

Prisons and Safeguarding

A different language but a united response

Welcome and introductions

Opportunity to continue to build relationships between prisons, local authorities, health and SAB Chairs

- Mark Godfrey, Independent Chair, Royal Greenwich Safeguarding Adults Board
- Peggy Etibiet, Barrister, Cornerstone Barristers
- Samantha Hughes, Senior Manager, Health and Business Services Group, Directorate of Rehabilitation and Assurance, HM Prison and Probation Service
- Sharon Whitmore, London Group Safety Lead, HM Prison and Probation Service

What we've done so far

- Engagement with prisons is a key part of the London Safeguarding Adults Board's work plan
- Work undertaken by Prisons, SAB Chairs and ADASS to identify issues and take action
- Increased engagement between Safeguarding Adults Boards and Prisons – attendance and participation, making SAB agendas relevant to prisons - consideration of independent reports, understanding mutual benefits, inclusion in the SAB Annual Report
- Established commissioners group to review the commissioning of health and social care services within prisons

Agenda for the session today

- Safeguarding practice within prisons and the role of the local authority – Peggy Etiebet
- Effective collaboration across health, social care and prisons – Samantha Hughes & Sharon Whitmore
- Next steps



HM Prison &
Probation Service

SAFEGUARDING in LONDON PRISONS

Samantha Hughes
Sharon Whitmore
6th February 2019



Demographics

- Prison Population is predominantly male, (3,800/83,000)
- Ageing (16% over 50; 30% in 30s; 18% 40s or mid twenties 18%)
 - 2002 4,800 over 50s (7%);
 - 2011 9,000 over 50s (10%);
 - June 2018 13,616 over 50s (16%)
- Mostly white and British, (ethnic minorities over represented)
- Foreign Nationals 11% prison population

Health Needs

- 49% assessed as at risk of anxiety and/or depression; 25% at risk of both – 16% general population
 - 81% reported ever using illegal drugs – 34% general population
 - 62% reporting drug misuse in the 4 weeks before custody reoffend – 30% of those who report never using drugs
 - Over 50s suffer accelerated ageing – physical health status of someone at least 10 years older
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- Poor health status arises from/or exacerbated by early childhood experiences, social circumstances, higher rates of smoking, alcohol and substance misuse.

Safety in Custody

- The likelihood of SiD in prison was over six times more likely than in the general population
- Likelihood of death in prison 45% more likely than in the general population
- In 2018:
 - 325 deaths in custody - 92 self inflicted, 4 homicide, 162 natural cause, 13 other/non natural and 54 awaiting further information
- In 12 months ending September 2018:
 - Self harm incidents continue to rise – 52,814 incidents involving 12,467 individuals (average 4.2 incidents/self harming prisoner)
 - Self harm resulted in 3,179 hospital attendances
 - All types of assault, including serious assaults, across male (up 19%) and female establishments (up 29%) continue to rise

Accommodation

Prison	Operational Capacity	Function	Type
Belmarsh	906	High Security – National Resource Local Resettlement High Secure Unit	Modern, new build - 1991
Brixton	798	Category C Resettlement Men Convicted of Sexual Offences	Victorian – 1862 (original buildings 1819)
Feltham	568	Young Offender Institute U18	(Originally 1854, converted 1910) Current buildings -1988
Highdown*	1203	Local Resettlement	Modern - 1992
Isis	628	Category C Focus on Young Adults	Modern, new build - 2010
Pentonville	1188	Local Resettlement	Victorian - 1842
Thameside	1232	Local Resettlement Category C Resettlement	Modern - 2012
Wandsworth*	1540	Local Resettlement	Victorian – 1851
Wormwood Scrubs	1195	Local Resettlement	Victorian – 1875

