or a good enough understanding of suicide and self-harm behaviours to properly help them.
- A key concern for prisoners was the perceived lack of confidentiality. The colour (orange) of the ACCT folder, the observations by staff and the fact that the ACCT

documents followed them to daily activities, meant other prisoners could easily identify if they were on an ACCT. This often led them to feel embarrassed or vulnerable.

Suggested improvements to ACCT

Staff and prisoners made a number of suggestions for improvements based on their experience of ACCT, these included:

- Dedicated time and resource for managing ACCT to ensure staff are able to commit sufficient time to observations, reviews and assessments.
- More frequent training with greater emphasis on the risks and triggers for suicide and self-harm, and on mental health and self-harm, rather than on the ACCT process, such as how to complete the ACCT document.
- A way to adapt the process for prisoners that have been on an ACCT for long periods to provide more focus and support.
- Guidance on the use of discretion and flexibility to adapt the ACCT process to meet individual prisoner's needs.
- Ensuring prisoners on an ACCT cannot be easily identified by other prisoners, as this can lead to extra stress and tension amongst ACCT prisoners. This may include changing the colour of the folder so it is not easily recognisable.
- Improvements to the physical document to ensure there is adequate space for the required details to be recorded, that it can be added to clearly over time, and moving to electronic rather than paper documents where possible.

Staff also provided suggestions and ideas of local practices they had tried, for example:

- Producing a pocket guide detailing key risks and triggers as well as advice on opening an ACCT, and providing information on risks and triggers to staff on reception.
- Creating a 'trigger diary' to monitor difficult dates for individual prisoners, such as anniversaries and birthdays, to help increase and maintain staff awareness.
- All newly trained ACCT assessors being given a member of staff as a 'buddy' who would help them with the first few assessments to ensure they were comfortable and understood what was required.
- Providing all new prisoners on an ACCT with a leaflet explaining what it meant and what it would involve.

- The use of other prisoners to act as mentors for vulnerable prisoners, the prisoner Listeners scheme,⁵ and telephone crisis lines.
- Changes and additions to the ACCT document, such as creating local versions of forms and check sheets and moving to electronic versions of all reviews and assessments.

⁵ The Listener scheme is a peer support service, which aims to reduce suicide and self-harm in prisons. Samaritans volunteers select, train and support prisoners to become Listeners. Listeners provide confidential emotional support to their fellow inmates who are struggling to cope.

4. Conclusions

The findings must be considered in light of the limitations set out earlier in this report. Staff reported having a good understanding of the ACCT processes and it was considered, by both staff and prisoners, to be a useful tool for managing those at risk of suicide and self-harm. However, there were several challenges associated with the management of ACCT that impacted on the process.

A lack of time and staff resource was perceived to have affected interactions with prisoners, the support available to prisoners, and prisoner understanding of the ACCT process.

Concern about what would happen if there were a death in custody, and a perceived lack of opportunities to use their discretion, meant some staff were unclear whether they could tailor the use of ACCT to individual prisoners. This could potentially lead to prisoners feeling as though the ACCT process was not helpful for their specific needs. In addition, staff did not feel as though they had the knowledge of the causes and behaviours of suicide and self-harm to fully address the needs of prisoners. Improving staff capacity and understanding in these areas, for example through clearer guidance and training, could help staff to adapt to different situations and be proactive in management of ACCT.

4.1 Policy update

The findings of this research informed the conclusions of the 2015 ACCT review, which found that the ACCT policy and process are sound, but made twenty recommendations aimed at improving compliance and delivering better care and support for prisoners. These recommendations were accepted, and nearly all have been acted on, through the publication of a range of additional guidance documents, and most importantly by rolling out improved training, both specifically for ACCT assessors and case managers, and more generally to all staff through a new 'introduction to suicide and self-harm prevention' course made up of six modules, including one on mental health awareness.

In 2019 HMPPS will be piloting a new version of the ACCT form and a new guidance manual that draws on these findings and the results of the 2015 review more generally, as well as more recent feedback from stakeholders.