

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Gareth Rudge, on 17 January 2022, following his release from HMP Swansea

A report by the Prisons and Probation Ombudsman



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



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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. From 6 September 2021, the PPO is investigating post-release deaths that occur within 14 days of a prisoner's release from custody.
3. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
4. Mr Gareth Rudge died of multiple injuries after he was hit by a train on 17 January 2022, following his release from HMP Swansea a week earlier. He was 36 years old. I offer my condolences to his family and friends.
5. Mr Rudge completed alcohol detoxification at Swansea and was appropriately referred to substance misuse services both in prison and in the community.

Issues to highlight outside of our remit

6. The provision of housing to Mr Rudge on release was challenging, not least because his behaviour had previously seen him evicted several times from local authority accommodation. The provision of suitable accommodation for people leaving prison is an issue that extends beyond the remit of Swansea or local probation services, and the local authority may want to be aware of the issues raised in this case.

The Investigation Process

7. The investigator obtained copies of relevant extracts from Mr Rudge's prison and probation records.
8. We informed HM Coroner for South Wales Central of the investigation. He gave us the results of the post-mortem examination. We have sent him a copy of this report.
9. The Ombudsman's family liaison officer wrote to Mr Rudge's mother to explain the investigation. She said that while he was in prison, Mr Rudge was diagnosed with attention deficit hyperactivity disorder (ADHD) and prescribed medication. She said that when he was released from prison, he was left to his own devices and said that his drinking was out of control. She thought that his ADHD and mental health was linked to his death. Mr Rudge's mother wanted to know what help Mr Rudge received after his release from prison and for his ADHD and mental health.
10. We shared the initial report with Mr Rudge's mother. She did not respond.
11. We shared the initial report with the Prison Service and the Probation Service. There was one factual inaccuracy, and this report has been amended accordingly.

Background Information

HMP Swansea

12. HMP Swansea is a local prison that holds around 500 men and young adult men. Healthcare is provided by Abertawe Bro Morgannwg University Health Board.

HM Inspectorate of Prisons

13. HM Inspectorate of Prisons conducted a scrutiny visit of HMP Swansea in August 2020. They found that it was positive that prisoners were given emergency accommodation on release during the COVID-19 pandemic. However, the scheme had been discontinued from September, which inspectors reported would inevitably mean that a significant proportion of prisoners would be released homeless in the following months.

Probation Service

14. Probation services supervise individuals serving community orders, provide offenders with resettlement services while they are in prison (in anticipation of their release) and supervise all individuals sentenced for offences committed after the Offender Rehabilitation Act 2014, for a minimum of 12 months after they are released from prison. During 2021, probation services went through structural reforms. The private probation services, known as Community Rehabilitation Companies, were re-nationalised and merged with the public sector National Probation Service (NPS) to form the Probation Service. The merging of services was staggered across the regions of England and Wales, starting in June 2021.

HM Inspectorate of Probation

15. The most recent inspection of Gwent Probation Delivery Unit (PDU) Probation Service was in February 2022. Inspectors reported that in Wales, the unification of sentence management occurred in December 2019, and three months later, the COVID-19 pandemic started. As a result, the service had to limit access to offices, reduce face-to-face contact with people on probation, reduce capacity in group work, unpaid work and interventions, and manage staffing shortages. Inspectors commended staff at all levels who had, in the face of adversity, kept delivering the critical public service.
16. Inspectors reported that they were concerned that there were shortfalls in terms of work being undertaken to manage the potential risks of people on probation to the public, including their own families. Inspectors accepted that COVID-19 restrictions affected and continue to impact on the type and duration of contact that is possible between the service and people on probation. However, regardless of these challenges, they expected to see that work relating to risk of harm and safeguarding was being prioritised.

