

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr David Stead, a resident at Box Tree Cottage Approved Premises, on 9 March 2025**

**A report by the Prisons and Probation Ombudsman**

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## OUR VISION

**To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.**

## WHAT WE DO



## WHAT WE VALUE



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## Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Mr David Stead died from the toxic effects of cocaine and psychoactive substances (PS) on 9 March 2025, while he was a resident at Box Tree Cottage Approved Premises (AP). He was 37 years old. We offer our condolences to those who knew him.
4. Mr Stead was released from HMP Wealstun to Box Tree Cottage AP on 27 February. He received good support from substance misuse services at Wealstun. They warned him about the risks of overdose and appropriately referred him to community drug and alcohol services prior to his release.
5. Mr Stead spent around one week at Box Tree Cottage AP. While he gave several positive alcohol breath tests, there were no suspicions that he was using drugs while he was at the AP.
6. We make no recommendations.

## The Investigation Process

7. HMPPS notified us of Mr Stead's death on 10 March 2025.
8. The PPO investigator obtained copies of relevant extracts from Mr Stead's prison and probation records.
9. We informed HM Coroner for West Yorkshire of the investigation. They gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
10. The Ombudsman's office contacted Mr Stead's mother to explain the investigation and to ask if she had any matters she wanted us to consider. She asked for her son's cause of death. This has been answered in the report.
11. We shared our initial report with HMPPS. They found no factual inaccuracies.
12. We sent a copy of our initial report to Mr Stead's mother. She did not notify us of any factual inaccuracies.

## Background Information

### Box Tree Cottage Approved Premises

13. Approved premises (APs) previously known as probation and bail hostels, accommodate offenders released from prison on licence and those directed there by the courts as a condition of bail. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment.
14. Box Tree Cottage AP in Bradford, West Yorkshire, accommodates 17 male residents and provides activities tailored to meet individual needs to minimise the risk of reoffending. A key worker is allocated to each resident to oversee their progress and wellbeing and to help them adhere to licence conditions and the AP rules. Staff are on duty 24 hours a day to monitor residents' behaviour and report to their community offender manager.

### HMP Wealstun

15. HMP Wealstun is a category C adult training and resettlement prison for men. Practice Plus Group provides physical and mental health care services. Midlands Partnership NHS Foundation Trust provides substance misuse services.

## Key Events

### Background

16. In June 2018, Mr David Stead was sentenced to eight years in prison for wounding with intent to endanger life.
17. Mr Stead had diagnoses of borderline personality disorder (a condition that affects how you think, feel and interact with other people and is characterised by unstable personal relationships, poor self-image, low mood and impulsive behaviour) and obsessive-compulsive disorder (a mental health condition characterised by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviours (compulsions)). He had periods of anxiety, depression, self-harm and suicide attempts. Mr Stead also had type 1 diabetes.
18. Mr Stead had a long history of drug use in the community. Although he said he stopped taking drugs several years prior to sentencing, probation records show intermittent relapses into crack cocaine use which were attributed to a decline in his mental health. Records also note that Mr Stead began drinking alcohol at the age of 12, with his dependence worsening progressively over time. He used alcohol as a form of self-medication and a coping mechanism, and alcohol was a significant contributing factor in the commission of his offence.
19. Mr Stead was released from prison to an Approved Premises (AP) in August 2021 but was recalled three months later after he tested positive for cocaine, used alcohol and took an overdose.
20. On 15 January 2024, Mr Stead was released again. The next day, he was recalled to prison for breaching his licence conditions due to alcohol use. He was sent to HMP Leeds where he completed an alcohol detoxification programme and on 23 January, he was moved to HMP Wealstun.

### Pre-release planning

21. When Mr Stead arrived at Wealstun, he told a nurse that he did not currently have any problems with drugs or alcohol and did not want to be referred for substance misuse support at Wealstun.
22. On 17 July, Mr Stead attended an initial substance misuse assessment following a self-referral for substance misuse support. He told his recovery worker that he had been taking psychoactive substances (PS) but had recently moved to a new wing, had not taken drugs for six days and wanted a 'new start'. The recovery worker warned Mr Stead about the risks associated with taking drugs and gave him advice to minimise the risk of overdose, which included not using drugs by himself and only using small amounts to test their strength. She also warned Mr Stead about the dangers of mixing drugs with alcohol and how this could further increase the risk of overdose. The recovery worker gave Mr Stead information on tolerance levels and overdose awareness, including how to recognise the signs and symptoms of an overdose, and what to do in the event of one. They agreed on a care plan in which Mr Stead would have monthly 1:1 structured SMS counselling, and Mr Stead was given in-cell workbooks to complete around relapse and recovery.

