Investigation into the circumstances surrounding the death of a man in May 2006, shortly after his release from HMP Bristol

Report by the Prisons and Probation Ombudsman for England and Wales

February 2007

This is the report of an investigation into the death of a man who died in May 2006, apparently of a drug overdose, shortly after being released from HMP Bristol. Each year a significant number of former prisoners die in similar circumstances. In line with my terms of reference, I investigate a number of such deaths on a discretionary basis, looking for lessons to be learned.

In spite of the man's untimely death, many of the lessons that emerged from the investigation were positive. He was assisted by many people and the support that he was given, particularly as he approached his release date, was impressive. A number of agencies worked with him to make sure that he was transferred seamlessly from prison to a hostel (Approved Premises). He was told about the dangers associated with the reduced tolerance to drugs which is common after a period of imprisonment. Through the auspices of the charity Mind, he was met at the prison gate, and was going to be driven to the Approved Premises.

Sadly, even with the best efforts of many members of staff, and a range of specialist services, the lure of drugs was too strong for the man to resist. His death occurred the morning after release, less than 24 hours after leaving prison.

The man was no longer in contact with his family and he did not provide next of kin details to the prison or probation services. Efforts to trace family members have been unsuccessful. However, it is known that the man had been married and had two children, and I offer my sincere sympathy and condolences to them, should they ever see this report. I also extend my sympathy to the man's friends and those who worked with him.

The investigation was carried out by one of my investigators. I am grateful to the Governor of Bristol and the Assistant Chief Officer of Avon and Somerset Probation and their staff for their assistance during the investigation.

I have highlighted the work of both the prison and local probation as examples of good practice.

Stephen Shaw CBE
Prisons and Probation Ombudsman **February 2007**

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SUMMARY

The man was born on in January 1969, and died in May 2006 aged 37. He began using drugs as a teenager and continued to do so for the rest of his life. As a result of sharing drug equipment, he developed hepatitis B and then hepatitis C. Doctors told him that, as a result of his illnesses, his life expectancy was greatly reduced. He funded his drug use by committing crimes, followed by numerous terms of imprisonment.

On 26 August 2004, the man was remanded into custody at HMP Bristol, after being charged with a number of offences. He was well known to staff at the prison and quickly settled into the routine. However, he sometimes found it difficult to cope with prison life, as he found it difficult to relate to other people. He spent most of his time on the vulnerable prisoners wing. As well as physical ailments, he had mental health problems and had frequent contact with healthcare staff. He also regularly asked for help from the mental health advocate from the charity Mind, who worked on D wing.

On 23 February 2005, the man was sentenced to three and a half years imprisonment. He applied for a transfer to a category C prison, but this was refused. An application for early release under the Home Detention Curfew (HDC) scheme was also turned down, as he had broken the terms of a previous HDC licence.

At the beginning of 2006, staff from the prison and the local probation area began to prepare for the man's release in May. Prison staff monitored his health carefully and worked to ensure that his needs were met. The Mind advocate helped the man obtain a Community Care grant. He also arranged to drive the man from the prison to the Approved Premises where he was to stay on release. His offender manager and key worker from the hostel both visited him in prison to help prepare him for his release. Two weeks before his release, the man moved to the healthcare centre, which provided a 'halfway house' between life on the wing and life in the community.

On 26 May 2006, the man was released. The Mind advocate accompanied him to a Post Office where he cashed his care grant, which meant that he had almost £250 in cash. They drove into Bristol as the man said he had to make a brief stop to collect some of his possessions from friends. He did not return to the car. The following day, he was found having died of an apparent drugs overdose. The occupants of the flat where the man was discovered told police that he had taken about £250 worth of heroin and cocaine.

THE INVESTIGATION PROCESS

1. My investigator opened the investigation by letter on 2 June 2006. She was sent copies of the man’s prison and probation records.

2. On 25 September, she visited HMP Bristol where she interviewed a member of staff, and then spoke to a prisoner who had known the man very well. The following day, she interviewed a member of the mental health charity Mind who helped the man during his final prison sentence.

3. At a later date, she spoke by telephone to the man’s probation officer in the community and his personal officer in prison. She also spoke to the head of the detoxification team.

