7. SAFER PRISONS: CELL SHARING

Policy Update

Suicide and Self Harm Prevention

7.1 A three-year Suicide and Self Harm Prevention Strategy was implemented within the Service from April 2001. As part of that strategy, Prison Service Order 2700 (IB 11561 – 11587) on Suicide and Self Harm Prevention was issued on 4 November 2002. It set out mandatory requirements for the Service to identify prisoners at risk of self harm and suicide, provide care and support to such prisoners and offer support to staff caring for such prisoners.

7.2 PSO 2700 (document 34) provides detailed instructions to staff on the procedure for opening a form (F2052SH) in respect of any prisoner who has suffered an incident of self-harm or where there is cause for concern that the prisoner might be at risk. The opening of Form 2052SH triggers detailed requirements for the care and assessment and accommodation of such prisoners. For example, Chapter 4 of PSO 2700 specifies that prisoners identified 'at risk to self' (that is, who have an open F2052SH)

"should be routinely allocated to shared accommodation, unless the prisoner represents a risk to others, their behaviour is too disturbing to other prisoners or shared accommodation is not available. Two at-risk prisoners should not share a double cell. If it is not advisable or practical to place a prisoner on an open F2052SH in a shared cell, the reason for the allocation to a single cell should be recorded in the F2052SH, and additional protective measures put in place to compensate for the added risk. (For further details on the accommodation of at-risk prisoners, consult PSI 26/2002 cell-sharing risk assessment)."

7.3 Key achievements of the Suicide and Self Harm Prevention Strategy are:

- The appointment of Suicide Prevention Coordinators (SPCs) or equivalents, in all prisons.
• Recruitment of 2,656 new Listeners (Samaritan-selected and trained peer supporters) with further recruitment and training continuing.

• Introduction of the ‘Insiders’ scheme. Insiders are peer supporters, selected and trained by officers, to offer information and support to new prisoners during Reception and First Night.

• A new, improved and simplified system for escort staff to identify and care for prisoners who may be at-risk of suicide or self-harm (now also being used by some Police Forces).

• Investment of over £21million at six ‘Safer Local’ pilot sites - Feltham, Leeds, Wandsworth, Winchester, Eastwood Park and Birmingham - in works including new detoxification centres, refurbished reception and induction areas, the installation of First Night Centres and the creation of crisis suites and gated cells.

• Awareness-raising of suicide/self-harm prevention issues and dissemination of good practice via Safer Custody News, SPC conferences, Outreach support, support materials, intranet toolkits and Safer Custody website.

• Development of safer prison design, including ‘safer cells’, which have been found effective in preventing impulsive suicide attempts.

• The introduction of a revised system to record incidents of self-harm, improving the consistency, detail and quality of the information collected.

Ongoing Development of Self Harm and Suicide Prevention Strategy

7.4 The Prison Service launched an outline suicide prevention strategy to carry on the work of suicide prevention from 1 April 2004. The strategy can be summarised as, ‘Reducing distress and promoting the well-being of all who live and work in prisons.’ The strategy applies both to public and privately contracted prisons. It depends on the dedication of staff of all disciplines and at all levels to work in partnership, with the necessary skills to carry it out. The strategy operates by establishing suicide prevention as a current through all Prison Service policy area relating to the care and welfare of prisoners, staff and management culture, training and physical improvements in prisons.
The programme of work is complex, wide-ranging and highly inter-dependent, and there are no quick fixes. The benefits of the initiatives underway will take time to work through.

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

Manchester University carried out an evaluation of the F2052SH system in 2002 which revealed weaknesses of the procedure in terms of its inflexibility, its lack of relevance to the needs of prisoners whilst in the care of escort contractors and the fact that action plans were not being carried out. It was also found that staff tended to interpret the F2052SH as a mechanism for watching prisoners rather than caring for them. The study concluded that the system could be improved by a greater integration of mental health and suicide/self-harm assessments; use of skilled assessors; greater emphasis on supporting training and guidance; the development of flexible care plans; and accountable management of those care plans. As a result, the ACCT approach is being introduced throughout the Prison Service during 2005 and 2006 to replace the F2052SH. Building on a successful pilot at 5 establishments from January 2004, more than 40 establishments are to introduce ACCT during 2005, with the remainder of the estate moving to use of ACCT during 2006.

ACCT has been developed in partnership with the Department of Health as part of the Safer Custody Programme Care of At-Risk Prisoners Project. PSI 18/2005 (document 35) was issued on 1 June 2005 to introduce the new procedure. ACCT will provide: (see para.5 of PSI 18/2005)

- An individual assessment for every prisoner/trainee identified at risk of suicide/self-harm
- A team of staff trained to conduct semi-structured assessment interviews
- Flexible and individualised care and management plans (CAREMAPS).
- Accountable management of care plans through appointment of Case Managers and naming those responsible for specific actions.
• Agreed communication and referral protocols linking systems of care for suicide/self-harm and systems for mental health care.
• Greater emphasis on supporting guidance and training (particularly around understanding self-harm and helping prisoners in crisis).

