



PSG NEWSLETTER

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FOREWORD FROM OUR CHAIR, JULIET LYON CBE

My tenure concludes at the end of January so much of this month is taken up with strengthening footholds for the Panel's advice to Ministers and officials in 2023 on how best to meet their human rights obligations to prevent deaths, natural and self-inflicted, in all forms of state custody.

The Government's new ten-year suicide prevention plan currently under consideration by the Department of Health and Social Care should set out clear ways to protect the lives of people in custody thanks to members of the Practitioner and Stakeholder Group and the prisoners who responded to our call to Inside Time readers. The plan, along with efforts to achieve equivalence in healthcare, needs to take proper account of the well-documented vulnerabilities and comparatively poor physical and mental health of people detained by the state. This has implications for workforce development, staffing ratios, levels of experience, family engagement, and leadership and support as well as health and safety, environment, safety impact assessment across prisons, probation, policing, immigration, and secure healthcare.

Working across departments and disciplines is never easy but ultimately more productive than working in silos. The structure of the Ministerial Council on Deaths in Custody draws together the Ministry of Justice, the Home Office, and the Department of Health and Social Care and allows for learning from investigation, regulation, and independent expert advice. In the main it is characterised by good information sharing, candour, and a determination to keep people safe. It could still do more to ensure compliance, hear from former detainees and bereaved family members, and acknowledge, and be clearer about, accountability.



Image courtesy of [Koestler Arts](#).



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PREVENTING DEATHS AT THE POINT OF ARREST, DURING AND AFTER POLICE CUSTODY

As part of a police leadership initiative, in December 2022 the Panel published a report bringing together, for the first time, a wide range of policing practice across England and Wales to prevent deaths at the point of arrest, during and after custody.

The report demonstrates how many police forces have forged partnerships with allied health and justice services to play to professional strengths, reduce inappropriate use of police time, and prevent deaths in custody. However, practice is not uniform across England and Wales, with limited evidence that forces are sharing findings after a death, involving bereaved families in driving change, or working with healthcare partners to provide effective support for vulnerable individuals in crisis or following release.

The report forms part of a joint police leadership initiative with the Home Office, initially led by former Policing Minister, the Rt Hon Kit Malthouse MP, to drive forward the Government's zero-tolerance approach to police custody deaths.

The report, drawn from responses received from 28 Police and Crime commissioners (PCCs), as well as chief constables and representative policing organisations, highlights examples of police practice.

Recommendations include:

- Greater collaboration across agencies, particularly healthcare as first responders, to support people experiencing a mental health crisis.
- Improved support for vulnerable individuals who are released, particularly those at risk of suicide.
- Better sharing and embedding of learning, particularly learning from bereaved families, the Home Office, coroners, and investigatory bodies.

The Panel is now engaging with the Policing Minister, the Rt Hon Chris Philp MP, the Mental Health Minister, Maria Caulfield MP, and relevant partners to take forward these recommendations. The report was welcomed by the Association of Police and Crime Commissioners, with their lead on deaths in custody, PCC Emily Spurrell, committing to continue working with the Panel "to help achieve zero deaths in custody". You can read the full report [here](#) and relevant press coverage [here](#).





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PREVENTING SUICIDE IN ALL FORMS OF STATE DETENTION

To inform the Department of Health and Social Care's (DHSC) focus on suicide prevention, the Panel led work to gather expert insight from [Practitioner and Stakeholder Group](#) (PSG) members, partner organisations, and experts by experience on ways to prevent suicide across detention settings.

A consultation on suicide prevention with people in prison through [Inside Time](#) highlighted a range of issues, including the importance of family involvement, access to meaningful activities, and peer-support initiatives such as the Samaritans' Listener scheme. A prisoner at HMP Parc told the Panel: "as men we always want to be seen strong but to be honest, we are not and often suffer in silence".

The Panel also issued a call for written evidence and convened a roundtable event attended by almost 60 PSG members. Participants included bereaved families, people with lived experience, NGOs, investigative bodies, solicitors, and operational staff.

In December 2022, the Panel submitted a summary of emerging themes to DHSC, with a full report to be published in the new year.



Image courtesy of [Koestler Arts](#)



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PARLIAMENTARY ENGAGEMENT

In December 2022 the Panel submitted evidence to the Joint Committee on Human Rights' inquiry into the rights of asylum seekers in the UK, with a focus on risk to life within the immigration detention estate. The submission raises concerns about the risks faced by asylum seekers liable for removal to Rwanda which include self-harm, suicide, and restraint-related death. It cites letters to the Home Office from [June](#) and [October](#) 2022 which sought formal clarification and assurances on the steps that would be taken to protect vulnerable individuals and ensure the safety of those proposed for removal. [This response](#) was received from former Home Secretary, the Rt Hon Priti Patel MP. The Panel has yet to receive a response to its second letter to the Home Secretary, the Rt Hon Suella Braverman KC MP.

The Panel also highlights inadequate living conditions, access to healthcare, infection prevention and control, and public order management – all of which pose risks to life – in short-term holding facilities such as Manston. These issues were also raised in letters to the Immigration Minister, the Rt Hon Robert Jenrick MP, in [October](#) and [November](#) 2022 – both of which are still awaiting a response. The submission also questions the suitability of immigration detention for people with mental ill-health as well as the need to implement new IAPDC guidelines on suicide prevention in Immigration Removal Centres which have been accepted by the Home Office. You will be able to view the submission on the [Committee's website](#) once it has been published.