HMP BRISTOL

4. HMP Bristol receives men and some young offenders, from the local courts, both on remand and following conviction. It also serves as a Category B facility for the West of England. According to the Prison Service website, Bristol places “great emphasis” on prisoners confronting their offending behaviour. There are courses in inter-personal skills, enhanced thinking and a focus on employment, with some prisoners employed in the prison workshops. On 31 January 2006, the operational capacity was 606 men.

5. All prisoners who are drug users when they enter the prison undergo a detoxification programme to help them come off drugs. There is also a re-toxification programme. This option is considered for prisoners who are at risk of reverting to drug use on release from prison, or who are vulnerable to taking an overdose. Re-toxification consists of prescribing a maintenance dose of a drug substitute such as methadone (a synthetic medication which mimics the effects of heroin).

6. The healthcare centre provides 24-hour care and has 20 in-patient beds. It provides a full range of primary healthcare services. There is a Mental Health Support Team for prisoners with mental health problems. The treatment offered includes a Day Care Unit where prisoners can take part in occupational therapy sessions.

7. The HDC scheme is designed to help prisoners prepare for life after their release. HDC is not an entitlement and can only be granted subject to prisoners meeting the eligibility criteria and passing a risk assessment, including a home circumstances check.

KEY EVENTS

The man's prison sentence

8. The man was arrested in August 2004 and charged with two counts of theft, robbery and breach of an Anti-Social Behaviour Order. The offences were committed while he was on police bail. In late August, he appeared at the local magistrates' court and was remanded into custody at Bristol. He had been in the prison before and was well known to staff.

9. During the First Reception Health Screen assessment, the man listed his recent drug use as daily usage of heroin and anti-depressants and occasional use of crack cocaine. He also said that he had taken methadone the previous day, which was when he was in police custody. He said that he had been prescribed various anti-depressants for his mental health problems. There was no entry in the record about hepatitis, although the man did inform the nurse that he was taking a dietary supplement four times a day. (In 1998, he had been diagnosed with hepatitis B. In or around 2001, he developed hepatitis C and was informed by a specialist that he had a greatly reduced life span. As a result, when at liberty, he lived on Disability Living Allowance.) The nurse referred him to the doctor and the detoxification team because of his use of drugs.

10. A prison doctor saw the man later that day, and began the de-toxification programme by prescribing dihydrocodeine and valium. He noted that the man's mood was low but stable, and he was not suicidal. He also recorded that the man had hepatitis B and severe hepatitis C, and referred him to the hepatitis nurse. The man then went through the process of detoxifying from drugs.

11. He quickly settled into the routine of life on the wings. Four days after his arrival, he referred himself to the Counselling Assessment Referral Advice Throughcare (CARATS) team for help with his drug addiction. He told them that he was 'desperate to change' and needed their help to do so.

12. On 8 September, the man spoke to the Advocacy Services Co-ordinator for the Bristol branch of the mental health charity Mind. The man told the advocate that he had been on the wing for six months and had been having a difficult time. He said he had been attacked in prison and was suffering from post-traumatic stress disorder (PTSD). He added that, before coming into prison, he had been an in-patient at a local psychiatric hospital. (The man appears to have been counting his previous prison sentence when saying that he had been on the wing for six months.) The advocate provided him with a Mind booklet on PTSD, and contacted healthcare staff on the man's behalf. From then until the man 's release, the two men spoke on over 40 occasions and the man asked the advocate to help with a number of issues.

13. On 15 September, the man had an initial assessment meeting with a member of the CARATS team. They discussed the dangers of sharing drug taking equipment, reduced tolerance and the risk of accidental overdose. The man

was given a self-study programme to work through in his cell. The course included a question about the man's hopes for the future, to which he replied that he would like to be sentenced to a drug rehabilitation programme.

14. Two weeks later, the man asked to be referred to a psychiatrist, saying that he had previously been a psychiatric in-patient for ten weeks. On 10 October, he told a nurse from the Mental Health Support Team (MHST) that he was having flashbacks of a traumatic life event and was feeling paranoid. The nurse made a note to contact the hospital for details of the man's stay, and said that he would review him in three days time. His medication was changed the following day. On 14 October, he was assessed by a psychiatrist who arranged to see him again in a month's time.

