National Institute for Health and Care Excellence

Guideline version (Draft)

[Preventing suicide in community and custodial settings]

[Evidence reviews for preventing suicides in custodial and detention settings]

NICE guideline <number>

Evidence reviews

[February 2018]

Draft for Consultation

These evidence reviews were developed by Public Health Internal Guideline Development team

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ISBN:

Contents

Preventing suicides in custodial and detention settings

Review question

What are the most effective and cost effective non-clinical interventions to support people who are at risk of suicidal acts in custodial settings?

Introduction

This review provides evidence from recent studies on the topic of preventing suicides in custodial settings. The aim of this review is to determine the effective interventions that may can have impact on preventing suicide in custodial setting.

PICO table

The review focused on identifying studies that fulfilled the conditions specified in PICO table (Table 1).

Table 1: PICO inclusion criteria for the review of preventing suicides in custodial and detention settings:

Population	Adults, young people and children in custodial settings[1]; Adults, young people and children who are in contact with the criminal justice system. This includes people: • in contact with liaison, diversion and street triage services • remanded on bail • released from prison on licence • released from prison and in contact with a community rehabilitation company or the probation service • who have been convicted and are serving a community sentence
Interventions	• Local approaches to preventing suicide in custodial settings • Interventions to support people in custodial settings, or who are transferring between settings
Comparator	Comparators that will be considered are • Other intervention • Status quo/do nothing/control • Time (before and after)
Outcomes[2]	The outcomes that will be considered when assessing the impact on health are: • Suicide rates • Suicide attempts • Reporting of suicide ideation. The outcomes that will be considered when assessing help-seeking behaviour: • Service uptake (such as mental health services, helplines, GPs)

[1] Custodial settings include: border custody, court custody, police custody, prison, young offenders institutions, secure training centres, secure children's homes. Detained setting includes immigration removal centres and short term holding facilities.

[2] There will be uncertainty around the role of the intervention and the outcomes of interest.
The challenge of assessing effectiveness should be noted. The list of outcomes is not intended to be exhaustive. Other outcomes will be considered where they are reported, and advice on their relevance will be sought from PHAC. Any reported adverse outcomes will be included.

Other outcomes:

- Changes in knowledge, attitude and behaviour of practitioners and partners
- Views and experiences of professionals and the public (service experience).

Public health evidence

In total, 19,228 references were identified through the systematic searches. References were screened on their titles and abstracts and full text against the protocol of each review question (see Review 1 to 9) relating to target populations in custodial settings.

Four studies included in the guideline examined the impact of interventions that preventing suicide specifically in custodial settings, including one study for the review of local multi-agency partnerships and 3 studies for the review of information, advice, education and training.

No study in custodial settings was identified for the other review questions for the guideline.

Findings

Summary of included studies in the evidence reviews

Review of local multi-agency partnerships

Slade and Forrester (2015), a qualitative study identified whether organisational changes in prisons contributed to the reduction in suicide rates, and explored which features of organisational changes contributed to the reduction from prison staff' perspectives.

Review of information, advice, education and training

Hall and Gabor (2004), a mixed method study examined a peer prevention programme which operated jointly between the prison and the Samaritans in Canada.

Haynes et al (2008), an observational study examined the impact of suicide prevention training programme (STORM) in prisons, and compared the change in prison staff's knowledge and attitudes towards suicides.

Dhaliwal and Harrower (2009), a qualitative study explored the experience of prisoners who participated in the Listener scheme.

Table 2: Included studies

Study [country]	Study Design	Population	Intervention	Agencies/partners	Themes
Slade and Forrester 2015 [UK]	Qualitative - Mixed method: questionnaire and interviews	An urban local medium secure prison. Participants were identified from staff who were employed in the prison and had knowledge of its suicide prevention practices	A multidisciplinary approach to suicide prevention	3 stage of strategy implementations: • 1978-90, no structured suicide prevention strategy or procedure; • 1991-2008, introduction of National Suicide Prevention Strategy; • 2009-2011, introduction of Local Suicide Prevention strategy (multi-agency and cultural change)	• Prison climate and culture • Communication regarding high risk prisoners and active partnership working; • Mental health treatment and communication with external agencies; • Debriefing staff and learning from incidents (including ongoing staff support); • Management and leadership approach; • Specialist knowledge for strategic management;

Study [country]	Study Design	Population	Intervention	Components	Comparison	Outcomes	Study findings
Hall Barry ; Gabor Peter (2004) [Canada]	Mixed method	Stakeholder included: active SAMS in the Pen volunteer, general inmates, correctional offices, professional staff	SAMS in the Pen, a suicide prevention service in a Southern Alberta Penal Institution, was established in 1996, and was the first of its kind in Canada.	Prison befriending programme.	Quantitative information on completed suicide before and after the implementation of the service	Perception of stakeholders about the SAMS in the Pen.	The SAMS in the Pen was perceived to be a worthwhile service to both inmates and staff of the prison.

Study [country]	Study Design	Population	Intervention	Components	Comparison	Outcomes	Study findings
Haynes A J et al (2008) [UK]	Experimental (before-after)	Prison staff		Training on (1) Suicide and suicide risk in custody setting; various avenues of support available in prison (2) Skills to respond situation of prisoners.	Before and after the training	Attitude was measured using the Attitude to Suicide prevention Scale (ASPS); A measure of knowledge about suicide risk was developed for the study. This measure was labelled Awareness of Suicide Risk Issues (ASRI);	Training significantly improved attitudes, knowledge and confidence and improvement were maintained at follow up.
Dhaliwal Rani ; Harrower Julia ; (2009) [UK]	Qualitative (semi-structured interviews)	Prisoners	The Listener Scheme. The scheme involved joint working between the Prison Service and the Samaritans.	Prisoners are selected and trained by Samaritans to be a Listener to provide confidential listening support to fellow prisoners who are in distress or who may be at risk of suicide.	NA	Listener's own experiences and the impact on them as individuals	The findings indicate that Listeners experience significant personal growth alongside changing attitudes to self and others.

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Economic evidence

No economic study met inclusion criteria of the guideline specifically in custodial settings.

Evidence statements

Evidence reviews

Evidence statement 1.3- the impact of multi-agency partnerships (see review 1)

Evidence from a qualitative study (Slate and Forrester 2015) identified that in a prison, a multi-agency approach was considered crucial to integrate diverse partners inside and outside the prison, enabling effective communication for preventing suicides.