23. On 13 August, Mr Stead attended his monthly substance misuse counselling appointment. Mr Stead said that he drank alcohol as a way of coping and to give him confidence in social situations. He told the recovery worker that he had realised he was unable to drink in moderation and must stop drinking completely. He said that once released from prison, he would need to avoid certain people and situations to avoid the temptation of drinking. His recovery worker noted that Mr Stead engaged well, had completed all workbooks to a high standard, and showed a good understanding of the issues surrounding his substance misuse.
24. Over the next five months, Mr Stead attended his monthly SMS counselling appointments which focused on his alcohol use and alternative coping strategies to self-harm. It is noted that he engaged positively in all appointments and during this time, he also completed workbooks on alcohol, cocaine, wellbeing and mindfulness, and sleep hygiene.
25. On 15 January 2025, Mr Stead attended his parole hearing with the Parole Board (who decide whether a prisoner is suitable to be released from prison after serving the minimum portion of their sentence). The next day, Mr Stead received notification from the Parole Board that he was suitable for release. He was given a release date of 27 February.
26. On 4 February, Mr Stead told his recovery worker that he was feeling anxious about his upcoming release from prison and was worried about relapsing into alcohol use. He was scheduled to be released on an alcohol monitoring tag and had already been referred to Reconnect (a service that assists individuals transitioning from custody to community-based health and support networks) as well as The Discovery Project, which provides support for substance use and mental health. In response, the recovery worker gave Mr Stead contact information for Bradford New Vision, a local drug and alcohol support service, along with a list of nearby Alcoholics Anonymous groups.
27. On 12 February, Mr Stead's prison offender manager (POM) sent him details of an upcoming pre-release planning videolink appointment with his community offender manager (COM), scheduled for 19 February.
28. On 19 February, Mr Stead saw his POM who reviewed his discharge paperwork with him and went through the conditions of his licence. The POM reminded Mr Stead that he had a videolink appointment with his COM at 12.30pm that afternoon. Mr Stead did not attend.

### **Release from HMP Wealstun**

29. On 27 February, a nurse saw Mr Stead prior to his release and gave him a seven-day supply of discharge medication. He was released from Wealstun at around 10.00am. The prison notified probation (the COM and the AP) that Mr Stead had been monitored using suicide and self-harm prevention procedures (known as ACCT) shortly before leaving prison and therefore may need additional support on his release.
30. At approximately 4.00pm, Mr Stead attended Box Tree Cottage Approved Premises (AP) as instructed. When he arrived, he said that he was feeling positive about being in the AP. He said his recent acts of self-harm were a coping mechanism

while in prison, and that he was unlikely to self-harm now that he had been released. As part of the AP induction process, an AP residential worker spoke to Mr Stead about his risk factors for suicide and self-harm and when these might be increased. Mr Stead said that he was at greater risk during periods of deteriorating mental health and when drinking alcohol. Together, they developed a support plan outlining strategies to help him maintain his safety, identifying individuals he could turn to for support, and specifying how AP staff could help during times of need. Due to his recent history of self-harm, Mr Stead was subject to additional welfare checks while residing at the AP.