15. In spite of the man's contact with healthcare staff, he told the advocate that he felt that they did not really believe that he was unwell and were not providing enough support. The advocate contacted the psychiatrist who had treated the man in the community and discovered that prison healthcare staff had already requested the records.

16. In November, the man began working as wing cleaner. He pleaded guilty to the offences and was further remanded for probation, psychiatric and physiology reports to be prepared. At the end of the month, he moved to a single cell, and his personal officer noted that he seemed a lot happier. By this time he had completed the work for the CARATS course, for which he was awarded a certificate. At his next appointment with the psychiatrist, the man said that he had chosen to stop taking one of his medications and had seen no difference after stopping it. The doctor noted that the man was feeling very vulnerable and decided to see him again in a fortnight's time.

17. However, the man did not actually meet the psychiatrist until 6 January 2005. He told the doctor that taking valium left him "in a haze" and said he felt better when he did not take it. They decided that he should stop taking it, and another appointment was arranged for 24 February. (However, according to the medical record, the next psychiatric review was held on 21 April.)

18. The probation report requested by the court was written in the middle of February. The writer highlighted the man's need for accommodation as a stable base and treatment for his illness. He assessed the man's risk of re-offending as high, due to his use of drugs, and recommended a custodial sentence. A second report noted that the man had a history of relapsing into drug use immediately on release from custody. A week later, the man was sentenced to three and a half years imprisonment.

19. After being sentenced, the man appears to have become depressed. He refused to work and so lost his job and Incentive and Earned Privileges (IEP) enhanced level. His personal officer, who was also the labour officer, looked for an in-cell job where he could work without having to mix with others. However, the workshop had nothing suitable at the time. On 12 March, the man failed a drugs test. He was contacted a week later by the CARATS team, and reminded to make contact if he needed to see someone. Two

weeks later, the consultant treating the man's hepatitis wrote to the prison doctor to say that the hepatitis B infection had been cleared after a course of treatment with interferon. However, he was still suffering from hepatitis C, and being seen by a specialist hepatitis nurse.

20. On 15 April, the man was referred to the Mental Health Support Team because he was tearful and finding it difficult to cope. The mental health nurse suggested reviewing his medication and noted that he should see the psychiatrist as soon as possible. When he saw the psychiatrist the following week, the man said that he felt that valium was helpful. The doctor prescribed additional medication for the following two weeks. They discussed his sentence and probable release date.

21. On 5 May, the man said that he still felt anxious and paranoid all the time, but that he was not struggling as much as before. The psychiatrist made a note to see him in three weeks' time.

22. At the beginning of May, the psychiatrist reassessed the man's medication and he prescribed diazepam (valium) and pain killers. A mental health nurse noted that he was much calmer and was sleeping better. However, the man told staff that he did not want to attend any further assessments with the psychiatrist. From then on, he was treated by different psychiatrist. Later that month, he began to interact more with other people to the extent that he intervened to break up a fight between two prisoners.

23. In June, the man's in-possession medication was checked and he could produce only the empty packet. He explained that he had taken all the medication. There is no record of any action being taken as a result.

24. Later that month, the man began work as a painter. He also applied to be re-categorised as a category C prisoner, which would have meant a transfer to another prison. However, this was refused because of his many previous offences.

25. In August, the man began to consider being released early from prison under the Home Detention Curfew (HDC) scheme. He asked the advocate to liaise with his probation officer and St Vincent's House in Bristol where he hoped to stay on release. The man's original plan had been to move away from Bristol, but he decided against it. He wanted to get his life back on track, and then move north to re-establish links with his children.

26. On 17 September, the man was referred to the Mental Health Support Team. He had given different information to two nurses and healthcare staff were of the opinion that he was becoming paranoid. He was not taking the dietary supplements and was increasingly spending time alone in his cell. He asked to move to the healthcare centre for a short break from life on the wing. This was agreed, although he did not move until a week later. Staff weighed the man and discovered that he had lost weight. As a result, they regularly monitored his weight and diet. They also monitored his medication. After three days, the man told staff that he wanted to return to D wing, as he found

healthcare too noisy and this prevented him sleeping. In fact staff noted that when they had checked him during the night, he had been sleeping. After two weeks in healthcare, he returned to D wing.