Evidence statement 4.1 – suicide rate (see review 4)

Evidence from a mixed method study found a non-significant reduction in the suicide rate among prison inmates by 50%, from 131.1 per 100,000 to 65.5 per 100,000 following the implementation of peer suicide prevention programme during the 10 year study period, (relative risk=0.50, [95%CI 0.09 to 2.72]; absolute difference=65.6 fewer per 100,000). The committee's confidence in the evidence was low.

Evidence statement 4.5 – change in knowledge (see review 4)

Evidence from an observational study found prison staff who received the Skill-based training on risk management training improved their knowledge about suicide risk, mean score of which increased from 7.15 pre-training to 8.22 post-training. The change was statistically significant (mean difference=1.07 higher [95% CI 0.69 higher to 1.45 higher]). The committee's confidence in the evidence was very low.

Evidence statement 4.6 – change in attitudes (see review 4)

Evidence from an observational study found that prison staff who received the Skill-based training on risk management had more positive attitudes towards suicide prevention, mean score of which changed from 28.51 pre-training to 26.44 post-training. The change was statistically significant (mean difference= 2.07 lower [95% CI 3.31 lower to 0.83 lower]). The committee's confidence in the evidence was very low.

Evidence statement 4.10 – the impact of a Listener Scheme on the Listeners (see review 4)

Evidence from a qualitative study (Dhaliwal and Harrower 2009) which examined the views and experiences of a group of prison inmates who had been a Listener in a Listener scheme. Some benefits identified included: the development of empathy, patience, social skills and problem solving. The scheme also enhanced participants' self-efficacy, self-esteem and confidence.

Expert testimonies

Evidence statement CS1: Listener scheme: the impact of Samaritans' prison Listener scheme on service-users

One expert witness presented evidence on the impact of Listener scheme on prisoners. This scheme is a peer-support service coordinated by Samaritans within prisons in the UK. Some preliminary findings from an on-going systematic review conducted by the expert witness, showed that this peer support services a positive impact on prisoners:

- The Listener's support provided prisoners an opportunity to vent and calm down, get things off their chest, relieve stress, and helped prevent them from reaching mental tipping points;
- Prisoners were motivated to join the scheme because of effective support they had received through the scheme;
- Being a Listener was helpful in reducing suicide and self-harm; and the scheme could lead to calmer prisons, which also led to a reduction in staff' workloads;
- Problems between prisoners were thought to be less likely to escalate when prisoners were able to talk to the Listeners.

However, findings from service-users suggested the perceived positive impact of Listener support was not universal. Service users had different experiences, and their views could vary depending on their perception and experience of both the scheme and individual Listeners. The expert noted a large-scale evaluation of the scheme was on-going, aiming to provide robust evidence of the effectiveness of the scheme on reducing the risk of suicides among prisoners.

Evidence statement CS2: Suicide prevention in prisons

One expert witness provided an overview of incident rates of suicides and self-harm in prisons in England & Wales, and identified risk factors that were associated with suicide and self-harm in prisons. Factors included:

- Imported vulnerabilities of the prisoner: mental illness, substance misuse, a lack of social support, family history and previous history of suicide and self-harm;
- Custodial factors: early days in custody, length of sentence, location, availability of method, transfers between prisons and court appearances;
- Environmental triggers: isolation, hopelessness, less connected, more likely to be involved in prison conflicts;

Three strategies were prioritised to improve prison safety preventing suicide and self-harming behaviours, including:

- Use of audit data to identify and target support to improve safety
- Promotion of joined-up working between partners to ensure safety when prisoners being transferred between institutions;
- Improve staffing levels, staff capability and prison environment;

Evidence statement CS3: Preventing suicides in custodial settings

One expert witness provided evidence on death in custodial settings, and noted risk factors that were associated with prisoners in custody including

- Demographics: older prisoner aged 60 years and over, male prisoners, White prisoners;
- Custodial factors: prisoners with long sentences (over 10 years); prisoners in their early days of imprisonment; types of criminal offends such as arson and criminal damage;

The expert also identified areas where improvements could be made to prevent suicides in custodial settings:

- Safe transitions. For example, when prisoners were moved to different prisons or other institutions (or even being released from prisons)
- Support for prisoners to reduce isolation, hopelessness and impulsivity including increasing opportunities for education and employment; installation of phone into cells; peer support for inmates and access to direct service at night for prisoners;

- Training for staff in contact with prisoners such as healthcare professionals, workshop instructors, probation officers, prison manager and officers

Evidence statement CS4: Suicide risk management

One expert witness presented suicide risk profiles for persons who were under investigation for online child sexual exploitation. Factors that were associated with suicide risk included:

- Demographics: White males aged between 40-60 years;
- Personal characteristics: married or residing with a female partner; employed or volunteering in a position of trust/notifiable occupation;
- No previous contact with police;
- Little or no supportive networks

Recognised risk profile, measures were developed to manage this group of offenders, including,

- Treating all offenders as potential high risk;
- Involving multi agencies such as liaison & diversion services and community support provision when assessing suicide risk of individual offender;
- Signposting support services;

Recommendations

Multi-agency partnerships for suicide prevention in custodial or detention settings

1.1.3 Each custodial or detention setting should set up a multi-agency partnership that includes representatives from:

- prison healthcare staff
- prison governors
- prison staff
- emergency services
- voluntary and other third-sector organisations
- probationary and transition services
- people who have attempted or been affected by suicide.

1.1.4 Link the custodial or detention setting's partnership with relevant multi-agency partnerships in the community (see recommendation 1.1.1).

1.2.1 Multi-agency partnerships in the community or in a custodial or detention setting should develop a suicide prevention strategy. Specifically:

- Make it clear who leads on suicide prevention.

- Engage with stakeholders to share experience and knowledge.
- Map stakeholders and their suicide prevention activities.
- Oversee local suicide prevention activities, including awareness raising.
- Keep up to date with suicide prevention activities in neighbouring areas.
- Review local and national suicide data to ensure the strategy is as effective as possible.
- Assess whether initiatives successfully adopted elsewhere are appropriate locally or can be adapted to local needs.
- Work with transport companies to promote best practice when announcing delays because of a suspected suicide.
- Liaise with the media to promote best practice when reporting suicides or suspected suicides. This includes social media, broadcasting and newspapers. (For example, see the Samaritan's Media guidelines for the reporting of suicide)

1.3.1 Multi-agency partnerships in the community or in a custodial or detention setting should develop a plan to implement the suicide prevention strategy. Include processes to:

- Collect, analyse and interpret local data to determine local patterns of attempted suicide and suicide (see recommendations 1.4.1 and 1.4.2).
- Compare local patterns against national trends.
- Share data between stakeholders so that they can identify local characteristics and needs.

