

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Chereen Scotland, on 6 August 2022, following her release from HMP Peterborough

A report by the Prisons and Probation Ombudsman

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. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of the person's release from prison.
3. 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 fundamental process failures.
4. Ms Chereen Scotland died of cocaine toxicity on 6 August 2022, following her release from HMP Peterborough two days earlier. She was 26 years old. We offer our condolences to those who knew her.
5. Ms Scotland had complex needs including significant substance misuse issues. She had overdosed several times in the past. We found that she was offered good support from prison and probation professionals, both prior to and after her release from prison, but that she did not engage with them as they would have wanted. This included her declining to seek assistance from the community substance misuse team on her release from prison.

The Investigation Process

6. We were notified of Ms Scotland's death on 12 January 2023.
7. The investigator obtained copies of relevant extracts from Ms Scotland's prison and probation records.
8. We informed HM Coroner for Northamptonshire of the investigation. They gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
9. The Ombudsman's family liaison officer contacted Ms Scotland's next of kin to explain the investigation and to ask if he had any matters he wanted us to consider. He did not respond.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies in the report.

Background Information

HMP Peterborough

11. HMP Peterborough women's prison is operated by Sodexo Justice Services. It holds around 800 women. Sodexo provides primary healthcare 24 hours a day, seven days a week.

The Probation Service

12. The Probation Service work with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, as well as prepare reports to advise the Parole Board and have links with local partnerships to whom, where appropriate, they refer people for resettlement services. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

Key Events

Background

13. Ms Scotland had a significant history of substance misuse and had experienced four documented opiate overdoses, most recently in December 2021. She also had a history of mental ill-health and self-harm. In 2020, while in hospital under the Mental Health Act, Ms Scotland was diagnosed with schizophrenia, for which she was prescribed medication.
14. Ms Scotland was discharged from hospital under section 117 of the Mental Health Act. This meant that she received community aftercare and support from NHS England and social services.
15. Ms Scotland had been to prison before and had spent periods of time homeless while in the community. Her engagement with support services in prison and in the community was generally poor. Due to the risk of harm presented by her lifestyle and mixed engagement with services, Ms Scotland was managed using Adult Risk Management (ARM) processes. (ARM is a form of risk management in Northamptonshire where agencies work collaboratively to support exceptionally high risk individuals.) Through the ARM process, Ms Scotland's mental capacity was assessed in April 2022. She was found capable of making her own decisions.
16. On 14 March 2022, Ms Scotland attended court for a pre-sentence interview with a probation practitioner. The practitioner recorded that Ms Scotland presented as "clearly under the influence of substances and fell asleep within seconds of sitting down". She determined that Ms Scotland was not in a fit state to proceed with the interview and was unable to complete a full pre-sentence report for the court.
17. On 6 May, a mental health nurse a Health Professional Access Role went to Ms Scotland's accommodation before accompanying her to court for sentencing. They observed that Ms Scotland was under the influence of substances, responding to unseen stimuli and laughing out of place.
18. On 6 May, Ms Scotland was sentenced to 26 weeks in prison for possessing an article with a blade. She was sent to HMP Peterborough, with a release date of 4 August.

HMP Peterborough

19. Healthcare staff completed an initial health screen for Ms Scotland. They recorded her substance misuse history and completed a drug test. They also recorded Ms Scotland's schizophrenia and early psychosis diagnoses, for which medications were continued. Ms Scotland said that she had three children who were no longer in her care, and this was impacting on her wellbeing. Staff referred her to the mental health team, based on her existing conditions.
20. Ms Scotland's drugs test result was negative and no other entries relating to substance misuse support were noted on her prison record. The clinical lead and inpatient manager at Peterborough told us that, on 10 May, the prison substance misuse service picked up Ms Scotland's case and organised further assessment.

