Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Ms Shanade Bailey a resident at Elizabeth Fry Approved Premises on 23 August 2017

A report by the Prisons and Probation Ombudsman

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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Ms Shanade Bailey died on 23 August 2017 of infective endocarditis, an infection of the inner lining of the heart, and the combined effects of cocaine and heroin while a resident at Elizabeth Fry Approved Premises. She was 27 years old. I offer my condolences to Ms Bailey's family and friends.

Ms Bailey's health was reviewed during her time in prison custody and after release at Elizabeth Fry Approved Premises. No concerns were identified about her physical health. There is no evidence that Ms Bailey was aware of her medical condition, which was confirmed only after her death.

Ms Bailey had a history of drug use. She complied with drug testing at Elizabeth Fry but did not tell staff that she continued to have cravings and had given in to those feelings. When she tested positive for drugs, staff addressed this directly with her and offered support. Ms Bailey purchased more drugs despite telling staff she was motivated to change.

There is a high risk of overdose in the first month after release from prison and the first few days after release is an acute period. However, we are satisfied that Elizabeth Fry staff managed Ms Bailey appropriately while she was in their care.

This version of my report, published on my website, has been amended to remove the names of staff and residents involved in my investigation.

Sue McAllister CB
Prisons and Probation Ombudsman **June 2019**

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Summary

Events

1. On 14 August 2017, Ms Shanade Bailey was released from HMP Downview under the Home Detention Curfew scheme to Elizabeth Fry Approved Premises in Reading. She had a history of drug use and had successfully addressed her offending behaviour and substance misuse while in custody. Ms Bailey had regular contact with healthcare staff at Downview but no concerns were identified about her physical health. As part of her induction at Elizabeth Fry, arrangements for healthcare provision were explained and she completed a health questionnaire. She did not identify any new healthcare issues.

2. Ms Bailey was tested for drugs on arrival at Elizabeth Fry and the results were negative. She complied with the rules of the AP and had a curfew from 7.00pm to 7.00am.

3. On 21 August, Ms Bailey tested positive for cocaine, opiates, cannabis and amphetamines. She also gave a positive breathalyser test for alcohol. Ms Bailey admitted to her key worker that she had been craving drugs since her release from prison and had given in to her feelings.

4. On 22 August, two members of staff conducted their evening curfew and wellbeing checks on the residents. They saw Ms Bailey lying on her bed fully clothed and snoring heavily at 11.00pm.

5. The same members of staff began morning welfare checks at 7.00am. Ms Bailey was lying in the same position as the night before and was unresponsive. They called an ambulance and began cardiopulmonary resuscitation. Paramedics arrived and pronounced her dead at 7.24am.

Findings

6. The post mortem found that Ms Bailey died from infective endocarditis, an infection of the inner lining of the heart, and the combined effects of heroin and cocaine. There is no information in Ms Bailey's the medical records to suggest she had a heart condition or that she complained of feeling unwell. She completed a healthcare and medical questionnaire at the AP and no concerns about her health were identified.

7. Ms Bailey had a history of drug use and her licence conditions confirmed that she was required to comply with drug testing. She was tested twice, on the day of her arrival at Elizabeth Fry AP, and a week later.

8. We are satisfied that staff offered Ms Bailey a supportive environment and conducted regular documented checks on her welfare.

Recommendations

9. We make no recommendations.

The Investigation Process

10. The investigator issued notices to staff and residents at Elizabeth Fry Approved Premises informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

11. The investigator visited Elizabeth Fry Approved Premises on 30 August 2017. She obtained copies of relevant extracts from Ms Bailey's prison, probation, approved premises and medical records.

12. The investigator interviewed three members of staff from Elizabeth Fry Charity and spoke to Ms Bailey's offender manager.

13. We informed HM Coroner for Berkshire of the investigation who gave us the cause of death and toxicology report. We have sent the coroner a copy of this report.

14. One of the Ombudsman's family liaison officers contacted Ms Bailey's grandmother to explain the investigation and to ask she had any matters she wanted the investigation to consider. Her grandmother did not raise any concerns.

Background Information

Elizabeth Fry Approved Premises

15. Approved premises (formerly known as probation and bail hostels) mostly accommodate offenders released from prison on licence and those directed there by the courts as a condition of bail or community orders. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment. Residents are responsible for their own healthcare and are expected to register with a GP.

16. Elizabeth Fry in Reading is run by the Elizabeth Fry Charity, rather than the National Probation Service, and is funded directly by the Ministry of Justice. It is one of six approved premises for women in the United Kingdom. It has 21 rooms and holds up to 24 women. Each resident is allocated a key worker/offender supervisor. There is also a substance misuse worker and a housing worker.