1.3.2 Implement the plan based on interpretation of routinely collected data

1.3.4 Multi-agency partnerships in a custodial or detention settings should audit the data collected (see recommendations 1.4.1 and 1.4.3) and use the results to improve the local action plan.

1.4.1 Multi-agency partnerships in the community or in a custodial or detention setting should:

- Use routinely-collected data to provide information on suicide and self-harm. This could include data on at-risk groups from sources such as

Public Health England's Fingertips tool (public health profiles), the National Probation Service and the National Offender Management Service).

- Carry out periodic audits to collect and analyse local data from different sources, for example reports from local ombudsman, and coroner, prison and probation ombudsman reports.
- Assess the quality of the data from each source to ensure robust and consistent data collection.
- Gather data on method of suicide, location, seasonality, details of individual and local circumstances, demographics, occupation, and characteristics protected under the Equality Act (2010).

1.4.3 Custodial and detention settings should collect data on sentence type, offence, length and transition periods when carrying out rapid intelligence gathering in their institutions to identify trends..

1.4.4 Ensure staff gathering and analysing this information are given appropriate support and resilience training.

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Research recommendations

1. What interventions are effective and cost effective in reducing suicide rate in custodial settings?

Criterion	Explanation
Population	People in custodial or detention settings who are at risk of suicide
Intervention	Clinical or non-clinical interventions (for example, as provided by trained volunteers) delivered either in group or individual format
Comparator	Usual care or no intervention
Outcomes	Primary outcomes to include suicide-related outcomes (Suicides, attempted suicides and suicidal ideation) Secondary outcomes, to include mental health (for example, self-rated depression), service use and costs
Study design	Study designs could include cluster RCTs or other types of evaluation with the purpose of ascertaining the effectiveness and cost-effectiveness of clinical or non-clinical interventions at reducing suicide rates (primary outcome). It will also be important to gain public and staff feedback as part of any study so a mixed methods approach to include qualitative elements may also be appropriate

Timeframe	Studies would require sufficient follow up time to capture changes in suicide rates (ideally 12 months)

2. What interventions are effective and cost effective for supporting people who are transferred between institutions?

Criterion	Explanation
Population	People in custodial or detention settings who are at risk of suicide
Intervention	Clinical or non-clinical interventions (for example, as provided by trained volunteers) delivered either in group or individual format
Comparator	Usual care or no intervention
Outcomes	Primary outcomes to include suicide-related outcomes (Suicides, attempted suicides and suicidal ideation) Secondary outcomes, to include mental health (for example, self-rated depression), service use and costs
Study design	Study designs could include cluster RCTs or other types of evaluation with the purpose of ascertaining the effectiveness and cost-effectiveness of clinical or non-clinical interventions at reducing suicide rates (primary outcome). It will also be important to gain public and staff feedback as part of any study so a mixed methods approach to include qualitative elements may also be appropriate
Timeframe	Studies would require sufficient follow up time to capture changes in suicide rates (ideally 12 months)

Rationale and impact

Why the committee made the recommendations

Impact of the recommendations on practice

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The committee considered and agreed that a change in suicide rates and suicide attempts was the most important outcome when evaluating the effectiveness of interventions for preventing suicides. Any reduction in suicide or suicide attempts would make an important difference to reduce the number of suicides in custodial settings. Other outcomes such as changes in knowledge and attitude among prison staff were considered less important as they were not directly associated with the change in suicide rates,

Outcomes that explored views and experience of professionals and partners involving in suicide prevention interventions in custodial settings were deemed to be relevant but less important for decision making.

The quality of the evidence

The committee acknowledged that evidence on preventing suicide in custodial settings was scant, and limited only to 4 studies. There was no randomised controlled trial. The committee noted that research in custodial settings was complex and posed particular ethical challenges. Evidence from observational data examined the effectiveness of peer support on suicide rates, and the certainty of evidence was considered 'low' as data was only from one prison in Canada, which had limited generalisability to the UK prison setting. Results of change in knowledge and attitudes among prison staff was reported in Hayes et al (2008)'s study, and the certainty of evidence was considered to be 'very low' due to the nature of self-reported data and variations in the implementation of the intervention.

Benefits and harms

Evidence from one study showed a reduction in the number of suicides in a prison after the implementation peer support service. The reduction was not statistically significant and low certainty of evidence did not provide a robust evidence base for strong recommendations. However, the committee based on their experience, suggested that peer support could have a potential beneficial effect on prisoners such as a reduction in a feeling of distress and an improvement in their help-seeking.

Evidence from qualitative studies acknowledged the importance of a multi-agency partnership approach when implementing suicide prevention strategy in a prison setting and also noted the benefits of being a Listener who provided support for inmate peers; however, no evidence on the direct benefit of these interventions on prisoners (service-users) themselves. One expert witness updated a current study on the Listener Scheme, and data collection of outcomes that measured the impact of the intervention on prisoners was still on-going.

No study reported harm of peer support programme in prison. An expert testimony noted that some prisoners did not find the Listener scheme helpful, and the evaluation of the scheme was on-going.

Cost effectiveness and resource use

No health economic evidence was found and this review question was not prioritised for health economic modelling. Possible resource use impacts were:

- Costs of setting up support service in prisons
- Costs for supporting offenders being transferred between institutions

Some of the interventions may have little or no resource impact; for instance, interventions may only require training for staff which could be incorporated into existing training schemes.

The committee discussed the cost-effectiveness of the recommendations. It was determined that, although there was no evidence in the literature on the cost-effectiveness of suicide prevention in a custodial setting, the recommendations are likely to represent good value for money. This is because the suicide attempt rate is generally higher in custodial settings, so any interventions which are cost-effective at a general population level are likely to produce greater benefits and therefore be more cost-effective in a custodial population.

Other factors the committee took into account

The committee noted evidence from 4 included studies in prisons, and no evidence in other custodial settings and detention settings was identified in the review. In addition, a lack of evidence on young people in any custodial setting.