A new Suicide/Self-Harm Warning Form for use by escort staff was introduced in January 2004.

7.8 ACCT also builds on existing and growing links with the NHS and NIMHE (National Institute for Mental Health in England). This is achieved by linking ACCT with reception screening, mental health awareness training and mental health in-reach. Significantly, the implementation is taking place in close partnership with regional NIMHE. Suicide prevention remains the responsibility of all staff, and the new ACCT form promotes an emphasis on individualised care, post-closure care, planning for release and picking up identified risk early in custody.

7.9 Implementation of ACCT has slowed down slightly, in order to ensure that the necessary quality of training is delivered. Prison Service Instruction (PSI 18/2005) clearly sets out the prerequisites to implementation of ACCT in an establishment. Prerequisites include staff training and local support mechanisms. Extensive written guidance has been prepared and HQ staff, outreach workers, mental health and training leads and others are offering active support. ACCT will form part of the revised Prison Service Order 2700 (Suicide Prevention and Self-Harm Management) due later in 2005.

Accommodation of Prisoners at risk of Suicide and self-harm

7.10 The following table shows how the prisoners who apparently took their own lives in the past six years were accommodated (both those on open F2052SHs and those not identified as currently at-risk). The table indicates that 63% of those who took their own lives were located in single cells at the time of their death.
However, the position is complicated by the fact that (i) in prison self-harm is more prevalent than assault on others but (ii) data on self-inflicted deaths (SIDs) by offence type highlight the predominance of SIDs amongst prisoners convicted of a violent offence. These two factors mean that in circumstances where a prisoner presents as a risk of harm to both himself and others, managing risk is very challenging and sensitive judgements are needed in providing accommodation and effective management.

The companionship cell-sharing offers can help to reduce feelings of loneliness and a cellmate will also be able to alert staff or a Listener if they are particularly worried about their companion. The evidence indicates that suicide is a particularly high risk on first reception into prison and following sentence. Cell sharing for vulnerable prisoners, if otherwise safe to do, is particularly helpful during these periods.

The ability of the proposed cellmate to give support should be considered and their own well-being protected. Sharing a cell with an at-risk prisoner can be demanding and sometimes distressing, and feeling responsible for others can add to stress. It is important that staff recognise the burden this may place on the cellmate of the at-risk prisoner. PSO 2700: Suicide Prevention and Self-Harm Management is currently being revised, and the revised version will include the recommendation that mechanisms to support prisoners who are asked to share cells with at-risk prisoners be developed locally. Two at-risk prisoners should not share a cell because they may not be well placed to

<table>
<thead>
<tr>
<th>Year</th>
<th>Dorm/ward</th>
<th>Double</th>
<th>Not known</th>
<th>N/a</th>
<th>Single</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>3</td>
<td>28</td>
<td></td>
<td>60</td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>2000</td>
<td>1</td>
<td>27</td>
<td></td>
<td>53</td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>2001</td>
<td>1</td>
<td>20</td>
<td>4</td>
<td>48</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>2002</td>
<td>2</td>
<td>27</td>
<td>2</td>
<td>3</td>
<td>61</td>
<td>95</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td>36</td>
<td>3</td>
<td>2</td>
<td>53</td>
<td>94</td>
</tr>
<tr>
<td>2004</td>
<td>2</td>
<td>29</td>
<td>5</td>
<td>1</td>
<td>58</td>
<td>95</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>167</td>
<td>10</td>
<td>10</td>
<td>333</td>
<td>529</td>
</tr>
</tbody>
</table>
offer mutual support. There have also been cases of cellmates goading their companions to commit acts of self-harm.

7.14 Cell sharing for at-risk prisoners is only a protective factor when the cellmate is present. Provision must be made for when the at-risk prisoner is alone in the cell, e.g. if their cellmate is at education, on a visit or at court. Importantly, it remains the responsibility of staff to keep an at-risk prisoner safe, not his/her cellmate.

7.15 In establishments that only have single cells, or very few shared cells, staff will need to put in place additional protective measures to compensate for the added risk. Suggested measures in the Prison Service guidance document, 'Suicide Prevention Strategies' include use of a safer cell (where available), a higher level of supervision or more frequent reviews. The reasons for the decision to place a prisoner at-risk of suicide or self-harm in a single cell, or leave alone whilst sharing, and the additional operational measures consequently taken should be recorded in the prisoner's F2052SH/ACCT.

Prisoners' preferences

7.16 Allowing prisoners to choose whether they wish to share a cell is not always feasible or sensible. Priority must be given to security and safety. However, if there are no identified risks involved, and the other prisoner is in agreement, staff may choose to accede to a prisoner's request to share a cell with a favoured prisoner. Identified risks include escape planning and drug dealing.