HM Inspectorate of Probation

17. HM Inspectorate of Probation's annual report was published in December 2017. Its inspection of a sample of Approved Premises found a majority were doing some good work to reduce reoffending, especially the hostels for women and those run by independent providers.

Previous deaths at Elizabeth Fry

18. Ms Bailey was the first person to die at Elizabeth Fry AP.

Home Detention Curfew

19. Home Detention Curfew (HDC) is a scheme which allows eligible prisoners serving short sentences to be released from custody before their normal release date. It provides a structured transition from prison to community by requiring them to meet specified licence conditions such as drugs or alcohol testing or residence in an AP to manage their risk and help them adapt to life in the community. One of the requirements is a curfew which is enforced by the offender wearing an electronic tag. Offenders can be returned to custody if they breach the conditions of their licence.

Key Events

20. On 2 February 2016, Ms Shanade Bailey was remanded into custody charged with robbery. On 1 April, she was sentenced to 40 months imprisonment and was transferred to HMP Downview in June 2016.

21. While in custody, Ms Bailey completed several offending behaviour programmes and engaged with RAPt, a charity that helps prisoners address their substance misuse and promotes recovery. She was prescribed olanzapine and mirtazapine medication for depression but did not have any physical conditions. She did not raise any issues about feeling unwell and no problems with her heart were identified.

22. Ms Bailey told her drugs counsellor that she had been using cannabis since the age of 14 and had been smoking heroin and crack cocaine daily since she was 20, but wanted to undergo gradual detoxification from methadone before she was released from custody. She completed the detoxification programme in November 2016 and passed regular drug tests for illicit substances.

23. On 14 June, Ms Bailey's offender supervisor confirmed that the prison had approved Ms Bailey's application for Home Detention Curfew (a managed early release scheme to assist released offenders with the transition from prison to community), with a release date of 14 August. Ms Bailey's community offender manager contacted Elizabeth Fry Approved Premises (AP), to see whether they would offer Ms Bailey a residential place. Elizabeth Fry accepted her application on 27 July.

24. Ms Bailey's community offender manager contacted Elizabeth Fry to tell them she would arrange for her colleague to see Ms Bailey in the first week of her release, as she was not available. Because she had only recently taken over Ms Bailey's supervision and did not have thorough knowledge of her case, she asked the offender supervisor whether there should be any additional licence conditions. The offender supervisor suggested that Elizabeth Fry should test Ms Bailey twice a week for drugs and alcohol but this was not added to her standard licence conditions. The offender manager told the investigator she did not include the suggested additional licence condition as drug and alcohol testing were part of the AP rules so she did not consider it necessary.

25. Ms Bailey was required to report to an offender supervisor on 16 August, comply with a curfew, meaning that she had to be on the premises between 7.00pm to 7.00am, and comply with any requirements to address her alcohol and drug misuse.

26. On 14 August, Ms Bailey was released from Downview on licence to live at Elizabeth Fry AP. A resettlement and support worker met with Ms Bailey and completed the induction process. She explained the AP rules to Ms Bailey, including that she would be randomly tested for drugs and alcohol and was not allowed any drugs or drug paraphernalia on the premises. Ms Bailey signed the AP forms confirming that she accepted the rules.

27. Ms Bailey completed a health and medical questionnaire about her past and current history. She did not identify any new health concerns or say that she was

feeling unwell. She described herself as a social drinker and her drug of choice as crack cocaine. She said that she suffered from depression and borderline personality disorder. She disclosed that she had attempted suicide aged 15 but gave her level of happiness now on a scale of 1-10 as 9.

28. Ms Bailey was tested for illicit substances including amphetamines, cannabis, cocaine and opiates, the results of which were negative. She was also tested for alcohol and the result was negative. After she was shown her room, Ms Bailey went to town with another resident.

29. The same day, Ms Bailey's temporary offender supervisor spoke with her and decided that she did not need to meet with him on 16 August due to the distance to London, provided she saw an offender manager in Reading instead. Ms Bailey saw her temporary offender manager in Reading as arranged.

30. On 21 August, Ms Bailey told staff she was going out at 12.00 to open a bank account. She returned to the AP at 3.40pm. A member of staff from a local agency contacted Elizabeth Fry to say that Ms Bailey had been seen earlier with known drug users. A resettlement and support officer tested Ms Bailey for alcohol, which gave a reading of 2. Ms Bailey was also tested for drugs, giving positive results for cocaine, opiates, cannabis and amphetamines. The support worker wrote in Ms Bailey's contact log that she did not seem bothered by the outcome and told staff she had smoked cannabis that day and had taken drugs the day before. Staff informed her offender manager the same day.