27. A month later, on 17 October, the man asked to speak to a member of the Mental Health Team. He said that he was feeling paranoid, and needed night medication. Staff tried to persuade him to give his new medication time to work, and made a further appointment for him to see a member of the team. A week later, the man was again admitted to healthcare for another respite. A care plan was opened which stated that his food intake and weight should be monitored and recorded, as should any behavioural changes. The following morning, the man told staff that he had been awake since 2:00am due to stomach pain. However, the nurse on duty noted that he had been asleep each time she checked him through the night. He then complained that he was not allowed to have possession of his medication as he did on the wing. It was explained that the protocol in the healthcare centre was for all medication to be held and administered by staff.

28. On 26 October, the man asked to return to the wing, but as there were no spaces available, he had to remain in healthcare. The records describe him shouting at staff, and his personal officer commented that he had "become a very angry young lad". A later observation from the same officer noted that the man did "not like the word no", and got upset if he did not get his own way.

29. On 10 November, the man told the nurse who was giving out medication at the treatment hatch that he would not take his medication in protest at his pain killers being reduced. He said that if she did not arrange for it to be increased within 30 minutes he would cut himself. The nurse told him that she could not deal with his problem until after she completed the morning treatments. The man left the treatment hatch, and the nurse immediately briefed an officer about the situation, asking him to speak to the man.

30. Minutes later, at 8:25am, the man cut his wrist with a razor blade. The staff immediately opened an Assessment, Care in Custody and Treatment (ACCT) plan. (The ACCT document describes the problems facing a prisoner at risk of harming himself, and implements a plan to give him the support he needs to help him through a period of crisis.) The man said that he felt that healthcare staff did not take him seriously, and he was worried about how he would cope in future. He added that the D wing staff meant a lot to him, and he did not want to disappoint them. After further discussion of his needs, the staff agreed with the man that it would be best if he remained in his own cell.

31. Later that morning, the pharmacist discussed the man's medication with him and said that she would speak to the doctor. The doctor discussed the man's medication with the pharmacist and a nurse. At 2:45pm, the doctor asked the man to continue taking his current medication until the following morning when it would be reviewed. Staff observed him regularly throughout the night.

32. At the assessment interview the following morning, the man said he had problems coping with imprisonment, and hated the system, but was 'terrified'

of being released. Despite his words, the case review meeting that afternoon agreed that the ACCT plan would be closed. The man was present, and said that he surprised himself by cutting his wrist and would not harm himself again. The meeting also noted that the questions about his medication had been resolved. His medication was not altered, but would be reviewed at his appointment the following month with a consultant psychiatrist.

33. On 14 November, information was received from security staff that the man was suspected of being involved in the supply of drugs on the wing. He was warned that his security clearance for work would be withdrawn unless he stopped doing so. At the end of December, he successfully re-applied for enhanced IEP status, but failed a drugs test two weeks later and was returned to standard level.

34. On 6 December, a member of staff of St Vincent's House assessed the man by telephone, and then faxed an acceptance to the CARATS team. However, a week later, the man learned that he had been refused HDC. When he asked for the reasons for the refusal, he was told that it was because he had breached an HDC licence in 1999.

35. My Investigator interviewed a registered mental nurse (RMN) in the Mental Services Team at Bristol who had worked with the man during an earlier sentence. She said that he was in much better health this time. She said that he was still quite ill with hepatitis and liver disease, but his general physical condition was much improved. His weight was healthier, he interacted more with other prisoners on the wing and was speaking to his personal officer. She saw her role as keeping a general eye on him, with particular attention to his medication.

36. In January 2006, the RMN began to spend longer periods talking to the man, and she realised that he needed support making arrangements and facing up to his release at the end of May. She referred him to the psychiatrist to initiate a care plan for his release. The appointment took place on 12 January, and the psychiatrist prescribed diazepam and listed him for the clinic on 30 March. (Diazepam is an anti-depressant and the RMN said that the doctor prescribed it to help the man cope with the run up to his release.) A major part of the plan was for the man to transfer to the healthcare centre for the last two weeks of his sentence. This would act as a half way house so that he would not go straight from the wing to a new environment.

