

**Investigation into the circumstances surrounding the
death of a resident in an Approved Premises managed
by the Probation Service**

**Report by the Prisons and Probation Ombudsman for
England and Wales**

October 2007

The man who is the subject of this investigation was found dead on 11 March 2007. The cause of the man's death appears to have been from a drug overdose. The man had been a resident at approved premises. He was 25 years old.

The loss of any family member is deeply distressing and I would like to extend my condolences to the man's family and friends for their loss. I know that he will be sadly missed.

The aim of my investigation was to discover whether the level of care provided by staff at the approved premises and the probation area was appropriate, and whether any lessons could be learnt to help prevent a similar death in future.

Two investigators carried out the investigation into the man's death on my behalf. I am grateful for the assistance they received from staff at the approved premises. In particular I would like to thank the Manager and Deputy Manager for making the necessary facilities and information available to my investigators. It is evident that these approved premises are run and managed by caring and professional members of staff.

The man went missing from the approved premises just over two weeks after he had been released from HMP Lincoln. Although he had a history of drug abuse before he arrived at the approved premises, during the first few days at the hostel he appeared to progress well. However, several days after his arrival the man appeared to be under the influence of an unknown substance. On 9 March, the man failed to return to the hostel, having been found drinking alcohol in his room the previous evening. He was found dead, locally, that weekend.

The man had an established history of drug abuse and in all probability was well acquainted with the effects and consequences of their use. My investigation concludes that little could have been done to prevent him from dying in the circumstances that he did. However, I make three recommendations.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

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Deputy Prisons and Probation Ombudsman
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CONTENTS

Summary	4
The Investigation Process	5
Approved Premises	6
Key Findings	8
Issues	12
Recommendations	14

SUMMARY

The man who is the subject of this investigation was released from Lincoln Crown Court on 23 February 2007, and arrived at the approved premises late that afternoon. On his arrival, the man was given an induction by a member of staff at the hostel. The project support worker explained the house rules and regulations and the man signed a compact agreeing to these.

During his first few days at the approved premises the man appeared settled, helping out in the kitchen and mixing well with other residents. Within days of his arrival he met with his offender manager (probation officer) and key worker. During these first few days staff reported that the man appeared to be progressing well and that he had apparently not been tempted by drugs.

On 28 February, the man met with his offender manager attending with a friend with whom he had offended in the past. That evening staff at the approved premises reported that the man, "... seemed to be very hyper ..."

The following morning, 1 March, the man failed to attend an appointment as part of his drug rehabilitation requirement. In the afternoon he made an unplanned visit to his offender manager. The man told his offender manager that he had had his travel pass confiscated. During the meeting, the offender manager told the man that he had been issued with a warning for failing to attend his drug rehabilitation appointment that morning. A new appointment to attend was made for the following Monday.

On 5 March, the man attended his drug rehabilitation appointment as planned, but failed to provide a urine sample for staff. The man met with his offender manager as planned in the afternoon. The offender manager recorded that the man was under the influence of what appeared to be heroin. Over the following days the man met with both his key worker and offender manager.

The man tested positive to a drug test at the approved premises on 7 March. The following day, 8 March, he attended a drug rehabilitation appointment under what was described as the possible influence of an illegal substance. That evening the man returned to the hostel, apparently under the influence of something. Later that night, the man and another resident were found to be drinking alcohol in the man's room.

On the morning of Friday 9 March, the man's key worker had planned to speak with him about the events of the previous evening. However, the man left the hostel at about 9.00am before his key worker was able to do so. The man failed to return to the hostel that evening or the following day. Staff at the approved premises were informed of the man's death at around lunchtime on Sunday 11 March.