21. Substance misuse service staff told us that Ms Scotland consistently refused to engage with the team and declined to sign a disclaimer form.
22. On 13 May, the prison Trauma Champion (TC) visited Ms Scotland, who said she did not require any support. The TC advised Ms Scotland that if she required support in the future, she could contact the trauma team, and someone would come and see her. Ms Scotland was referred for parenting programmes by her social worker, but she declined to attend.
23. On 26 May, a professional case discussion meeting was held to discuss release planning for Ms Scotland. A Rough Sleeper Outreach Worker at the local authority for Ms Scotland's release area, the practitioner, Ms Scotland's Prison Offender Manager (POM), and a Community Probation Practitioner (COM) were in attendance. The Rough Sleeper Outreach Worker and practitioner were familiar with Ms Scotland, so updated those present on their knowledge of her and the complexities surrounding her support needs.
24. On 31 May, the Rough Sleeper Outreach Worker and practitioner visited Ms Scotland in prison, to introduce themselves and explain their roles in supporting her release. They said Ms Scotland appeared pleased to see them. She asked for money which they said they could not provide but advised on how she could arrange for a bank transfer if she had available funds. They discussed the ARM meetings with Ms Scotland and that they were continuing whilst she was in prison to support her needs on release, and to keep her safe. Ms Scotland confirmed she was willing to participate in the next ARM meeting via video link. She talked about her medication and mental health, about which she said she was having good and bad days. When the practitioner asked her what a good and/or bad day looked like, Ms Scotland stood up and said she needed to get back to the landing. She consented to a further visit.
25. On 6 June, a second professional case discussion took place between the group. The POM said that Ms Scotland was difficult to engage with and appeared to avoid any discussion surrounding her mental health needs. The practitioner and the Rough Sleeper Outreach Worker updated colleagues on their meeting with Ms Scotland on 31 May. The group agreed that Ms Scotland would meet with the COM on 10 June, to ensure they could start to build a rapport in the run up to release. An ARM meeting was arranged for 16 June, to identify specific risks surrounding Ms Scotland's upcoming release. The practitioner and the Rough Sleeper Outreach Worker agreed to attend the ARM meeting to encourage Ms Scotland's engagement. They would also invite Ms Scotland's Prison Social Worker.
26. On 7 June, Ms Scotland met with her Prison Social Worker to discuss her care needs. The Prison Social Worker conducted a triage assessment, which confirmed that Ms Scotland would not receive support from social care in custody as, overall, she appeared able to care for herself.
27. Ms Scotland received regular key work sessions during her time at Peterborough. On 14 July, Ms Scotland met with a Prison Custody Officer (PCO), her prison key worker, who asked if she had the appropriate support in place for her release, including accommodation. Ms Scotland said she had. He recorded that Ms Scotland did not really engage in the session and she gave one word or minimal answers.

28. Prior to Ms Scotland's release from custody, a total of five ARM meetings were held between professionals that worked with Ms Scotland in the community and in prison. Ms Scotland attended three of the meetings. At the meetings, Ms Scotland's licence conditions and post sentence supervision were agreed, and an individual risk management plan was created between agencies. The plan identified drug overdose as a risk factor and noted that Ms Scotland had not been on a recovery treatment programme while in custody. As part of her licence conditions, Ms Scotland would receive a methadone (used as a substitute for opiates, to help reduce withdrawal symptoms) prescription if she engaged with her first substance misuse appointment on the day of her release and following her initial probation induction. She would also receive home visits from a mental health worker.
29. Substance misuse service staff told us that because Ms Scotland had chosen not to engage with the service, and had not indicated a clinical need, they were unable to arrange an appointment with community drug and alcohol services for her release. In line with policy, this also meant that they could not offer Ms Scotland a naloxone kit (used to counter the effects of opioid misuse) for her release.
30. At the time of her release, probation staff found accommodation for Ms Scotland in a 24-hour carer-staffed bed and breakfast in Wellingborough. Ms Scotland had stayed in this accommodation before.