37. On 15 January, the man met his personal officer and they considered his short term aims and the help needed to achieve them. They discussed the plan to attend day care in the healthcare centre to focus on being released. They also talked about his accommodation and benefit needs, and his health issues. The personal officer referred the man to the prison's resettlement team, and continued to meet with him every two to three weeks. The major topic for their discussion appears to have been his release. The officer recorded the man's moods as either 'Good' or 'Very good'. I may say in passing that it is pleasing to see the personal officer scheme working so well.

38. The following week, on 22 January, the man told staff that he had been assaulted by his cell mate several times during the previous few days. His cell mate was moved to the Segregation Unit, and the man was treated for minor bruising. It appears that his cell mate had tried to involve the man in smuggling drugs into the prison, and the man was assaulted when he refused to participate.

39. A few days later, the man met the advocate and asked him to meet him at the prison gates on the morning of his release. The man explained that he had never been met at the gate previously, and so he had returned to using drugs. The advocate agreed to the request.

40. On 3 March, the man was visited by his probation officer. She agreed that he should consider staying at an approved premises outside Bristol, which would be away from his usual environment. The possibility of going to an approved premises in Bridgwater was discussed.

41. A few days later, the man arranged with CARATS staff to attend the Short Duration Programme (SDP) drugs course scheduled for later that month. However, after the first day of the course, he decided against continuing as he did not get on with some of the other participants. On 10 March, one of the CARATS team telephoned the man's probation officer, and then referred him to the Somerset Drugs Intervention Programme (DIP) in preparation for his release. At the end of the month, the man told his drugs worker that he was scared of being released from prison, and asked for "more regular support" as his release date approached.

42. As part of the preparation for the man's release, staff in the detoxification team assessed whether he should be put on a re-toxification programme. It was agreed that the man should re-toxify, and he was prescribed methadone.

43. At the beginning of April, his personal officer had another discussion with the man about his release, after which he made a long entry in the record of events. The man told the officer that he would not cope outside prison, and it would only be 24 hours before his return. He said he could keep clear of drugs in prison (although the evidence suggests otherwise), but it was impossible outside. He asked the officer to keep his cell and job open for his return. The officer tried to motivate him, pointing out that a lot of people were working hard to help him.

44. Later that month, the man learned that he had been accepted by the approved premises in Bridgwater, and would be assisted by the DIP team. The advocate helped him apply for a Community Care Grant for his needs and expenses on release from prison. The man was eventually awarded a grant of £155 towards bedding and clothes for an anticipated stay in hospital after his release. (He was waiting to go into hospital for a liver biopsy with a view to having interferon treatment for the hepatitis.) On 15 April, the man refused to show a member of staff at the medication hatch that he had swallowed his medication, after which he received an IEP warning.

45. For the last three months on D wing, the man shared a cell with another prisoner. The two men had had served several prison sentences together and had known each other for about 20 years. The cellmate told my investigator that the man spent a lot of time each day looking for drugs or tobacco to "help him cope". He said that the man would try to persuade other prisoners to give him drugs or medication and, if that failed, he would look for tobacco. When the man had tobacco, he would try to swap it for medication.

46. His cellmate also said that the man had a plan for what he would do on his release. He did not intend to go to the approved premises which he knew would be in breach of his licence conditions and would lead to recall to prison. He planned to use the Community Care Grant to buy drugs, hand himself into the police and smuggle the drugs into prison. If the man's plan was successful, he promised to share the drugs with others on the wing. For about a month before his release, he spoke openly to other prisoners about his plan, and they gave him their medication on the strength of his promise.

47. On 5 May, the man attended a discharge board where reduced tolerance to drugs and the danger of overdoses were discussed. On 16 May, an officer reported to the security department that a prisoner had said that the man planned to bring drugs back into prison shortly after his release. Reception staff were informed of this and told to notify the security department if the man returned to prison shortly after release.

48. Two weeks before the man's release date, he moved as planned from D wing to the healthcare centre. He met new people and adapted to a new routine intended to build his self confidence before release. He also attended the day care centre, where he took part in activities such as art therapy. However, after a few days, the man asked to return to D wing. The RMN was under the impression that it was because he owed tobacco to another prisoner. However, once back on D wing, the man changed his mind and wanted to return to the healthcare centre. The RMN and the healthcare manager visited him on the wing, after which he returned to the healthcare centre.