Key Events

17. On 18 September 2021, Mr Gareth Rudge was convicted of theft and was sentenced to 34 weeks in prison. He was sent to HMP Cardiff. On 15 October, he was released on licence. His licence was revoked on 25 October, and he was recalled to HMP Swansea.
18. On 25 October, a nurse carried out Mr Rudge's initial health screen. Mr Rudge told her that he had attention deficit hyperactivity disorder (ADHD), diverticulitis (a digestive condition), social anxiety, depression and post-traumatic stress disorder (PTSD). He told her that he was homeless. She saw in Mr Rudge's records that a prison GP at HMP Cardiff referred Mr Rudge to Caerphilly Community Mental Health Team (CMHT) in September 2021. She prescribed medication for alcohol withdrawal.
19. Later that day, a prison GP reviewed Mr Rudge and recorded that he had alcohol dependence. She prescribed a reduction plan along with xenidate (for ADHD) and sertraline (for depression).
20. On 26 October, a senior practitioner from Dyfodol (a substance misuse service offering support in prison), saw Mr Rudge for his Dyfodol induction. He noted that Mr Rudge was not detoxing from controlled drugs but had alcohol withdrawal. He noted that Mr Rudge had previously used alcohol, amphetamine, benzodiazepine, and cannabis.
21. On 29 October, Mr Rudge was allocated a Prison Offender Manager. She met Mr Rudge frequently before his release. She referred him to the Forward Trust (a registered charity which provides drug and alcohol services in prison and helps prisoners with their resettlement and support in the community after release) to try to find accommodation for him in the community. She also told Mr Rudge that she had referred him to St Giles Trust (a registered charity which delivers personal wellbeing services and support Wales Probation in reducing re-offending).
22. On 4 November, the senior practitioner referred Mr Rudge to the Gwent Drug and Alcohol Service (GDAS) and told them his release date, which was 10 January 2022.
23. On 2 December, an integrated offender management (IOM) probation officer and Mr Rudge's community offender manager completed a housing risk assessment. She noted that Mr Rudge was often homeless which had led to him taking drugs and committing crime. She recorded that he had a history of deliberately offending in order to return to custody when homeless. She noted that stable accommodation would give Mr Rudge a chance to engage with the necessary agencies and allow police and probation to monitor his whereabouts. She sent the application to Caerphilly Borough Council Housing department for assessment.
24. On 16 December, the IOM recorded that she did not know if the housing department would be able to house Mr Rudge because he had previously exhausted a number of temporary accommodation placements. She told us that Mr Rudge's behaviour on previous placements had led to him being evicted several times and that the housing department later told her that, as a result of this previous

behaviour, they would not be able to provide accommodation for Mr Rudge. She noted that the Forward Trust would provide ongoing housing advice and support, that GDAS would provide alcohol and drug counselling and that St Giles Trust would facilitate social inclusion and emotional wellbeing support. She noted that Mr Rudge had started to engage with GDAS (through Dyfodol). Mr Rudge also had to work with GDAS as part of his post-release supervision requirements.

25. On 5 January, a personal wellbeing coach with St Giles Trust assessed Mr Rudge by video link.
26. That day, a pharmacist prescribed Mr Rudge seven days of medication for his release.

Post-release

27. On 10 January, Mr Rudge was released on licence from HMP Swansea. His licence conditions required him to report at 12.00pm to the IOM at the Caerphilly Probation Office.
28. Two personal wellbeing coaches with St Giles Trust met Mr Rudge on his release and drove him to the Caerphilly Probation Office.
29. The IOM then saw Mr Rudge for his release appointment. Both personal wellbeing coaches, a member of the Forward Trust and a police officer from the IOM team were also present.
30. The IOM explained the terms of Mr Rudge's licence and he signed the probation contract agreement. She noted that Mr Rudge had ADHD, anxiety and depression. She noted that he was homeless and that he received sickness benefit and disability living allowance. The member of the Forward Trust offered to help Mr Rudge find private accommodation. Mr Rudge told her that he was going to stay at a hotel for the night. (Mr Rudge later booked into a local hotel for five nights.) A personal wellbeing coach noted that she planned to meet Mr Rudge on 18 January.
31. On 11 January, a criminal justice psychology-led practitioner from GDAS met Mr Rudge for a release appointment. Mr Rudge told her that he had not been given housing as he had previously breached his licence and he was currently homeless. He told her that he had some money from a Personal Independence Payment (PIP, an additional payment for those with a long-term physical or mental health condition or disability) which he would use for a hotel. She encouraged him to use his PIP money appropriately and contact the housing support team. However, she noted that he told her that it was "pointless, as it takes weeks for a house to be set up". Mr Rudge told her that his parents had offered to support him financially with housing. He told her that hostels were not a good place for him as there were too many regulations which affected his ADHD. Mr Rudge said that he was not motivated to get a job as he earned more on PIP. Mr Rudge told her that he used amphetamines and cannabis and drank alcohol. She noted that Mr Rudge said that he had drunk half a bottle of whiskey a few hours before he attended the appointment, but she noted that he did not appear to be intoxicated. She made an appointment to see Mr Rudge on 17 January.