THE INVESTIGATION PROCESS

1. The investigation into the man's death was completed by two of my investigators. They visited the approved premises and were shown the man's room, as well as other areas of the hostel. My investigators met with the manager at the approved premises and explained the investigation procedure to the manager and they talked about the man's time at the hostel.
2. My investigators returned to the approved premises on 23 April 2007, in order to conduct interviews with staff and a number of residents who had known the man. I know that for some this was difficult, coming so soon after his death. My investigators were given full access to records and documentation relating to the man as well as full access to information about the approved premises.
3. One of my Family Liaison Officers contacted the man's mother. She explained my role and the investigation process. On 1 May 2007, my family liaison officer and one of my investigators met with the man's parents at their home in North Shields.
4. During the visit the man's parents raised a number of issues, some of which my family liaison officer and investigator were able to address during their meeting. The man's mother asked why her son had been located in a hostel so far away from her home. She felt that it was a long journey for him to make home visits on a regular basis. The probation area has four approved premises, and the hostel at which the man was resident was one of those located closest to his mother's home. The man was given a free travel pass so that he could visit his family and travel around. The man's mother asked if he had any solicitors representing him and I understand that these details have now been provided. The man's mother also enquired as to whether or not the probation service had done anything to support the man on his release from prison and this is addressed in my report.
5. During their meeting the man's parents expressed their gratitude for the sensitivity and kindness showed by staff at the approved premises. They also spoke highly of their contact with the Police, who they said also acted sensitively.

THE APPROVED PREMISES

6. The man who died was resident at approved premises, formerly known as a probation and bail hostel. The purpose of approved premises is to provide an enhanced level of residential supervision in the community, providing a supportive and structured living environment.
7. The approved premises at which the man was a resident is located near a city centre. The hostel is managed by a senior probation officer, who has overall responsibility for its running. He is assisted by a deputy manager who is responsible for the day-to-day management of residents. The frontline team is made up of three key workers, one of whom works part time. There are also ten support workers covering between them evening and weekend shifts, as well as three night care workers.
8. The admissions policy at the approved premises is based on an assessment of risk. In recent years the residents' profile has changed significantly, with prolific lower risk offenders superseded by those convicted of more serious violent or dangerous offences. The majority of residents are required to stay as a condition of a court order or prison licence.
9. Each resident is allocated a key worker. This member of staff acts as their primary point of contact during their stay and assists residents in sorting out practical issues. Regular key work sessions also give residents the opportunity to discuss their difficulties in depth. Although the sessions are not governed by a set agenda, issues such as benefits, health and future accommodation are routinely discussed. Residents at the approved premises are all registered with a local general practitioner.
10. Whilst at the approved premises, residents are required to pay rent and abide by the rules and regulations. This includes observing a strict overnight curfew between 11.00pm and 7.00am. During the day residents are free to go out unaccompanied, they are not required to tell staff where they are going. Breakfast and dinner is provided to all residents. The hostel has a comprehensive system of closed circuit television. This monitors movement in and out of the building, as well as other strategic points.
11. The approved premises has an established routine for inducting all new residents. The induction is carried out by the member of staff who is on duty at the time a new resident arrives. During the process residents are told about the local house rules and their expected behaviour. The hostel has a strict policy on alcohol and drug use. The possession and or use of alcohol or drugs is strictly forbidden, in either the hostel or its grounds. The one exception is prescription medication. On arrival, all new residents are told of the rules regarding the use of illegal and prescription drugs. Part of the induction includes telling those prisoners recently released from prison that they may have a reduced tolerance to illicit substances.