* Subject to reconfiguration & re-role

HMPPS – London Prisons

Prison	Functional Prison Lead	Prison Group	Healthcare Provider	Local Authority	DHSC Allocation
Belmarsh	Head of Segregation & Safer Custody	Long Term High Secure	Oxleas	Royal Borough of Greenwich	£315,049**
Brixton*	Head of Residence & Safety	London	Care UK	Lambeth	£90,765
Feltham	Adult Safeguarding Custodial Manager	Youth Custody Service	Care UK	Hounslow	£12,370
Highdown*	Head of Safer Custody	London	CNWL	Surrey County Council	£398,575***
Isis	Head of Healthcare, Drug Strategy & Segregation Unit	London	Oxleas	Royal Borough of Greenwich	**
Pentonville	Head of Residence	London	Care UK	Islington	£202,517
Thameside	Assistant Director – Safer Custody	Contracted Prisons	Oxleas	Royal Borough of Greenwich	**
Wandsworth*	Head of Healthcare & Drug Strategy	London	St George's	Wandsworth	£363,371
Wormwood Scrubs	Head of Safer Custody	London	Care UK	Hammersmith & Fulham	£209,763
<ul style="list-style-type: none"> • Subject to NHSE Procurement • ** across 3 prisons • *** across 5 prisons 					