As included studies provided limited evidence on preventing suicides in custodial or detention settings, the committee agreed testimonies by experts who were working in this field were useful to inform the evidence base for recommendations for this guideline. All testimonies identified potential risk factors that were associated with offenders' suicidal behaviours, such as demographics, personal and custodial related factors, and also indicated areas where interventions could act on to reduce the number of suicides and self-harming behaviours in custodial settings. These included:

- Multi-agency approaches to assess and manage individuals at risk of suicides not only when they were in custody, but also when they were transferred between different institutions;
- Providing support for prisoners/people in custody to reduce isolation and to ensure safety while they were in custody;
- Making better use of data to improve staff' knowledge and understanding of potential suicide risk among in prisoner/people in custody;

In addition to the potential risk factors identified in the expert testimonies, the topic experts noted several UK studies (Borrill et al 2005; Leese et al 2006, Marzano et al 2011; Hawton et al 2014) in custodial settings. These studies examined risk factors for suicides and near-lethal suicide attempts. These risk factors mainly included environmental factors such as overcrowding, a lack of time out of cell and time in purposeful activity. Based on routine data, Leese et al (2006) showed that a lack of time in purposeful activity, overcrowding levels, cost per prisoner, positive drug tests and the availability of behaviour programmes for prisoners were associated with suicides. Hawton et al (2014) also reported that prison type was associated with self-harm among female prisoners; for instance, female prisoners were most at risk of self-harm if they were in a mixed local prison. Based on qualitative data, studies provided insights into risk factors and the suicide process from the prisoners' own perspectives. Borrill et al (2005) interviewed 15 female offenders in England and Wales, and found that a combination of lack of time out of cell and time in purposeful activity emerged as a common primary factor contributing to their suicide attempts. Other significant contributing factors were prior trauma/loss, presence of mental health conditions, drug misuse, bullying in prison and a lack of peer support. Similar findings were reported in another UK study (Marzano et al 2011), found that a lack of time out of cell and time in purposeful activity were primary factors for severe self-harm incident, plus other common triggers for self-harm including prisoner' psychiatric/psychological issues and adverse life events, prisoners' problems with staff. Therefore, the committee agreed that suicide risk profiles among prisoners tended to be multi-faceted, and an understanding of these risk factors could help to inform the development of interventions preventing and/reducing the number of suicides and suicidal behaviours in custodial settings. The committee suggested a research recommendation would be helpful to build an evidence base to demonstrate what interventions were effective to reduce suicide risks such as a lack of time out of cell in prisons. Echoed evidence from expert testimonies, the committee emphasised potential impact of transitions on individuals in custodial settings, indicating a lack of support during the transitions could increase the risk of suicide and suicide attempts, and these transitions could be between different prisons, and also between prisons and other institutions such as health services.

Appendices

Appendix A: Literature search strategies

See separate document attached on the guideline consultation page.

Appendix B: Public health evidence

B.1 Hall and Gabor 2004

<table>
<tr><td colspan="4">Hall Barry; Gabor Peter 2004. Peer Suicide Prevention in a Prison. Crisis 25 (1): 19-26</td></tr>
<tr><td>Study details</td><td>Research Parameters</td><td>Population / Intervention</td><td>Results</td></tr>
<tr>
<td>Author/year

Hall Barry ; Gabor Peter 2004

Quality score

-

Study type

Mixed method

Aim of the study

To evaluate the SAMS in the Pen programme

Location and setting</td>
<td>Number of participants completed interview or survey
<table>
<tr><td></td><td>Interview</td><td>Survey</td></tr>
<tr><td>Sam volunteers</td><td>17</td><td></td></tr>
<tr><td>General inmate</td><td></td><td>126</td></tr>
<tr><td>Correctional officers</td><td></td><td>27</td></tr>
<tr><td>Parole officers</td><td>14</td><td></td></tr>
<tr><td>Others (mental</td><td>12</td><td></td></tr>
</table>
</td>
<td>Intervention / Comparison

Intervention:

SAMS in the Pen, a suicide prevention service in a Southern Alberta Penal Institution, was established in 1996, and is the first of its kind in Canada.

It is modelled after the Befrienders international programmes in the UK where similar service, known as prison befriending programmer.

It is responsibility of the local Samaritan branch to be involved in the recruitment and training of inmate volunteers wishing to become a member of the SAMS in the Pen. The institution is actively involved</td>
<td>Primary outcomes

The perceptions of the SAMS in the Pen volunteers were obtained through in-depth interviews which consisted of a number of rating scales and open-ended questions on personal growth, knowledge of suicide, self-esteem, communication skills and sense of purpose. Other questions focused on issues of support and general programme operation.

Active SAMS in the Pen volunteers

SAMS volunteer felt their experience was valuable not only in providing a benefit to the Institution and their fellow inmates but also to themselves.

They saw a development of their own skills, attitudes and confidence and valued the opportunity to be involved in something that they viewed as constructive.</td>
</tr>
</table>

Prison, Alberta, Canada **Length of study** Not stated **Source of funding** Not reported	health staff, psychologist, chaplains, unit managers) **Inclusion criteria** The goal of the sampling of the study was to ensure a representative sample from each of the study population groups. Given the nature of the penitentiary it was not practical to carry out normal randomisation for data collection. The approach used to consider the sampling frame to be all those persons who were available in the Institution, qualified and accessible during data collection periods. **Exclusion criteria** Not reported		through canvassing information from parole officers, psychology and internal preventive security, to determine the personal suitability of candidates. The format of the training is a combination of lectures, discussion, and role playing. Topics covered during the training provided by the Samaritans of Southern Alberta include: the concept of befriending; effective and active listening; specific mental condition; suicide prevention, suicide intervention; and policies and procedures of SAMS. **Comparison:** completed suicide before and after the programme	*General inmate population* The general inmate population was survey to obtain their perceptions of the SAMS service. In general, inmate views the SAM services as being helpful and as being highly accessible. However, general population inmates rated their knowledge of the service as relative low, and many general population respondents were doubtful that they themselves would use the service. "*I believe it is a good service for people who are having a hard time."* *Correctional officers* Correctional officers were asked to complete a questionnaire. Correctional officers generally rated the service was helpful. Those who had been employed more than 3 years expressed more favourable attitudes towards the service. A number of correctional officers were concerned about the selection process. In their view, some of the volunteers had abused their role to enhance their position in the prison and some of the inmates misused the programme for purposes of social visiting, illegal activities, or transferring information. *Professional staff* This groups included parole officers, unit manager, nurses, psychologists, mental health specialists, and chaplains. They highly rated the service's accessibility. Many acknowledge that the concept of the service is valuable and several commented that a peer services may be the only way to reach some inmates who did not want to go to "the system". Main concerns of this group were about how things were unfolding at the operation level, particularly in the selection and recruitment of inmates and in communication between the service and institutional staff. The prevention of suicide Number of completed suicides