12. Staff at the approved premises routinely test those residents suspected of drug abuse. Oral swabs are taken from individuals when there is reasonable suspicion that there has been drug or alcohol abuse. Room searches are carried out on a regular basis. Although staff are not permitted to search an individual, they are able to search their property.
13. In April 2005, new legislation came into force in England and Wales allowing the courts to impose community orders and to specify the activities that an offender must undertake. These activities can include drug treatment, mental health treatment, residence at a specific address, supervision by the Probation Service, curfew between certain hours of the day and unpaid work. The man was subject to a suspended sentence with a supervision order. Three requirements were identified, two years of supervision, drug rehabilitation and a 24 month residence order. A review of the man's status was to have taken place at Crown Court on 23 March 2007.
14. The man's drug rehabilitation requirements required him to participate in regular drug testing and treatment, at a local drug coordination agency. The expectation for those given drug rehabilitation requirements is that they might continue to abuse drugs upon their release and during their residence at approved premises. However, the aim of the programme is to manage the addictive behaviour and give individuals the opportunity to access detoxification programmes.
15. The supervision element of the man's order required him to report to his offender manager. The man was required to report up to four times a week. During supervision, offenders are expected to analyse their criminal and anti-social behaviour in a structured manner, and develop skills to avoid re-offending.
16. Offenders who fail to keep scheduled appointments, or who commit new offences, can be breached and returned to court. The first stage of the breach process is that the offender is issued with a warning if they are unable to provide evidence that they had a legitimate reason for not attending. If no evidence is provided, the warning stays on file. Two unacceptable absences in a year mean that they are returned to court. The court has the power to re-sentence the offender or add new conditions to the order.

KEY FINDINGS

17. On 26 January 2007, the man who is the subject of this investigation was arrested for stealing from a local shop. He told his probation officer that the thefts were to fund his drug habit. This placed the man in breach of a suspended sentence supervision order imposed on 2 October 2006, at Crown Court and he was remanded at HMP Lincoln on 29 January 2007 to await sentence. During his subsequent court appearance, a number of other charges were taken into consideration.
18. On 23 February, the man was given a 24 month suspended sentence order with supervision and Drug Rehabilitation Requirement (DRR) and an additional residence requirement. At approximately 5.00pm that afternoon, the man arrived at the approved premises. He arrived with no documentation or personal possessions. The man had previously resided at the approved premises for about a week in August 2006. His stay at that time was problematic, he broke hostel rules and appeared to be under the influence of an unknown substance on a number of occasions.
19. On his arrival the man was given an induction by a project support worker. He described the man as being, "a little bit bewildered by the speed of events." He explained to the man the rules and expectations, as well as the local policy on drugs. However, there is no evidence to suggest that issues of drug tolerance were discussed. (During the induction process staff at the approved premises are provided with an induction prompt sheet. The prompt highlights a number of issues that must be covered during the induction process. One of these relates to the issues surrounding drug tolerance.) In addition to listening to the verbal induction from the project support manager, the man signed a compact agreeing to these rules and expectations. The man was not asked to take a drugs test at the time of his induction or at any time over the following days.
20. During the first few days of his stay at the hostel, the man appeared settled. He helped out in the kitchen and mixed well with a number of the other residents.
21. On Monday 26 February, the man met with his offender manager and another person who was responsible for his drug rehabilitation programme. The man told them that he had remained drug free since going into prison.
22. The following day, the man met with his offender manager a second time. The man said he continued not to have any drug problems and that he had met with his key worker at the hostel.
23. The man had a second meeting with his key worker on the morning of Wednesday 28 February. She reported that he seemed to be doing well and that he had not been tempted by drugs. The key worker said that he was involved with cooking and cleaning duties and had been in contact with his family. She said she made the man aware that he was not to

enter the rooms of any other residents.

24. That afternoon the man met with his offender manager. This was earlier than had been planned as he had been given an appointment to attend the benefits office at 2.30pm. The man attended the probation office with a friend with whom he had offended in the past. The man spent that evening in the approved premises. Staff recorded that he:

“...seemed to be very hyper when seen pacing around a lot at supper time, went to room again after supper.”

25. On 1 March, the man failed to turn up for his first drug rehabilitation appointment. When he learnt of his non attendance his offender manager said, “... I didn't expect him to miss it. I thought he was very motivated...” That afternoon, the man made an unplanned visit to his offender manager's office. He told his offender manager that he had had his travel pass confiscated by travel inspectors. The man had apparently been gloating about his friend having been caught without a valid ticket and had become abusive towards staff. The offender manager explained to the man that he had been issued with a warning for missing his drug rehabilitation appointment. The offender manager told the man that he was to attend for his drug rehabilitation appointment the following Monday morning and was to visit him in the afternoon.