31. On 22 August, a substance misuse worker (who has since left the AP) arranged a time to discuss her positive drugs test. Ms Bailey asked for the session to be earlier in the day as she had not opened her bank account the previous day because she had got 'caught up in other things'. Ms Bailey said she had been craving drugs since she was released and had finally given in on 20 August.

32. The substance misuse worker completed a substance misuse assessment. Ms Bailey said she was motivated to change and had cut herself off from some old friends. The substance misuse worker observed that Ms Bailey did not seem concerned about having used drugs again. She suggested to Ms Bailey that they meet weekly and attend IRIS, the local drug and alcohol agency, but Ms Bailey said she was worried about having other users around her, which would be a tempting situation. Ms Bailey agreed to attend the substance misuse groups held at the AP.

33. At 1.40pm, Ms Bailey said she was going shopping and left the AP. She returned before her curfew at 7.00pm. At 11.00pm, two AP resettlement and support officers began their last wellbeing check on all the residents for the evening. They support residents in making a successful transition from prison to community by encouraging positive behaviour, monitoring drug use and mental health issues. One of them went into Ms Bailey's room and saw her lying across her bed asleep, fully dressed and snoring loudly.

34. At 7.00am, the resettlement and support workers started their early morning wellbeing checks. One of them went into Ms Bailey's room at about 7.08am and saw her lying in the same position she had been in the night before. She called out to the other support worker to join her immediately. Ms Bailey was not

breathing, her eyes were open and froth was coming out of her mouth. They shook her and called her name but there was no response. One of them touched her arms, which were cold, but her chest felt warm. The other dialled 999 and asked for an ambulance. The operator talked her through cardiopulmonary resuscitation while the other support worker waited for the ambulance. Paramedics attended but Ms Bailey could not be resuscitated and was pronounced dead at 7.24am.

35. After her death, a former resident provided information to Elizabeth Fry staff that Ms Bailey had bought crack cocaine and heroin from a drug dealer the day before she died.

Contact with Ms Bailey's family

36. Following Ms Bailey's death, Thames Valley Police contacted the Metropolitan Police who notified Ms Bailey's grandmother of her death. The AP operational manager spoke to Ms Bailey's next of kin to offer her condolences. The National Probation Service contributed to the funeral costs in line with national policy.

Support for residents and staff

37. After Ms Bailey's death, staff arranged a meeting with the residents to inform them of her death and to offer support. HMP Downview held a memorial service to allow staff and prisoners who knew Ms Bailey to pay their respects.

Post-mortem report

38. The post mortem report showed that Ms Bailey died from infective endocarditis (an infection of the inner lining of the heart and heart valves) and the combined effects of heroin and cocaine.

39. A toxicology report of samples indicated that the following substances were found in Ms Bailey's blood: pregabalin, noscapine and papaverine. Pregabalin, a medication prescribed in the treatment of epilepsy and neuropathic (nerve) pain, was detected in the blood sample at a concentration consistent with therapeutic use. However, we are not aware that Ms Bailey was prescribed pregabalin. Papaverine and noscapine are impurities found in illicitly produced heroin.

40. Infective endocarditis is common in intravenous drug users due to non-sterile injections into the venous system. There was evidence that Ms Bailey had acute heart failure and heroin and cocaine use contributed to her death. Ms Bailey's tolerance of the drugs appeared to have been reduced due to the period she had spent in custody drug free where she had successfully addressed her substance misuse problems.

Findings

Ms Bailey's cause of death

41. There is no information in Ms Bailey's the medical records to suggest she had a heart condition or that she complained of feeling unwell. Ms Bailey completed a health and medical questionnaire at Elizabeth Fry and no concerns were identified.

Substance misuse

42. Our Learning Lessons Bulletin discusses the importance of effective testing of residents for drug use. There is a high risk of overdose in the first month after release from prison and the first few days after release are an acute period. The AP Manual says that testing known drug users on arrival, or when they are suspected of renewed substance misuse, is a targeted and prudent use of resources. It says that staff should have discretion to test residents if there is a reasonable suspicion of substance misuse, accepting this regime is a condition of living in APs.

43. Ms Bailey had a history of drug use since she was a teenager. While in custody, she engaged with substance recovery professionals to address the underlying causes of her issues. She made substantial progress in detoxifying from methadone and testing negative for all substances including amphetamines and cannabis. AP staff had no indication that Ms Bailey was likely to take drugs. Ms Bailey kept her cravings unknown to staff.

44. When the Elizabeth Fry received information that Ms Bailey had been seen with known drugs users, she was tested and the tests proved positive. Even though the substance misuse worker addressed the positive tests directly and put in place supportive interventions, Ms Bailey still purchased more drugs that day despite saying she was motivated to change.

45. We are satisfied that Elizabeth Fry tested Ms Bailey when necessary and addressed her drugs relapse appropriately.

46. We make no recommendations.

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