32. On 12 January, the member of the Forward Trust telephoned Mr Rudge to discuss accommodation options with him. She said that she told Mr Rudge that she was looking for a private let for about £375 per month but said that there were very few rooms available at that price.
33. On 15 January, Mr Rudge, booked into a different hotel in Caerphilly, and paid for four nights.
34. A member of the public told Gwent Police that, on the evening of 16 January, Mr Rudge made inappropriate conversation with her, followed her to a railway station, touched her inappropriately, and followed her onto a train. She reported the incident on the evening of 17 January, and police identified Mr Rudge from CCTV footage.
35. At 3.00pm on 17 January, Mr Rudge attended a GDAS appointment with the practitioner. She told us that the appointment was scheduled for 11.00am but that Mr Rudge had confused the time. Mr Rudge told her that he was drinking alcohol every day and had drunk half a bottle of vodka before the appointment. She said that he did not appear intoxicated. He told her that he smoked cannabis regularly. Before he left the meeting, she advised him to keep his substance use low and gave him harm reduction advice about his alcohol and cannabis use. She made an appointment to see Mr Rudge on 24 January.

Circumstances of Mr Rudge's death

36. At 7.03pm on 17 January, Mr Rudge walked into the platform shelter at Llanishen Railway Station (a small railway station, five miles from Caerphilly town centre). At 7.13pm, Mr Rudge jumped from the platform onto the northbound line. He fell, before regaining his footing and climbing back onto the platform. Mr Rudge briefly sat down before getting up again and walking towards the southern end of the station.
37. At around 7.14pm, a train struck Mr Rudge about 400 metres south of Llanishen Railway Station. The train driver told police that it was dark and there was poor visibility. He said that he saw a person (identified as Mr Rudge) staggering along the line towards him, seemingly unaware of the train's presence. The driver said that the man seemed unsteady on his feet. The driver applied the emergency brake but could not stop before striking Mr Rudge. An air ambulance was called, and an air ambulance doctor confirmed that Mr Rudge had died.

Post-mortem report

38. A post-mortem examination established that Mr Rudge died from multiple injuries. Toxicology tests detected 303 milligrams per 100ml of ethanol (alcohol) in Mr Rudge's blood. The legal limit for driving is 80 milligrams per 100ml and 100-200 milligrams per 100ml is associated with drunkenness. Toxicology tests also detected 0.05 milligrams per litre of cocaine, which is not associated with excessive use or overdose.

Support for staff

39. After Mr Rudge died, the Deputy Head of Gwent Probation Delivery Unit and the IOM's senior probation officer offered her support.

Contact with Mr Rudge's family

40. Police officers informed Mr Rudge's mother that he had died.

Findings

Substance misuse

41. Mr Rudge had a history of alcohol dependence. During his time at HMP Swansea, he completed an alcohol detoxification programme and worked with the prison's substance misuse service. He was appropriately referred to the Gwent Drug and Alcohol Service (GDAS) before his release and attended a meeting with them on the day that he died. The practitioner told us that Mr Rudge agreed to work with GDAS and that their plan was that he would initially attend weekly sessions to assess and understand his level of substance misuse. She explained that ongoing support sessions would be user-led and dependent on the individual's progress and willingness to address their substance misuse.
42. The toxicology report indicates that Mr Rudge was intoxicated when he died, and it is possible that this was a contributing factor to his death. However, we are satisfied that he received appropriate support in prison and that he was referred to, and engaged with, appropriate support agencies on release.

Issues to highlight outside of our remit

Accommodation

43. Homelessness on release from prison is a significant and complex challenge. This was particularly the case for Mr Rudge. We were told that his behaviour had previously led to his eviction from several emergency accommodation placements. As a result of this, we were told that his local housing department had declined to house him on his release from prison in January 2022. Notwithstanding this, the IOMS told us that even if a local housing department accepted responsibility to house a prisoner, there were sometimes no vacancies on the day of release which meant that prisoners were released homeless.
44. We are satisfied that Mr Rudge was appropriately referred to the local housing department, as well as other agencies and charities that provide housing advice and support, during his time at Swansea. However, the provision of suitable accommodation for people leaving prison is an issue that extends beyond the remit of HMP Swansea or local probation services, and the local authority may want to be aware of the issues raised in this case.

Inquest

45. On 10 May 2023, at the inquest into Mr Rudge's death the Coroner found that Mr Rudge died from multiple injuries and was significantly intoxicated through alcohol. The Coroner concluded that it was not possible to ascertain Mr Rudge's intentions in walking off the platform.

Kimberley Bingham
Acting Prisons and Probation Ombudsman

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Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100