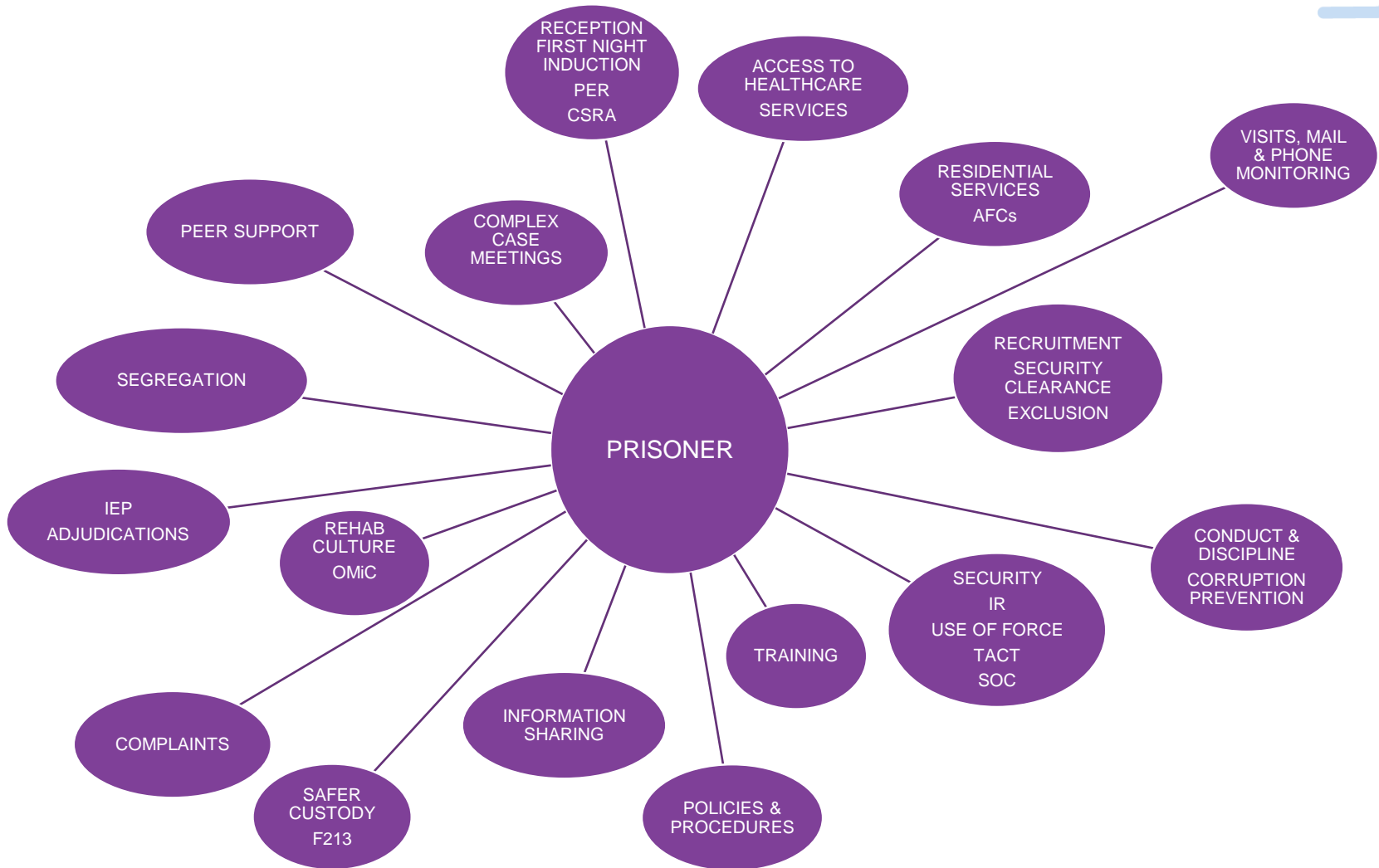
Safeguarding Responsibility in Custody

- Local Authority Safeguarding Adults Boards have no role with respect to individuals in prison custody
- Keeping prisoners safe is a Governor's responsibility
- Adult safeguarding underpinned by six principles – empowerment, prevention, proportionality, protection, partnership and accountability
- Range of processes in place to ensure this duty is met
- Independent scrutiny, oversight & regulation
- HMPPS encourage engagement between Governors and SABS so learning and expertise can be shared

SAFEGUARDING IN PRISON

- Safeguarding in prison means taking measures to protect the health, well-being and human rights of vulnerable individuals, to enable them to live free from abuse, harm and neglect.
- In custody the duty of care is both positive – a duty to provide and negative – a duty to prevent.
- Prisons are responsible for the safety of people in custody and operational policy is set out in PSI16/2015 - Adult Safeguarding in Prison.
- In prison, Safeguarding is an umbrella term to describe all the activity that takes place to ensure prisoners are held safely and securely and protected from abuse and neglect.
- Local Safeguarding Adults Boards are not responsible for individuals in custody, but can provide advice on safeguarding to prison governors and other officials on request.
- ADASS undertook a survey of Local Safeguarding Adults Boards' Independent Chairs to explore the level of engagement between prisons, healthcare providers and LSABs and to capture examples of emerging best practice. The report is expected shortly.
- HMIP published a thematic review of Social Care and Safeguarding autumn 2018

SAFEGUARDING IN PRISON FOCUSES ON DECENCY & SAFETY



HMPPS Policy and Guidance

- PSI 64/2011 Risk of Harm to self, to/from others (Safer Custody)
- PSI 06/2016 Adult Social Care
- PSI 16/2015 Adult Safeguarding in Prison
- PSI 17/2015 Prisoners Assisting Other Prisoners
- PSI 05/2014 Safeguarding Children & Vulnerable Adults
- PSI 32/2011 Ensuring Equality
- Regional Safety Plan
- NOMIS Reporting - Adult Social Care Flags
- PHE Guidance - Health & social care needs assessments of the older prison population
- HMPPS Models of Operational Delivery – Older People, Men Convicted of Sexual Offences

SAFEGUARDING PROCESSES

CONCERN

- Suspected abuse or neglect or risk of harm
- Ensure immediate safety
- Inform member of staff, manager, Duty Governor as appropriate

REFER

- Contact member of staff, concern and keep safe helpline, Duty Governor
- Submit complaint
- Submit Safeguarding Concern Form

ENQUIRE

- Consider information and conduct enquiries
- Request assistance from Local Authority, as appropriate

ACTION

- Refer to police
- Identify actions to address concerns
- Safeguarding multi-disciplinary meeting required

REVIEW

- Review action plans to ensure delivery
- Provides analysis of Safeguarding Activity

INDEPENDENT ASSURANCE

Her Majesty's Inspectorate of Prisons, (HMIP)

HMIP “ensure independent inspection of places of detention, report on conditions and treatment and promote positive outcomes for those detained and the public”

- Inspect against four tests of a health prison – safety, respect, purposeful activity and rehabilitation and release planning
- Each test is underpinned by “expectations” or standards based on international human rights standards and norms
- Carry out thematic inspections as well as individual establishment inspections

Safeguarding expected outcomes:

- The prison provides a safe environment which reduces the risk of self-harm and suicide.
- Prisoners at risk of self-harm or suicide are identified and given appropriate care and support.
- Prisoners, particularly vulnerable adults at risk as defined in the Care Act 2014 are provided with a safe and secure environment which protects them from harm and neglect
- Adults at risk are appropriately located and supported by trained staff who are resourced to meet their needs.