49. The RMN liaised with the member of staff from the approved premises who was to be the man's key worker. The key worker visited the man two weeks before his release, and spent around 90 minutes talking to him. He described the hostel, the requirements for residents and how staff would help him settle in. Following the visit, the man's medication was changed from methadone to subutex.

50. On 25 May, the man's CARAT worker sent a list of his medication to the DIP team. The same day, the DIP nurse sent him an appointment for the following week.

The man's release from prison

51. The man was released from prison at about 10:00am, and was met by the advocate at the gate. He had agreed to drive the man to the approved

premises, first stopping at a nearby Post Office. At the Post Office the man cashed his Community Care Grant cheque. The grant, together with his discharge grant and other money, meant that the man had £250 in cash in his possession.

52. Two weeks previously, the man had asked the advocate if they could call at a friend's flat to collect some belongings. On the way to the block of flats, the man talked about the World Cup, and about buying an England football shirt. He also spoke of getting a bicycle, and going cycling in the countryside. The advocate thought that the man appeared to be very happy to be out of prison. The man directed the advocate to his friend's home, where he got out of the car, leaving his bag behind and saying that he would be back in five or ten minutes.

53. However, the man did not return to the car. The advocate waited for two hours, as he was concerned that the man would not get to the approved premises on time if he had to make his own way there. He also went into the block of flats to try to trace where the man had gone, but this proved to be impossible. Eventually the advocate returned to his office and told approved premises staff that the man was travelling to the hostel by himself. The man did not arrive at the hostel, and staff began the procedures to revoke his licence. This meant that the police would be informed, and would arrest the man and return him to prison.

54. The man's body was found the following morning in one of the flats, and he was identified through his fingerprints. The occupants of the flat told the police that the man had taken £250 worth of heroin and cocaine.

55. Efforts were made to trace the man's relatives, but he had not given any details of next of kin to either prison or probation staff. After three weeks, it proved impossible to trace his relatives and the enquiries were closed. His funeral took place at Canford Crematorium in Bristol. Prisoners held a collection at HMP Bristol and sent flowers and a wreath in his memory.

ISSUES

The man's health needs

56. When the man arrived at Bristol prison, he told staff that he had hepatitis B and hepatitis C. Prison staff liaised with staff in the local hospital, and he was seen by the specialist who had treated him previously in the community. She continued to treat him during his sentence, and arranged for him to be put on the waiting list for a liver biopsy and a course of treatment with interferon. (Interferon is a medication that destroys the virus that causes hepatitis C.) The man was referred to the specialist hepatitis nurse who visited him in prison, and was prescribed medication to reduce the pain caused by hepatitis.

57. The man was also in frequent contact with the prison's Mental Health Support Team (MHST), and staff consulted the psychiatrist who had treated the man in the community. He had regular appointments with a psychiatrist throughout his sentence, and staff closely monitored his medication (which sometimes caused friction). On several occasions, wing officers referred the man to the MHST because they were concerned about his mental health. When the man found it particularly difficult to cope with life on the wing, he was admitted to the healthcare centre for respite care.

Drug use

58. The man began using heroin at the age of 16. He developed hepatitis C as a result of sharing drugs paraphernalia. In spite of warnings that continued use would further shorten his life, he carried on taking drugs. A pre-sentence report said that he was known to resume his use of drugs as soon as each prison sentence ended.

59. The evidence gathered during the investigation reveals a man who - like many drug users - was extremely ambivalent about drugs. He referred himself to the CARATS team, and told his drugs worker that he was desperate to change. He discussed his future plans with his probation officer, saying that he wanted to break his addiction and re-establish links with his children. He asked to be accommodated in a hostel away from Bristol, as he wanted to keep away from his old friends and haunts.

60. However, there is evidence that the man continued to take drugs during his imprisonment. He failed two mandatory drug tests and on two occasions was recorded as using his medication inappropriately. His cell mate said that a great deal of the man's time each day was spent trying to obtain drugs to "help him cope".