7.17 The cell sharing risk assessment tool prompts the member of staff carrying out the assessment to ask the prisoner whether he has any concerns about sharing a cell. Genuine anxieties can be taken into account in deciding on the prisoner's location, in conjunction with consideration of the prisoner's risk to self and local availability of single/shared accommodation.

The positive aspects of cell sharing

7.18 Individual prisoners can have a positive influence over other prisoners whom they come into contact with, most obviously their cellmates. For example, a sibling/relative or an older prisoner can have a stabilising influence over a
younger prisoner. In addition to some prisoners being positive influences over others, prisoners new to custody (or to the custody of that prison) can find cell-sharing beneficial in terms of having somebody to explain how things work, wing regulations/procedures and to chat to. This is important for all prisoners, not only those at-risk of suicide/self-harm.

7.19 Prisoners with some medical health needs (e.g. epilepsy) may also benefit from sharing a cell, so that help can be summoned in an emergency.

**Enforced cell sharing**

7.20 In busy local prisons, levels of cell sharing are so high that the Prison Service has to impose sharing. An obvious disadvantage to this is that a prisoner forced to share a cell against his will may resent his cellmate. In addition, for some prisoners, privacy and personal space may be particularly important, for example if they have experienced physical or sexual abuse.

7.21 At-risk prisoners subject to F2052SH/ACCT procedures are invited to their case reviews and asked to participate in decision-making about their care. It would be appropriate to ask the at-risk prisoner how they felt about cell sharing and to comment on whether they found it helpful. These views should be taken into account by the multi-disciplinary review team, which ultimately will decide on the prisoner’s location. Should the team decide that the prisoner should share a cell, contrary to the prisoner’s wishes, the reasons for the decision should be thoroughly explained to the prisoner.

7.22 All prisoner accommodation is certified by Prison Service Area Managers (as required by s.14 of the Prison Act 1952), in accordance with PSO 1900: Certified Prisoner Accommodation (document 36). The PSO and related Standard set minimum requirements for privacy when using in-cell sanitation. A major programme of work to install privacy screening, where necessary, in shared cells is currently under way. The Director General of the Prison Service has said that he would prefer to eradicate enforced cell sharing and enhance regime so cell sharing was not essential to provide social contact, even in the busiest local prisons; however achieving this would have significant resource implications.
The cost of reducing cell sharing

7.23 The Inquiry may find it helpful to know how many prisoners currently share accommodation and what investment would be required to build new cellular accommodation to reduce the numbers sharing cells. It is important to note that the number of prisoners sharing is not the same as the number of prisoners being held in overcrowded conditions. For example if two prisoners are held in a cell certified to hold two in uncrowded conditions, they are sharing but not overcrowded.

7.24 There were 74,925 prisoners in custody at the end of April 2005. Of these:

- 45,216 prisoners were held on their own in cellular accommodation;
- 27,186 prisoners shared cellular accommodation with one other prisoner; and
- 2,523 prisoners shared accommodation with two or more prisoners in accommodation such as rooms, dormitories and wards.

Therefore 29,709 prisoners (40% of the total population) shared their accommodation with other prisoners. It is estimated that the number of prisoners sharing a cell certified to hold one (in overcrowded conditions) is around 16,500, or about 22% of the total population.

7.25 The table set out below indicates that in order to reduce the number of prisoners sharing cellular accommodation to 10% of the current population, an additional 11,100 cells would need to be built. This would cost, at today's prices around £1.4 billion in terms of site acquisition and construction costs, plus around £388 million per annum to operate. The table also shows a sliding scale of cost for different target rates of prisoners sharing accommodation.
<table>
<thead>
<tr>
<th>Target percentage of population sharing cells</th>
<th>Target number of prisoners sharing cells</th>
<th>Number of new cells required</th>
<th>Capital cost (£m)</th>
<th>Resource cost / annum (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>7492</td>
<td>11,109</td>
<td>£1,394</td>
<td>£388</td>
</tr>
<tr>
<td>15%</td>
<td>11238</td>
<td>9,236</td>
<td>£1,140</td>
<td>£323</td>
</tr>
<tr>
<td>20%</td>
<td>14985</td>
<td>7,362</td>
<td>£889</td>
<td>£257</td>
</tr>
<tr>
<td>25%</td>
<td>18731</td>
<td>5,489</td>
<td>£678</td>
<td>£192</td>
</tr>
<tr>
<td>30%</td>
<td>22477</td>
<td>3,616</td>
<td>£432</td>
<td>£126</td>
</tr>
<tr>
<td>35%</td>
<td>26223</td>
<td>1,743</td>
<td>£191</td>
<td>£61</td>
</tr>
</tbody>
</table>

More details of the calculations used to create this table can be found at document 37.