Urgent Notification

- A new process allowing HMIP to highlight prisons of urgent and significant concern
- Provides a public way for the inspectorate to raise immediate and serious concerns following an inspection in the form of a published letter to the Justice Secretary.
- HMPPS and the Ministry of Justice will support local management to deliver immediate actions to address urgent and severe issues. After 28 days, the Justice Secretary will write to the Chief Inspector in a published letter outlining the response to the urgent notification.

HMIP Thematic – Social Care

Priority Areas for improvement:

- A comprehensive national strategy for the provision of social care in prisons in England and Wales was needed.
- In too many prisons there was no clear responsibility for delivering social care and in others there was no memorandum of understanding to support the development or delivery of services.
- Screening of prisoners' social care needs was not sophisticated or robust enough to pick up every need.
- There was wide variation in the delivery of social care packages. In effect a 'postcode lottery' operated where prisoners could receive a poor, satisfactory or very good service based on which prison they were sent to.
- In some prisons peer support workers were not appropriately trained, supervised or monitored.
- Older prisons, and in some instances new prisons, had great difficulty making physical adaptations to support the needs of every prisoner with social care needs.
- Some social care providers found it difficult to transfer prisoners to receiving establishments which could offer a similar level of care, and there was evidence of failed transfers where the needs of the prisoner could not be met at the receiving prison.

Positives outlined in HMCIP Report:

- Where prisons established good working arrangements with local authorities early on there was evidence that social care services within prisons developed, or could develop, well. Some of this generated good practice.
- There were some examples of good practice in social care screening, although this was not universal.
- In a number of prisons the provision of social care by competent peer support workers was very good and well supervised.
- Most social care providers anticipated the need for transitional arrangements for prisoners being transferred or released, with some notable good practice.

INDEPENDENT ASSURANCE

Prison & Probation Ombudsman (PPO)

PPO carries out independent investigations into deaths and complaints in custody. The PPO has two main duties:

- to investigate complaints made by prisoners, young people in detention (prisons and secure training centres), offenders under probation supervision and immigration detainees
- to investigate deaths of prisoners, young people in detention, approved premises' residents and immigration detainees due to any cause, including any apparent suicides and natural causes.
- The purpose of these investigations is to understand what happened, to correct injustices and to identify learning for the organisations whose actions we oversee so that the PPO makes a significant contribution to safer, fairer custody and offender supervision.

INDEPENDENT ASSURANCE

Independent Monitoring Board, (IMB)

- Inside every prison, immigration removal centre and some short term holding facilities at airports, there is an Independent Monitoring Board (IMB)
- IMB members are independent, unpaid and work an average of 3-4 visits per month. Their role is to monitor the day-to-day life in their local prison or removal centre and ensure that proper standards of care and decency are maintained.
- Members have unrestricted access to their local prison or immigration detention centre at any time and can talk to any prisoner or detainee they wish to, out of sight and hearing of a members of staff if necessary.
- Board members also play an important role in dealing with problems inside the establishment. If a prisoner or detainee has an issue that he or she has been unable to resolve through the usual internal channels, he or she can put in a confidential request to see a member of the IMB.
- If something serious happens at the establishment, for example a death in custody, representatives of the board may be called in to attend and observe the way in which the situation is handled.