Post release

31. On 4 August, Ms Scotland was released from Peterborough. The practitioner and the Rough Sleeper Outreach Worker met her at the prison gate. The COM confirmed they were to take Ms Scotland to her respective appointments that day and over the next few days.
32. After the practitioner and the Rough Sleeper Outreach Worker picked up Ms Scotland from the prison, Ms Scotland went to her bank where she withdrew all her funds from her account.
33. As there was some time until her probation appointment was due to commence, the COM said that she told Ms Scotland that if she arrived earlier to Wellingborough probation office, she would make herself available for an earlier appointment. The practitioner and the Rough Sleeper Outreach Worker later informed the COM that Ms Scotland refused the offer and at that point they parted ways having inducted Ms Scotland to her accommodation. Ms Scotland knew her way from the accommodation to the probation office so at that point it was agreed that Ms Scotland would meet the practitioner, the Rough Sleeper Outreach Worker and the COM at the probation office.
34. The COM said that on arrival at the probation office, Ms Scotland appeared dishevelled, and it was apparent that she "had had something". The Rough Sleeper Outreach Worker said that Ms Scotland had purchased some alcohol and that the alcohol may be responsible for her behaviour. Ms Scotland's conversations were minimal, and she was also in a hurry to finish the appointment. The COM said that at the time she thought it was because of the presence of the three professionals in the room and having to complete the induction form. The COM said it was considered sensible to have both the practitioner and the Rough Sleeper Outreach Worker present for Ms Scotland's induction as they were familiar faces to her, and

the COM was someone she had not met before. As the appointment was concluding, Ms Scotland said that she did not wish to attend Substance to Solution (S2S, free and confidential support for adults experiencing difficulties with drugs and alcohol), which was part of her licence conditions.

35. After the meeting, Ms Scotland chose to attend S2S and walked into their building (without an appointment). Having voluntarily attended, she did not engage or complete a requested drug test. When S2S staff requested that she do a urine test, Ms Scotland left the building.
36. On 5 August, Ms Scotland's social worker attempted to visit her, but she was not at her accommodation. The social worker eventually met with Ms Scotland in the local town centre where she asked for money. The COM told us she believes Ms Scotland and the social worker had a brief conversation with the intention that the next appointment would be with the social worker and herself in the probation office.

Circumstances of Ms Scotland's death

37. On 6 August, Ms Scotland went to a friend's room in the same bed and breakfast she was staying at. She told her friend she had taken crack cocaine and pregabalin (used to treat epilepsy, anxiety and nerve pain but misused in combination with illicit drugs to increase affects) earlier that day. Ms Scotland appeared intoxicated and started falling asleep. Her friend watched her until they both fell asleep at approximately 5.00am. He woke up to find that Ms Scotland had been sick and was unresponsive. He began cardiopulmonary resuscitation (CPR) then alerted the security guards on the premises. An ambulance was called, and CPR was continued. Paramedics confirmed that Ms Scotland had died.

Post-mortem report

38. The post-mortem report concluded that Ms Scotland died of cocaine toxicity. It also found evidence of previous heroin use which did not impact the death. (The toxicology report did not identify how recent Ms Scotland's heroin use might have been.)

Findings

39. Ms Scotland was a young woman with complex needs, who struggled to engage with support services both in prison and the community. We found evidence that prison and probation staff, in collaboration with community support staff, made consistent efforts to understand her needs and how to address them, and encouraged Ms Scotland to engage with the help she was given. There was good practice in the utilisation of staff with whom Ms Scotland was familiar and regular discussion between professionals on release preparation and risk management for Ms Scotland in the community. We do not think any more could have been done to support Ms Scotland or prevent her lapse into drug use.

Inquest

40. The inquest, heard on 28 September 2023, concluded that Ms Scotland's death was an accident.

Adrian Usher
Prisons and Probation Ombudsman

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