



Micheal's comments on Preventing Deaths in Custody.

Micheal a former client of Bail for Immigration detainees comments on how to prevent deaths in custody from his own experience.

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Preventing deaths in custody

By Michael*

** Michael is currently a volunteer and a former client of Bail for Immigration Detainees. Michael is a pseudonym.*

Staff

Staff are the most important point that needs to be looked at, as Prisoners & Detainees both have to rely on staff to access their needs, and more should be done in terms of training and protocols Staff follow need to be reviewed.

It is my understanding that Prison protocol prevents Officers from opening the cell door of a Prisoner in distress without back up to prevent harm to the Officer. This needs to be reviewed to ensure discretion is allowed for the officer to be able to assess the situation and make a decision accordingly. There are many different types of distress and not all are violent.

Claustrophobia is an example of distress which is very common in new prisoners and is also usually not violent, and can be dealt with quickly and without delay by simply allowing the door to open for a few minutes for the prisoner to compose themselves.

A prisoner can also be in distress due to pain or medical reasons and this should also be reason for an officer do their own assessment of the situation and, if appropriate, to open the door without the need to wait for back up. As an example, if a prisoner is complaining of extreme chest pain the door **MUST** be opened without delay so that the officer can keep the prisoner under observation while waiting for the on-duty nurses to attend.

Anger is also a sign of distress but it is usually very obvious, and that is where it would not be appropriate to open the door due to the possibility of violence. The officer should call and wait for back up, however, in this situation the officer should still have power to assess the risk and make a decision depending on factors such as: is it a shared cell and is there a possibility of harm coming to the cell mate; is the prisoner marked as 'high risk'; & is the prisoner engaging with a dialog with the officer while the door is closed to de-escalate the situation?

It is important to note that distress in prison is very contagious. Loud screaming for help, kicking the door for attention and repeatedly ringing the emergency bell is considered a nuisance to other prisoners and would cause a lot of anger. It is also especially contagious to prisoners who suffer from mental health problems. I recall an

incident in HMP Wandsworth where Prisoner A was banging on his door all night due to tooth ache, the constant banging keeping people awake at night was very annoying to everyone but especially distressing to prisoner B who suffered from schizophrenia, so distressing that after a few hours prisoner B decided to wrap himself in his bedsheet and set himself on fire. This incident was preventable firstly by properly allocating people with severe mental health conditions to more suitable spaces, and secondly by simply giving prisoner A the paracetamol he had been asking for, for hours.

Medication

A prisoner who is due any medication should never go without, not even an hour late. Because the procedure for collecting medication is an automated list generated by a computer and then handed to the officers to unlock the prisoners, it is very common that some prisoners get missed off the list. This usually happens with people who have only recently been prescribed the medication but this also sometimes happens to people who are on permanent medication. I have witnessed prisoners pleading with officers and explaining that they are due medication and the officer simply stating that they are not allowed to unlock them because they are not on the medication list.

I propose that prisoners with regular and permanent medications have it marked on their Prisoner ID card and prisoners with short term medication be handed a note or some proof that they do have medication to collect in case there is a mistake with the list.

Healthcare

Access to healthcare is fundamental and waiting times is an area in much need of improvement and especially in prison where security has to be taken into account when escorting prisoners. The accessibility to healthcare would greatly be improved and waiting times shortened if prisoners were given access to phone appointments for minor matters such as repeat prescriptions, minor issues or medication reviews. This could also be extended to 1-1 sessions with mental health teams. It is important that the option to choose phone appointments instead of face to face appointments be left up to the prisoner to prevent negligence & favouritism.

Privileges & Incentives

The removal of privileges and incentives based on behaviour needs to be reviewed. Welfare and mental health needs should be taken into consideration on the scheme as a whole. Punishments such as reducing spending allowance in the canteen and reducing the number of visits that are allowed should stop.

Items in the canteen are not a privilege, they are essentials. Toiletries, food, phone credit are all necessary to keep hygiene, nutrition and contact with Family & Friends as support for mental health and contact for legal advice. There should be no spending restriction on these essentials.

There are plenty of privileges and incentives that can given or taken depending on behaviour so that there is no need to even limit access to a person's essential items. For example, incentives such as permission to buy gaming consoles & dvd players, accessing trusted jobs within the prison and the prospect of progressing to D-cat open condition prisons.

Additionally, there should not be removal of visitation privileges, visits from family and friends have a big impact upon mental health and for many people in prisons and detention it is the only thing keeping them from feeling suicidal. It is appropriate to allow extra visits on top of the "standard IEP" status visit allowance for people that have demonstrated good behaviour as an incentive or "enhanced IEP" status but it is never appropriate to reduce visit allowance below the "standard IEP" status.