“the local authority had failed to make any significant contribution by the end of the reporting year. The Board considers that the conditions for these elderly men – their accommodation, the lack of provision for age-related conditions like reduced mobility and incontinence, and the lack of professional assessment and social care, as legally required – are not acceptable”. Brixton IMB Annual Report December 2017

RESPONSE

- Social care and Safeguarding included in Group Safety Team portfolio
- Stocktake exercise across London prisons:
 - All prisons have a Safeguarding Lead at SMT level
 - Seven prisons have a Safeguarding Policy
 - Potential conflict between prison and healthcare safeguarding policies
 - Inconsistent approach to Safeguarding Governance
 - All prisons have identified a representative to attend local SAB
 - Healthcare provider leads attend local SAB
 - Lack of understanding of SAB participation and SAB role in prison safeguarding
 - Lack of safeguarding training available for prison and healthcare staff
 - Majority operate safeguarding referral systems with follow up action
 - Safeguarding data collection is poor
 - Lack of peer-led care and support schemes
 - For HMPPS Safeguarding and provision of social care are linked
- Support offered to prison Social Care & Safeguarding Leads
- Targeted support to individual leads to build relationships with local authority commissioning and safeguarding leads

Safeguarding Concerns

- Mr A is a 74 year old category C prisoner, sentenced for historic sexual offences currently located in a local prison; he has rheumatoid arthritis and presents with knee bend and drawn to chest; he is unable to weight bear and is cared for in bed. Prior to custody, Mr A reports that he was cared for in bed at home for past 2 years and has not gone outdoors for approximately 5 years.
- He has been assessed by the local authority and a care & support plan is in place. Prison staff reported that Mr A does not always receive the recommended care as agency staff do not turn up consistently and care staff are selective over the tasks they will carry out due to the nature of Mr A's offences.
 - the prison undertook a simple inquiry which confirmed the staff reports. The prison excluded the care agency staff and replacement staff sought from an alternative provider.
 - The prison did not record their actions incident in a formal safeguarding record log.
 - The issue highlights ineffective commissioning arrangement for social care services in the prison. The prison are working with the local authority to implement more robust service provision.

Safeguarding Concern

- Mr B, a MAPPA prisoner requires a wheelchair and was released from a local prison with no accommodation and nowhere to go. Probation were able to confirm a room in a hotel, however he fell as it was not suitable for his needs. Paramedics were called and Probation deemed the only option was to recall him to custody.
- There had been no formal or effective pre-release planning between the prison, probation, local authority or healthcare to plan for his discharge.
- His return to custody was not identified as a safeguarding issue by the prison.
- On his return to custody the local authority carried out a social care assessment, identifying his needs for release, promoting his independence and ways to increase his mobility to optimise his chances of finding suitable accommodation that did not need him to be wheelchair dependent.
- The local authority liaised with Probation and were able to support him to access a place in an Approved Premises.

Safeguarding Concern

- Prisoner C was recalled to prison having committed an offence at a nursing home; before the local authority were able to carry out an assessment he was released into the community in Kent; his home area is Hull.
- There had been no formal or effective pre-release planning between the prison, probation, local authority or healthcare to plan for his discharge.
- His return to custody and subsequent re-release were not identified as safeguarding issues by the prison.

Safeguarding Concern

- Mr D received into custody from magistrates court. He was on a dirty protest and spitting at staff at court. The escorting staff were donning protective clothing; no handover prior to arrival so prison staff were not prepared for this arrival. He was located in the in patient unit with support from the mental health team.
- Governor escalated to HMPPS who raised with the PECS contract manager, who requested an explanation from the vehicle escort contractor and the NHSE Commissioner who raised with the court based L&D Service.
- Feedback indicated - the person was seen in custody and reviewed repeatedly, liaison was completed with the community services as he was expected to be released and there were various issues with accommodation, L&D practitioners attended court. Information was included on RMS, a copy of the report was uploaded and was attached to the PER, information was also included from our report in the Police's written information, verbal information was given to the Court Custody staff and this was again added to the PER.
- At the time of presentation in Police and Court Custody the staff were of the opinion that the service-user was not presenting with acute mental health problems and did not require an admission to hospital or acute follow-up, there had been extensive liaison and discussion with the community teams regarding presentation – he was reportedly due to be discharged from services. The practitioner did not call the prison to verbally handover over this information- there was no clear reason why, it is expected that they call ahead to liaise and ensure that all relevant information is made available.
- L&D Manager reported they would remind all staff of the importance of sharing information with the prisons and not relying on written information alone and the assumption that others will pass on our information.



Discussion



- How can Governors support safeguarding boards
- How can safeguarding boards support Governors