31. At 9.00am the next morning, Mr Stead attended his first AP key work session with his allocated key worker. Mr Stead was due to have an alcohol monitoring tag fitted that morning however, due to having swollen ankles (a symptom of his diabetes), the tagging company said that Mr Stead required a letter from his GP before the tag could be fitted. As Mr Stead was not yet registered with a GP, the key worker registered him with a local GP surgery. Mr Stead was not permitted to have the medication for his mental health in possession whilst residing at the AP. However, he was permitted to have his insulin pen (for diabetes) in his possession when leaving the premises. The key worker reminded Mr Stead of the importance of taking his insulin pen with him when leaving the premises, especially as he needed to take the medication every day at around 11.30am.
32. At 10.00am, Mr Stead attended his induction at Bradford Probation Office. His COM completed his induction, went through his licence conditions, and encouraged Mr Stead to comply with the AP rules. This included reiterating that Mr Stead must abide by his 7.00pm curfew and was not permitted to drink alcohol. A support worker from Reconnect was present and told Mr Stead about local support services available to him. The COM issued Mr Stead with his next probation appointment for 7 March at 10.00am.
33. When he returned to the AP at around 2.30pm, Mr Stead completed a routine alcohol breath test. This showed as positive for alcohol consumption. Mr Stead again left the AP and returned at around 4.30pm, when he gave another positive alcohol breath test. An AP residential worker relayed this information to Mr Stead's COM. Mr Stead took his insulin as prescribed and complied with the conditions of his curfew.
34. Over the next two days, Mr Stead took all his medications as prescribed, was present for his curfew, and raised no concerns during his welfare checks. On both days however, Mr Stead gave positive alcohol breath tests. His COM was informed of this.
35. On 3 March during a key work session, Mr Stead told his AP worker that he had not self-harmed since his release from prison and although he was drinking alcohol, he was trying to reduce this daily. The key worker reminded Mr Stead that he needed to request a letter from his GP to enable him to have his alcohol monitoring tag fitted, which Mr Stead agreed to do. Mr Stead raised no concerns that day and took his medication as prescribed. At around 6.00pm that evening, Mr Stead gave a positive alcohol breath test.
36. Over the next few days, Mr Stead gave multiple positive alcohol breath tests, although the tests showed a gradual reduction in the amount of alcohol consumed.

37. On the morning of 7 March, Mr Stead left the AP to attend his appointment at Bradford Probation Office. Shortly after leaving, Mr Stead telephoned the AP to let them know he was having pain in his legs and did not feel able to get to his appointment. He returned to the AP and gave a positive alcohol breath test. An AP residential worker relayed this information to the COM, and the COM rearranged the appointment for 10 March at 10.00am.
38. The next morning, Mr Stead took his medication as prescribed and was present for his morning welfare checks. Later that afternoon, Mr Stead left the AP.
39. At 7.00pm, Mr Stead failed to meet his curfew as he had not returned to the AP. An AP residential worker phoned him but he did not answer. Over the next few hours, AP staff sent Mr Stead multiple text messages and tried to contact him on his mobile phone, but he did not answer. A residential worker contacted Bradford Royal Infirmary Hospital as well as West Yorkshire Police, however both said they had not had contact with Mr Stead.
40. At 9.00pm, Mr Stead had still not returned to the AP, so the AP manager initiated emergency recall procedures.

#### **Circumstances of Mr Stead's death**

41. On the afternoon of 9 March, a member of the public found Mr Stead unresponsive on City Road in Bradford. Paramedics attended and pronounced life extinct at 3.30pm.

#### **Post-mortem report**

42. The post-mortem report concluded that Mr Stead died from cocaine and MDMB-4en-PINACA (a synthetic cannabinoid) intoxication.

## Findings

### Substance misuse support

43. Mr Stead initially said he did not require support from SMS when he arrived at Wealstun. However, around six months later, he self-referred and admitted to using PS. He continued to engage with SMS during the rest of his time at Wealstun. He received monthly SMS counselling and was warned about the dangers of drug use, reduced tolerance levels and risk of overdose.
44. Shortly before his release from Wealstun, Mr Stead told his recovery worker that he was worried he would relapse into drug and alcohol use in the community. He was referred to community services to help with the transition and provide substance misuse and mental health support. The recovery worker also gave Mr Stead information about a local drug and alcohol support service, along with a list of nearby Alcoholics Anonymous groups.
45. We consider that Mr Stead received good support with his drug and alcohol issues at Wealstun and was appropriately referred to community services prior to his release.
46. There were no indications that Mr Stead was using drugs while he was at Box Tree Cottage AP. However, he gave several positive alcohol breath tests at the AP. He told staff that he was drinking daily but reducing the amount each day. This was supported by the alcohol breath test results which showed a gradual reduction in the amount of alcohol consumed. Given that Mr Stead admitted his alcohol use and was reducing it, together with his health issues and the inability to fit his alcohol monitoring tag, we can understand why he was not recalled at that time.
47. We make no recommendations.

**Adrian Usher**  
**Prisons and Probation Ombudsman**

**November 2025**

### Inquest

At the inquest, held on 11 February 2026, the Coroner concluded that Mr Stead's death was drug related.

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