During the same month, Juliet Lyon met the Chair of the Justice Select Committee, Sir Bob Neill MP, to discuss concerns about the safety of prisoners, including population pressures, the activation of 'Operation Safeguard', operational staff shortages, and severely restricted access to meaningful activities and regimes. The Panel will continue to work with the Justice Select Committee to use opportunities in Parliament to ensure the prevention of deaths in custody.

In response to the Home Affairs Committee's inquiry into policing priorities, the Panel submitted [evidence](#) in November 2022 which drew on its engagement with PCCs and policing bodies to identify ongoing action by police aimed at preventing deaths during and after police custody and ensuring forces learn from deaths when they do occur. The submission also identifies significant gaps in practice relating to mental healthcare provision, after care and support following release from custody, and the sharing and embedding of learning.

The Panel submitted [evidence](#) to the Joint Committee on the Draft Mental Health Bill in September 2022. While the draft Bill contains some welcome and urgent proposals, the Panel's evidence puts forward several recommended changes to the Bill to ensure its intention to speed up transfers from prison to hospital is achieved and a ban on the use of prison and police custody as a 'place of safety' is successfully implemented.



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The draft Bill is an opportunity to prevent deaths under the Mental Health Act which must not be missed. As such, the Panel is calling for the introduction of a statutory duty to produce high-quality data relating to those who die in detention and the creation of an independent body to investigate such deaths. Juliet Lyon raised these points during [oral evidence](#) to the Committee and in [supplementary evidence](#) in November 2022.



MAXIMISING THE PREVENTATIVE POTENTIAL OF CORONERS' PREVENTION OF FUTURE DEATHS REPORTS

As part of ongoing work to ensure Prevention of Future Deaths (PFD) reports by coroners are better utilised to meet their primary objective of preventing further deaths, the Panel worked with the Chief Coroner's office to convene two roundtables in August and September 2022 with a representative group of coroners from England and Wales. The roundtables, co-chaired by Panel members Deborah Coles and Professor Jenny Shaw, explored coroners' thoughts on the purpose of PFD reports, how the drafting, publication, and distribution of reports can be improved, and how learning from reports can be maximised.

Early findings from our engagement include:

- Coroners will make a report if they have a concern, regardless of whether one has been written already, but expressed frustration at writing repeated PFDs following similar incidents.
- Agencies and services should treat PFD reports as opportunities for local and national learning, rather than as criticism to be avoided.
- A regular review of reports, especially for deaths which occur in state detention, should be produced to present analysis of the main matters of concern.
- Reports should be shared and disseminated as widely as possible as part of training and learning, and should always be shared with bereaved families.



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Findings from these roundtables, combined with evidence from a PFD sampling exercise and forthcoming engagement with bereaved families and representatives from custodial settings, will inform a report due for publication later this year.



Image courtesy of [Koestler Arts](#)

MINISTERIAL BOARD ON DEATHS IN CUSTODY

The Ministerial Board on Deaths in Custody held their latest meeting, chaired by Prisons Minister, the Rt Hon Damian Hinds MP, in November 2022. Juliet Lyon gave an overview of the Panel's priorities, including its ongoing work to prevent deaths in police custody, an update on its PFD project, and raised concerns about the pressure created by a marked decrease in staff, decline in keywork and purposeful activity, and a rapid increase in prisoner numbers. The Mental Health Minister, Maria Caulfield MP, and the Policing Minister, the Rt Hon Chris Philp MP, agreed to meet to discuss challenges around police officers responding to people experiencing a mental health crisis. The Panel continues to make the case that police should not be first responders for mental health crises and welcomes this meeting between Ministers as an opportunity to drive positive change to prevent deaths. You can read the minutes from the meeting [here](#).



FREEPOST

We welcome correspondence to 'Freepost IAP' from people detained in custody and their families about how best to prevent deaths and keep people safe. This valuable resource helps to inform and frame the Panel's advice and recommendations to Ministers and senior leaders.



We are looking for new members to join the Practitioner and Stakeholder Group. We encourage practitioners from a range of organisations, particularly mental health settings, as well as people who have experienced detention and families to join the group. If you know anyone who would be suitable, please ask them to join [here](#).

OTHER IAPDC UPDATES

Juliet Lyon will be publishing her end of term report later this month which will cover progress on the work of the Panel from September 2019 to January 2023.

The Panel meets every six weeks to discuss progress against various workstreams undertaken by each Panel member. The last meeting was on 12 December 2022. You can view all meeting minutes [here](#). You can read the Panel's latest media contributions [here](#). Stay up to date with the latest activities by following the Panel on [Twitter](#).

DEATHS IN CUSTODY DATA

In the 12 months to September 2022 there were 307 deaths in prison custody. Of these, 70 deaths were self-inflicted. In 2021/22 there were 270 deaths of people detained under the Mental Health [Act](#). Of these, 50 deaths were from 'unnatural causes'. There were 11 deaths in or following police custody and 56 apparent suicides following police custody in 2021/22. There were also 14 deaths of people with residence in Approved Premises in 2021/22. In 2022, there was one reported death of a man detained under immigration powers at a short-term holding facility.



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