26. Little is known of the man's movements during the day on Friday 2 March. However, that evening he spent some time on the hostel telephone. A project support worker at the hostel recorded:

“Later at around 10.30pm the man appeared to be drunk. He was swaying, finding it difficult to coordinate himself and was falling asleep when sat down. This could also be because he had taken something. As the man appeared fine when he returned to the hostel earlier in the evening and did not leave the hostel again. It would appear that whatever affected him had been consumed within the hostel.”

The project support worker said that the man did not appear to smell of alcohol.

27. On 3 March, the man left the hostel in the morning, returning at about 6.30pm. The project support worker said that, “...he appeared in a similar disorientated state as the previous evening.” On Sunday 4 March, the man went out in the morning, returning to the approved premises after lunch. That evening he told the project support worker that his father was ill and did not have long to live.

28. The man attended for a drug rehabilitation appointment on 5 March as instructed, however, he was unable to provide a urine sample for drug testing. That afternoon, the man went to meet with his offender manager as planned. The offender manager said they discussed the man's general behaviour and his aggressiveness, discussing strategies to help avoid

conflict. The offender manager recorded in the man's notes that he was:

"...heavily under the influence of what appeared to be heroin at the time so I am unsure how much of the conversation registered."

The offender manager said that the man admitted to him during their meeting that he had "started dabbling a bit." That evening, the man remained in the hostel, staff reporting that he was fine.

29. The man's key worker met with him on Tuesday 6 March. They discussed his general disruptive behaviour and the key worker issued him with a warning letter. She said that the man told her that he had not been under the influence of anything whilst at the approved premises, although he occasionally smoked cannabis. The man expressed concern about his father's health.
30. The following day, the man met with his offender manager as arranged. The offender manager recorded that although the man looked okay he suspected that he was possibly under the influence of something. However, the man denied this. That evening the man was drug tested by staff at the hostel and he tested positive for opiates. Whilst being tested the man told staff that he had taken a number of painkillers for toothache, which he said his mother had given him.
31. The next day, the man attended another drug rehabilitation appointment and was further drug tested. It was recorded that he attended under the influence of a substance. Probation staff discussed the possibility of the man accessing a structured day care programme. An initial assessment appointment was requested.
32. That evening, the man was seen to come and go from the approved premises on several occasions. Another project support worker recorded that:

"...at supper time [the man] appeared to be under the influence of something possibly drugs, no smell of alcohol. He was falling all over the place, slurred speech."
33. Later that evening, the same project support manager found another resident drinking alcohol in the man's room, something that is forbidden. The man told staff that the lager had nothing to do with him. He was told by staff that the rule breaking would be dealt with by his key worker the following day.
34. The project support worker who found the other man drinking in his room said that that night the man expressed concern that he might be asked to leave, because alcohol was found in his room. He said that the man asked him three or four times that night if, as a consequence of breaking hostel rules, he would be made homeless. The project support worker said:

“The man kept coming down asking if he would be put out of the hostel and be made homeless and we just said no. The chances are you’ll just get a hostel warning...”

The project support worker said that several times he tried to explain to the man that he would not be made homeless, but would probably just get a warning. He said:

“...I don’t think he [the man] was taking on board what I was saying because I don’t even think he was actually hearing what I was saying most of the time because he really, just wasn’t there.”

35. CCTV footage shows that the following morning the man left his room at 8.45am. At 8.46am he entered the kitchen made some breakfast and chatted with other residents before returning to his room, but not entering it, at 8.57am. The man returned to the dining room at 8.59am, before leaving the hostel at 9.02am. The man left the hostel before he had been spoken to by his key worker, who was going to speak to him about the alcohol being found in his room the previous evening. That morning the man failed to attend a prearranged meeting with his offender manager and he failed to return to the hostel that evening. At 11.20pm staff at the approved premises informed the police of his absence.
36. The following day the man again failed to return to the hostel. At 8.45am, the police contacted staff at the approved premises requesting details of the man’s next of kin. At 12.10pm, police informed staff that the man had been found dead locally.