<table>
<tr>
<td></td>
<td></td>
<td></td>
<td>
<table>
<tr><td></td><td>Number</td><td>Rate/100,000 person years</td><td>Rate/100,00 person years (reviewer calculated based on an average institutional population of 610)</td></tr>
<tr><td>1st April 1990 -31st March 1995</td><td>4</td><td>131.0 (reported in the paper)</td><td>131.1</td></tr>
<tr><td>1st April 1995 -31st March 2000</td><td>2</td><td>65.5</td><td>65.6</td></tr>
</table>
Author’s conclusion
Overall the SAMS in the Pen Peer suicide prevention service have achieved many operational goals. An entire service model has been designed, developed, and implemented.
However, it is important to recognise that this study was carried out in only one programme, in one penitentiary.
</td>
</tr>
<tr>
<td colspan="4">Limitations identified by author
The study was conducted only one penal institution in which a relative low suicide rate may not be representative of all such things.
Limitations identified by review team
Selection bias as the selection of participants’ availability in the Institution.
52% of general inmates completed the survey and 45% of correctional officers.
Data analysis approach was not described in the study</td>
</tr>
</table>

B.2 Hayes et al 2008

Hayes Adrian J; Shaw Jenny J; Lever-Green Gillian; Parker Dianne; Gask Linda 2008. Improvements to suicide prevention training for prison staff in England and Wales. Suicide & life-threatening behaviour 38 (6):708-13.

<table>
<tr>
<th>Study details</th>
<th>Research Parameters</th>
<th>Population / Intervention</th>
<th>Results</th>
</tr>
<tr>
<td>

Author/year

Haynes A J et al 2008

Quality score

+

Study type

Quasi-experimental before and after

Aim of the study

This study examines the outcomes of the implementation of STORM training in HM prison.

Location and setting

Prison, UK

Length of study

6-8 month follow-up

Source of funding

This research was funded by Her Majesty's Prison Service for England and Wales.

</td>
<td>

Number of participants

182 who accessed STORM training, 161 completed the questionnaire before and after training.

Participants' characteristics.

<table>
<tr><th></th><th>Total (n=161)</th></tr>
<tr><td>Age, mean (SD)</td><td>39 (5.6)</td></tr>
<tr><td>Males, n (%)</td><td>117 (72.7%)</td></tr>
<tr><td>Experience at their current place of work</td><td>5.6 years (7.7)</td></tr>
<tr><td>Experience working in HM Prison Service</td><td>10 (7.7)</td></tr>
<tr><td>Discipline officers</td><td>132 (78%)</td></tr>
<tr><td>Health care staff</td><td>20</td></tr>
</table>

Inclusion criteria

Not reported

Exclusion criteria

Not reported

</td>
<td>

Intervention / Comparison

Intervention:

Skills-Based Training on Risk Management (STORM) is a suicide prevention training package developed for front-line National Health Service staff. At the forefront of the rationale of STORM is the interaction between staff and patients, and the training aimed to provide staff with the skills to competently assess and manage suicide risk in an interview situation. There are 4 modules: risk assessment, crisis management, problem solving, and crisis prevention. Each module begins with a presentation of facts and myths concerning suicide, based on converging research evidence. Trainees next watch a video demonstrating the skills required for the module. They then practice these skills in role plays, some of which are videotaped, and in the final section the group review these videos and provide feedback in a group setting.

For the adaption of STORM to prison settings, the overall structure was retained. Briefly, for each module this comprises a lecture-style presentation, a demonstration video of the skills being taught, role plays and group feedback. Further details concerning suicide and suicide risk in custody were added to the facts and myths section of the presentations elements, as well as concerning the various avenues of support available in prison.

Comparison:

</td>
<td>

Primary outcomes

Attitude was measured using the Attitude to Suicide prevention Scale (ASPS);

A measure of knowledge about suicide risk was developed for the study. This measure was labelled Awareness of Suicide Risk Issues (ASRI);

Measures of confidence were used in previous evaluation of STORM.

<table>
<tr><th></th><th>Pre (n=161)</th><th>6-8 month following (n=161)</th><th>Mean differences (95%CI)</th></tr>
<tr><td>Attitudes (ASPS)</td><td>28.51 (6.06)</td><td>26.44 (5.31)</td><td>-2.07 (-3.31, -0.83)</td></tr>
<tr><td>Knowledge (ASRI)</td><td>7.15 (1.76)</td><td>8.22 (1.71)</td><td>1.07 (-1.59, 3.73)</td></tr>
<tr><td>Confidence</td><td>6.39 (1.82)</td><td>7.31 (1.53)</td><td>0.92 (0.55, 1.29)</td></tr>
<tr><td>Likelihood of contact</td><td>8.41 (1.66)</td><td>8.47 (1.93)</td><td>0.06 (-2.93, 3.05</td></tr>
</table>

Author's conclusion

</td>
</tr>
</table>

		Before and after the intervention	The study was to examine the success of adapting and implementing STORM suicide prevention training in a prison environment. Improvement to all outcome measures was noted, with high levels of satisfaction.
Limitations identified by author The outcome variables used in the study relied on self-reported of trainees, thus results were mediated by trainee's perceptions of their own abilities. Sites were free to vary the format of the training according to local difference. During the pilot, it became clear that there were indeed differences in the implementation of STORM between the 3 sites. **Limitations identified by review team** Short follow-up period, only 6-8 months Instrument used to measure knowledge was developed for the study, had not been validated.			