61. The man's cell mate also described a very different release plan. The man hoped to smuggle drugs back into prison, both for his own use and to share with others on the wing.

62. Whatever his intentions in respect of drugs, what is certain is that the man did not express any thoughts of suicide or self harm before his release. Everyone

who spoke to my investigator was absolutely clear that the man was focussing on his plans for the future.

Preparations for the man's release from prison

63. During the man's time in prison, he had contact with an impressive number of staff who helped prepare for his release, particularly in the months immediately beforehand. My reports often highlight occasions where communication has broken down to the detriment of the prisoner. It is pleasing to see how closely staff from a number of agencies worked together and how open the lines of communication were. The planning was detailed and comprehensive. I commend the multi-disciplinary care provided for the man.

64. In January 2006, the man's personal officer discussed his release plans and referred him to the resettlement department. Shortly before the man's release, he told the officer that he would soon return to prison and asked him to keep his cell and job open for him. The officer encouraged the man to be more positive by pointing out all the people who were helping him. He said that if the man returned to prison shortly after release, he would be letting them all down. Over the months, the officer had regular conversations with the man, recorded in his core record as well as making full use of the new personal officer forms introduced in the prison in January 2006. I commend the officer for the level of support he gave the man, both as personal officer and in general.

65. The MHST also worked hard to help the man adjust to leaving prison, and to deal with new people. His appointments with the psychiatrist in January and March 2006 focussed on preparation for his release. Two weeks before release, the man moved from the wing to the healthcare centre where he attended occupational therapy sessions in the day care unit and had to interact with people he did not know. One of the sessions he attended was art therapy.

66. Additional support and assistance came from the CARATS team. The man's drugs worker warned him several times about the danger of reduced tolerance to drugs after being in prison. Along with CARATS, the detoxification team decided it would be best for the man to be re-toxified. He was initially prescribed methadone, but the medication was changed to subutex following the visit from the key worker at the approved premises. The CARATS team liaised with the local DIP team, which would have worked with the man in the community. He was informed of his first appointment before leaving prison, and it was scheduled for the week after his release.

67. The man was also helped by the mental health advocate employed by Mind. The advocate had very regular contact with the man, and helped particularly with applications and arrangements during his sentence. As the man's release date approached, the advocate arranged to meet him at the prison gate and drive him to the approved premises. In his dealings with the man,

the advocate was an effective liaison between the man and various departments in the prison and probation services.

I commend the multi-disciplinary care that the man received from staff working in the prison and the community. In particular, the communication between departments ensured that his needs were met in an appropriate and timely manner. I would be grateful if these comments can be brought to the attention of the advocate and relevant members of staff of HMP Bristol.

68. Probation staff also worked hard to ensure that the man's move from prison to the approved premises on licence went smoothly. The National Standards require an offender manager to have a minimum of two contacts with a prisoner before his release on licence, but it does not stipulate the nature of the contacts. The man's probation officer visited him in prison at the beginning of March and discussed the plans for his release. She followed the meeting by writing in April, informing him that he had been accepted by the approved premises and the DIP, and letting him know that his supervision would be transferred to the local Probation team. I commend the probation officer for visiting as well as writing to the man, and for arranging suitable accommodation.

69. It is usual for a person released from prison to an Approved Premises to meet their key worker only after they arrive at the hostel. However, the man's key worker visited him whilst he was still in prison and spoke about the hostel and his medication. The visit was an excellent example of how to meet a future resident's needs in an individual way.

I commend the timely and individual assistance that the man received from probation staff, particularly the efficient communication between the various parts of the Avon and Somerset Probation Service. Again, I would be grateful if these comments can be drawn to the attention of the staff concerned and their managers.

GOOD PRACTICE

I commend the multi-disciplinary care that the man received from staff working in the prison and the community. In particular, the communication between departments ensured that his needs were met in an appropriate and timely manner. I would be grateful if these comments can be brought to the attention of the advocate and relevant members of staff of HMP Bristol.

I commend the timely and individual assistance that the man received from probation staff, particularly the efficient communication between the various parts of the Avon and Somerset Probation Service. Again, I would be grateful if these comments can be drawn to the attention of the staff concerned and their managers.