Post Mortem Report

37. A post mortem was conducted. The pathologist concluded that: “...death from trauma has, as far as it is ever possible to do, been ruled out”. The pathologist reported that toxicology had shown the presence of morphine, codeine and diazepam as well as cannabis. He concluded that it appeared as if the man had died, “...as a result of the combined effects of morphine and diazepam”.

ISSUES

Induction process

38. Probation Circular 35/2006 – Preventing Deaths of Approved Premises Residents, highlights that the causes of resident's deaths at hostels is often due to reduced drug tolerance upon release from prison. It says:

“Where this topic is not already covered at the induction interview, Approved Premises should ensure that advice and guidance is given to all residents on reduced drug tolerance following release from custody. It is good practice for this to be included in a leaflet for residents, which could include contact details for drugs advice agencies.”

It is not apparent that the man was informed of the issues surrounding reduced drug tolerance, or that he was provided with written information advising him of the heightened risk during his induction at the approved premises.

39. The prompt, used by staff during the induction process, highlights the need for issues of drug tolerance to be discussed during a resident's induction. However, I believe that the layout of the form is such that there is not sufficient emphasis placed on the important issue of drug tolerance.
40. Although released after the man's death, Probation Circular 23/2007 (Reducing the Risk of Drug Related Deaths), provides additional clarification and information with regard to the action required by offender managers to reduce the risk of drug related deaths. It also provides guidance relevant to Approved Premises, which includes:

“Providing the offender with leaflets and other written information and ensuring that they understand them. Some approved premises staff have reported that completing the risk assessment on the induction form with offenders is an effective way to engage them in discussion around the risk of overdose. This discussion is backed up by giving the offender a leaflet.”

The manager should review the induction process at the approved premises to ensure that an auditable discussion, regarding issues of drug tolerance, is completed during the induction process.

The manager, in partnership with other approved premises managers from the probation area, should review the provision of materials available to residents with regard to drug tolerance issues, to ensure compliance with Probation Circular 23/2007.

Drug Testing

41. Probation Circular 05/2006 (Approved Premises: Drug Testing of Residents) says:

“Testing known drug users on arrival or when they are suspected of renewed drug use is a targeted and prudent use of resources. Hostels which are not currently testing on this basis are asked to put this provision in place.”

At the time of the man’s death, although written and approved, the policy document providing guidance as to the circumstances in which residents should be tested for drugs had not been published by the approved premises and the area probation service. This is to be regretted. However, I have subsequently had sight of the hostel’s Substance Misuse Strategy and confirmation of its publication.

42. Staff who had come into contact with the man told my investigators that they were aware that residents coming to the hostel under a DRR or drug related offence should be tested upon arrival at the hostel or as soon as possible. However, the man was not tested and staff were unable to provide a reason as to why this had not been done.

The manager should remind all staff at the approved premises of the policy on testing residents who are suspected of drug abuse or have a history of drug use.

43. I should add that given the man’s appearance and interaction with staff, and the deterioration in his behaviour during his time at the hostel, it is most probable that had the man been tested on his arrival from court, he would have tested negative. As a consequence I believe that the failure to test the man at this point had no bearing upon his death or indeed on the standard of care provided to him by both the probation service and staff at the approved premises.

RECOMMENDATIONS

The manager should review the induction process at the approved premises to ensure that an auditable discussion, regarding issues of drug tolerance, is completed during the induction process.

Accepted

The manager, in partnership with other approved premises managers from the probation area, should review the provision of materials available to residents with regard to drug tolerance issues, to ensure compliance with Probation Circular 23/2007.

Accepted

The manager should remind all staff at the approved premises of the policy on testing residents who are suspected of drug abuse or have a history of drug use.

Accepted