B.3 Dhaliwal and Harrower 2009

Dhaliwal Rani ; Harrower Julia ; 2009. Reducing prisoner vulnerability and providing a means of empowerment: Evaluating the impact of a Listener Scheme on the listeners. The British Journal of Forensic Practice 11:35-43.				
Study details	**Research Parameters**	**Inclusion/ Exclusion criteria**	**Population**	**Results**
Author name and year Dhaliwal Rani ; Harrower Julia ; 2009 **Quality score** + **Study type** A qualitative approach using interpretative phenomenological analysis (IPA) **Aim of the study** The aim of this paper is to explore Listeners' experiences through a qualitative reflection on their practice, and how Listeners make sense of their experience. Three research questions were generated.	**Data collection** Semi-structured interviews were used to construct a detailed account of each participant's experience of becoming a Listener. The research questions were used as prompts, but it was also important to ensure that the interviews were participant-led to allow for an accurate reflection of each Listener's personal experience. All interviews were audio-taped and transcribed verbatim **Method of analysis** Qualitative research allows in-depth exploration of perceptions, understanding or accounts of phenomena in a way that is difficult to achieve by quantitative methods It also gives participants their own	**Inclusion criteria** Nine individuals met the inclusion criteria of having been a Listener for a minimum of six months, and seven individuals agreed to take part. **Exclusion criteria** Unknown	**Participant numbers** 9 **Participant characteristics** The age range of participants was 26–60 years (mean age 42), six of the participants' criminal offences were for sexual offending, and one participant's offence was for attempted murder. Participants had worked as Listeners for between 8 and 34 months, with an average of 17 months **Intervention** The Listener Scheme was established in 1991 and involves joint working between the Prison Service and the Samaritans.	Through the process of IPA, six master themes emerged, with a number of subordinate themes under each category. *Master theme 1: Benefits of being a Listener* All participants expressed a sense of achievement and personal satisfaction from being a Listener. They also felt good after receiving appreciation of the support given to service users. Another benefit of being a Listener is that it gave some participants the opportunity to gain trust and responsibility with officers and service users. *Master theme 2: Personal growth*

1. What skills and/or benefits do Listeners feel they acquire through the process of being a Listener? 2. What do Listeners think is the emotional impact of the specific issues they are presented with, and how is it managed? 3. What further support and training are required by Listeners? **Location and setting** Prison, UK **Source of funding** Not reported	'voice' to describe their experiences authentically. IPA focuses on the uniqueness of a person's experience, and how experiences are made meaningful. The researcher's own perspective is employed in interpreting the viewpoint of participants, identifying themes and making sense of the data by establishing patterns and significances. Transcripts were analysed using the method namely reading and re-reading each transcript, annotating statements and observations in order to identify themes that capture the participants' experiences, and then noting how themes occur across transcripts and allocating appropriate labels to these themes. The final stage of the process is to value the significance of themes across all the transcripts in order to identify the subordinate themes, and ultimately the overarching master themes.		Listeners are prisoners selected and trained by Samaritans to provide confidential listening support to fellow prisoners in distress or who may be at risk of suicide.	All participants reported developing new skills or enhancing existing skills such as communication, perspective taking, assertiveness, empathy, patience and problem solving. Participants also reported developing an increase in self-efficacy, self-esteem and confidence through the experience of being a Listener. Participants developed increased vigilance and understanding of other people's needs *Master theme 3: Changes* It was evident from the accounts of participants that there was an increase in cognitive flexibility leading to change in attitude from the experience of being a Listener. All participants expressed a shift in their beliefs. It was evident form participants that some had become more flexible in their thinking about coping with difficult situations such as being in prison and dealing with difficult events. Some participants reported a change in their behaviour, in sitting down and speaking to other about their problems on a more personal level, communicating their thoughts in writing and seeking support from others instead of letting problems build up.

				Master theme 4: Challenges Participants reported some challenges they faced including long hours, being approached at any time and any place, dealing with a diverse range of people with assorted problems, observing people self-harm and experiencing burn-out. Another challenge face is listening to specific topics that may be emotionally distressing for the participant due to the content, or if a participant has experiencing similar themselves. Majority of participants regarded confidentiality policy that Listeners must abide by as a challenge, and those who experienced the rule as challenging also accepted it because they understood the rationale behind it. *Master theme 5: Resilience* The theme indicated the participants' varying levels of resilience to cope with the challenges that they face whole working as a Listener. Participants identified both cognitive and behavioural strategies that they use to cope with the challenges they face. *Master theme 6: Needs* Participants reported further training and support that were needed from the prison service.

				The participants wanted longer training sessions to discuss specific topics in depth and how to manage them as a Listener. These topics included mental health, suicide, child abuse, diversity and new crimes. Participants also requested opportunities to role-play and to shadow other Listeners. What the participants would like from the prison service is recognition for the work that they do, not just for individual prisoners but for the organisation. Participants identified qualities, motivations, and life experience as important factors when one is working or is considering becoming a Listener. **Author's conclusion** This study has highlighted the potential benefits of an effective Listener Scheme operating in prisons for vulnerable prisoners, prison staff and Listeners themselves.
Notes **Limitations identified by author** Small-scale study of this kind, conducted in one prison, presents difficulties for generalisation to the wider prison population. **Limitations identified by review team** Not identified				

B.4 Slade and Forrester 2015

Full citation	**Slade K and Forrester A. 2015. "Shifting the paradigm of prison suicide prevention through enhanced multi-agency integration and cultural change". Journal of Forensic Psychiatry and Psychology 26(6):737-758.**		
Study details	**Research Parameters**	**Population / Intervention**	**Results**
Author/year Slade K and Forrester A 2015 **Quality score +** **Study type** Mixed method. A questionnaire was developed based on key changes that occurred in the prison. Seven staff members undertook semi-structured interviews to expand upon the context and implementation of changes identified as most relevant in the questionnaire. **Aim of the study** This paper seeks to fill gaps in the existing literature by evaluating how one urban local prison in London managed to prevent self-inflicted deaths (SIDs) for over three years. **Location and setting** An urban local medium secure prison **Length of study** Covers the period April2008–December 2011	**Inclusion criteria** Prison staff Staff from health, prison and psychology department who were employed during the relevant period but not actively involved in suicide prevention. **Exclusion criteria** Not applicable **Method of analysis** Thematic analysis was used as a method for identifying, analysing and reporting patterns within data. It involved transcription, thorough reading to increase familiarisations, and data reduction through coding. After these joint themes had been identified, the process of triangulation allowed information from this wide range of sources to be reviewed together to facilitate a multi-source approach to the analysis of themes.	**Participant numbers** Prison staff Staff from health, prison and psychology department who were employed during the relevant period but not actively involved in suicide prevention. **Participant characteristics** Not reported **Intervention** Stage 1: 1978-1990 No structured suicide prevention strategy or procedure Stage 2: 1991-2008 Introduction of National Suicide Prevention Strategy Stage 3: 2009-2011 Introduction of local suicide prevention strategy (multi-agency and cultural change)	**Primary outcomes** Key changes that occurred in the prison contributed to suicide reduction Dedicated safer custody team Knowledge/experience of safer custody team Changes to the induction process for prisoners A change of culture/attitude of prison towards suicide prevention Introduction of complex cases meeting Death in Custody Action plans and local investigations IDTS introduction Daily Constant Supervision review Additional safer cell on reception wing Additional prisoner workshops and workplaces Staff training on foundation ACCT process ACCT Case Manager staff training Healthcare staff training on ACCT process Weekly ACCT checks by Governor grade with feedback Weekly ACCT checks by safer custody team Improved staff confidence in Senior Management