"Basic IEP" status should not be reduced privileges from "Standard IEP" but instead as a step further away from achieving "Enhanced IEP" this would massively reduce the number of self-harm & suicide attempt incidents due withdrawal of people's essentials tools for coping with prison.

In-cell Emergency bells

Waiting times for officers responding to an in-cell emergency bell varies from prison to prison. In my experience it can be between 15 minutes to 8 hours for an officer to respond depending on: the prison, the time of day or night and the amount of activity on the wing at the time. This is very concerning, and the longer response times are more common in older and bigger prisons when wings are busier and the emergency bell system has not been updated. The older emergency system consists of 3 buttons: 1 inside the cell to call for an officer, 1 inside the officers' office which turns off the sound but not the light indicating the emergency bell is on in that cell and 1 outside the cell for the officer to press when they are responding to it.

Firstly, the prisons with the older emergency bell system need to be updated so that the way to switch off the emergency bell light from outside the cell is not a button but a key fob. This will prevent the emergency bell from being turned off by mistake or by other prisoners as a 'prank'.

Secondly each officer should have their own key fob. It is my understanding that prisons that have already been updated to the key fob system have unmarked key

fobs or communal key fobs meaning that there is no record of which officer attended the emergency call and no accountability.

Lastly emergency response times must be recorded and a maximum emergency bell response time policy needs to be put in place to prevent officer negligence in their duties.

Detention on CRD

Gate arrests need to end. Where a person is facing further charges these should be pressed while still serving their sentence and not at end of their custodial sentence or close to it. The last months of a person's sentence are the longest and most stressful. A prisoner, especially a long-serving prisoner will feel great anxiety and stress of having to re-enter the community but also happiness and excitement of being reunited with their family and friends. It is a time of many complicated emotions especially for prisoners who already suffer from mental health problems. To wait until the near end of their sentence or their day of release to inform them they will remain in prison, is extremely harsh and to people with mental health problems & a history of self-harm, has proven to be a fatal recipe for suicide.

This also applies to immigration-related intent to detain on CRD. People liable to any form of detention beyond CRD should be made aware well in advance so that they have time to process and prepare mentally, understand the process and seek legal advice. Many people who are liable to be detained under immigration powers are unaware that they will be detained past their CRD and are only notified a few days before their release. They are blindsided and left in a stressful desperate rush to seek any help which is increasingly hard to access.

I propose that they be notified that they will be detained at least 1 year before their CRD giving them enough time to prepare, seek legal advice or representation and educate themselves on the processes as many will have to make their own bail applications. For shorter sentences they should be notified of detention at the half point of the custodial portion of their sentence.

I believe these changes would be a great improvement in prisoner healthcare services and reduce illness-related deaths, and improve quality of and mental health which would reduce self-harm and suicide attempts.

Rehabilitation of Foreign Nationals

Every Person who has received a sentence by the courts should all have the same access to offence-focused work and progression. People whose immigration status may be precarious or liable for deportation should not be limited or prevented from

accessing tools to better themselves and prepare to re-enter the community be it in the UK or their Home Country.

Many foreign nationals are ignored by the offender managers when they ask for Offence-focused work because the offender managers believe that if there is the possibility that the person will be deported, and it is pointless to help them progress. Often foreign nationals will be transferred to prisons such as Huntercombe & Maidstone that have been designated to facilitate the Home Office's intent to deport. These Prisons are known to have less access to both educational courses and Rehabilitation courses, thereby making it impossible for individuals to complete their sentence plan.

Rehabilitation and the benefit to people serving sentences in prison should therefore not be restricted to British nationals or to people not facing deportation. Further, the benefits of rehabilitation should not be viewed as being restricted to people who will be released into the UK community, but also to people who may be released into communities abroad.

Every person in prison has to have a recategorization review which includes assessment factors such as behaviour and likelihood of absconding, the frequency of these reviews depends on length of sentence and this offers the possibility to progress to D-cat Open conditions prisons. However, for foreign nationals there is no proper review or any kind of assessment. Instead, an automatic refusal and a copy and paste letter is issued stating that they have been refused because they are liable for deportation and therefore present a high-risk of absconding. This is exactly what happened to me even though I had previously been granted immigration bail, police bail and magistrates' bail and demonstrated that I comply with conditions and do not abscond. I was still automatically refused progression to D-cat without any individualised consideration.

These discriminations are very upsetting to any person, but especially to vulnerable people and people who suffer from mental health problems. I have personally seen people who have had a record of good behaviour for years become angry, violent and some even start self-harming because despite working hard for years to improve themselves and demonstrate it they don't even get a fair chance to progress simply because of their nationality.