Source of funding Not reported			The factors identified to be relevant and supportive of suicide reduction: Prison climate Screening Communication Regarding high risk prisoner Debriefing staff and learning from incidents Mental health treatment Post-intake screening Written procedures Management and leadership approach Specialist Knowledge **Author's conclusions** The results endorsed a number of factors which have already been internationally identified as best practice, along with some local innovation factors. Two further pivotal factors emerged through analysis, and they are the key to service improvements. These factors: senior management support for cultural change and cross-professional collaborative working – indicate that positive leadership and multi-agency integration are vital ingredients.
Limitations identified by author The absence of a developed literature in this area is consequent upon difficulties in evaluating a rare event in an applied setting, especially in which suicide prevent is not the main focus of business. Although it is possible that that staff employed in the study prison's suicide prevention processes had an overly positive view of the work that had been implemented, the study does demonstrate a significantly reduced suicide rate over a sustained period of time. There are inherent limitations when attempting to generalise from a small sample, or a single site and further limitations arise when attempting to infer casual mechanisms from the perceptions of staff. **Limitations identified by review team** Only 32 staff completed questionnaire and 7 undertook interviews. No perspectives from partners working with prison staff.			

Appendix C: GRADE tables

Suicide rate

Quality assessment							Suicide rate per 100,000		Effect		Committee confidence
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	After	Before	Relative risk ratio (RR) (95% CI)	Absolute in rates	
Prison peer suicide prevention											
1 (Hall and Gabor 2004)	Mixed method	Serious[1]	NA	No serious[2]	Serious[3]	none	65.6	131.1	0.50 (0.09 to 2.72)	3 fewer per 1000	LOW

1. This is a mixed method study reported quantitative data on the number of completed suicides in one institute.
2. Interventions, population and outcomes are in line with review protocol
3. 95% CI of RR around point estimate crosses line of no effect which the committee agreed should be the minimal important difference

Appendix D: Expert testimonies

D.1 Expert testimony 1

Section A:	
Name:	**Gareth Edwards / Tony Cook**
Role:	**Practitioner / manager**
Institution/Organisation (where applicable): **Contact information:**	Norfolk Constabulary / National Crime Agency (CEOP)
Guideline title:	Preventing suicide in the communities and custodial settings
Guideline Committee:	PHAC A
Subject of expert testimony:	Offenders at risk of suicide
Evidence gaps or uncertainties:	Suicide prevention for people in contact with criminal justice system

Section B:	
Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]
Law enforcement has significantly increased its activity in response to the identified threat posed by offenders seeking to abuse or sexually exploit children online. A particular growth area being the identification and arrest of persons who are taking, making and sharing indecent images of children. Commonly these are persons who have not had previous contact with law enforcement, known previous histories of suicide attempts or indeed mental health concerns. However, in line with the rises in law enforcement activity, it has been noted that we have seen an increased number of 'apparent suicides' of persons under investigation occurring post identification and arrest. In one particular national operation, the identified rate of apparent suicide was 3% of all persons arrested. This is posing particular challenges to policing to ensure they meet their human rights responsibilities and manage this risk. National guidance for policing is being produced which is seeking to outline practical steps to help law enforcement respond to / manage this risk. A key underpinning factor identified for success is the support of health colleagues. This includes during risk assessment and when potentially suspects are released back into the community. The draft guidance in particular stresses the involvement of Liaison & Diversion services to aid the risk assessment and inform any onward strategies. Research would indicate however that this provision is not universally available and there is also limited support available to help manage the onward risk from community based health services accordingly. The amount of activity being undertaken by law enforcement regarding online Child Sexual Abuse and Exploitation (CSAE) is predicted to continue to grow and therefore it is believed that more investment from health is required to help reduce this risk / reduce the associated suicide rate.	
References to other work or publications to support your testimony' (if applicable):	
N/A	

D.2 Expert testimony 2

Section A:	
Name:	Juliet Lyon
Role:	Chair – Independent Advisory Panel on Deaths in Custody
Institution/Organisation (where applicable):	Independent Advisory Panel on Deaths in Custody (IAP) C/o Andrew Fraser

Contact information:	Head of Secretariat 9th floor Ministry of Justice 102 Petty France London
Guideline title:	Preventing suicide in community and custodial settings
Guideline Committee:	PHAC A
Subject of expert testimony:	Preventing suicide in custody
Section B:	
Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

The IAP's testimony seeks to provide both cross-cutting and custodial sector-specific advice on preventing suicide in custody. Drawing on the experience of Panel members, the Harris review and the recent testimony of 150 men and 60 women in over 60 prisons, our cross-cutting recommendations include recognising the need – in all forms of custody – for a compassionate and person-orientated approach. There are fundamental support mechanisms that need to be in place including motivated and well supported leadership, training and supervision of staff, peer support (of which the Samaritan Listener scheme is a good example) and access to basic elements such as sufficient light, fresh air, activity, food and sleep. The men who wrote to us as part of our Keeping Safe collaboration made many recommendations on keeping people in prison safe including:

- Staff with the time and professionalism to support and encourage the prisoners in their custody;
- Tackling debt and bullying in prisons;
- Greater time out of cell and more meaningful activities such as work, exercise and education and an increase in contact with family;
- And coming to grips with, amongst others, the enduring impact of the abolished IPP sentence; an incentives scheme (IEP) that has become unduly punitive; an assessment and care system (ACCT) that in some instances has been reduced to a box-ticking exercise; and overuse of recalls to custody for administrative reasons.

(A link to the full Keeping Safe report can be found in the section below.)

Staff in all custodial organisations must be aware of their responsibilities under Article 2 (HRA) and what it means in practice to take active steps to protect life. They should also be aware of the risk factors of people entering custody exhibit – for example, according to

MoJ figures in 2013, 46% of women prisoners and 21% of men in custody report having attempted suicide at some point in their lives compared to 6% of the general population. Engaged and ongoing contact between those in custody and their families should be promoted. Other fundamental points for all of those responsible for safeguarding people in custody include the need for multi-disciplinary teams to work effectively together, sharing information openly – particularly where this relates to the risk of suicide.

These cross-cutting points are relevant within each of the sectors. There are also some specific points we would like to highlight here. The recent review of Deaths and Serious Incidents in Police Custody by Dame Elish Angiolini makes important recommendations – not least the need to divert, wherever possible, people who are mentally ill into healthcare rather than police or prison custody. This should be achieved with a minimum of use of restraint, given the dangers involved with this use of force. One other key element with preventing suicide in custody is continuing to improve the transfer of information between police, escort and prison staff.

With regard to preventing suicide in prison, the IAP highlights key findings drawn from the statistical study of over 2,000 deaths from 1978 – 2014 (Towl, G.J. and Crighton, D.A. (2017) Suicide in Prisons; Prisoners' Lives Matter, Waterside Press, Hook):

- In terms of rate of deaths, older male prisoners are at higher risk of suicide than younger male prisoners.
- For female prisoners, the finding is reversed: younger women are more at risk.
- Prisoners sentenced to over ten years have the highest rate of suicide of any sentence band.
- Early days in a custodial establishment are peak times of risk.
- Those in prison for arson and criminal damage offences had the highest overall rate of self-inflicted deaths, (but <5% of all self-inflicted deaths).

These findings lead the IAP to emphasise the importance of reducing prisoner movements between prisons as this is a major time of risk of suicide. Other points made in the IAP's evidence include the need to reduce hopelessness and impulsivity (given the links they have to suicide), and for prison staff to prioritise safety over security in management and operational decision making. Consultation with and information for detainees, active engagement in sentence or care planning and the use of incentives, all help people to maintain their identity and dignity whilst being held in custody.

The IAP also made a number of comments about the need for to improve facilities and support for vulnerable people in the community to help safeguard people in custody, or prevent them coming into custody in the first place. These include reducing homelessness, improving access to mental health care, improving community care and increasing halfway house provision. Finally, the IAP points to the need to support staff and people in custody following any self-inflicted death in their establishment. Consideration should be given to expert external intervention, such as facilitated consultation groups, to mitigate the risk of a cluster of deaths.

References to other work or publications to support your testimony' (if applicable):

Towl, G.J. and Crighton, D.A. (2017) Suicide in Prisons; Prisoners' Lives Matter, Waterside Press, Hook

Towl, G.J. and Walker, T, (2016) Preventing Self-injury and Suicide in Women's Prisons, Waterside Press

IAP's report on Preventing the Deaths of Women in Prison

IAP's report on Keeping Safe

IAP's 4-page supplement on Keeping Safe

Harris Report: Changing Prisons, Saving Lives: Report of the Independent Review into Self-inflicted Deaths in Custody of 18-24 year olds.

D.3 Expert testimony 3

Section A:	
Name:	Jenny Rees
Role:	Prison safety team
Institution/Organisation (where applicable):	Her Majesty's Prison and Probation Service (HMPPS)
Contact information:	9th Floor, 102 Petty France
Guideline title:	Preventing suicide in community and custodial settings
Guideline Committee:	PHAC A
Subject of expert testimony:	What are the most effective and cost effective non-clinical interventions to support people who are at risk of suicidal acts? • What impact do the following have on the effectiveness, cost effectiveness of different interventions: deliverer, setting, timing?
Evidence gaps or uncertainties:	Nonclinical intervention to prevent suicide in custodial settings
Section B:	
Summary testimony:	

The rates of self-inflicted deaths in custody have more than doubled between 2012/13 and 2016/17. The self-inflicted deaths rate in prison custody (12 months to September 2017) was 0.9 per 1,000 for men and 1.3 per 1000 for women. The latest Safety in Custody statistics published for the 12 months to September 2017 show a decrease in self-inflicted deaths in 2017, down 30% from the previous year (77 deaths).

There is a significant amount of imported vulnerability into prisons of individuals with a number of risk factors for suicide, including previous trauma, history of abuse, substance misuse and mental health conditions. The early period in custody is a known high risk period for self-inflicted deaths. Transition periods are also times of high risk, and good information sharing between partners at these times is critical to ensure risk is appropriately identified and managed and the correct care and support is provided. This includes when people are transferring from the community to custody, between different prisons, and between prison and the community.

The number of self-inflicted deaths and incidents of self-harm in prisons have increased since 2012. This trend is consistent across the male and female estate, but the most significant increased have taken place in male local prisons. The drivers for increases in self-inflicted deaths and self-harm since 2012 are complex. Prisoners are known to be a high risk group for suicide and self-harm. Deaths in the early days and weeks of custody are highest after first reception, sentencing, transfer or recall.

We know a great deal about the risk factors associated with suicide in prisons and these can be broken down into three areas:

- **Imported vulnerability**: including trauma, family history of suicide and self-harm, breakdown of family relationships, unhealthy coping strategies, poor emotional resilience and regulation, impulsivity, mental illness, substance misuse, previous suicide attempts, age and lack of social support.
- **Custodial factors**: including increased risk relating to early days of custody, offence (particularly violent offences), recall, length of sentence (particularly Imprisonment for Public Protection (IPP) and life), location (risk highest in locals), availability of method (usually ligature), transfer between prisons (particularly if moved further away from family support) and changes of status associated with appearances at court.
- **Environmental triggers**: including feeling lonely (associated with self-isolating), hopelessness, feeling less connected (associated with breakdown of family relationships) and involvement in prison violence.

We have a strategy in place to improve safety in prisons (including reducing self-inflicted deaths and self-harm). The strategy is based around three mutually reinforcing principles of driving immediate operational improvements; focusing

reforms on key policies and processes to drive system-wide impact; and transforming staffing levels, staff capability and the prison estate.

We are making better use of data to target support, and are providing refreshed suicide and self-harm reduction training, including mental health awareness training to our staff; bolstering our regional safer custody support capability and establishing a centrally co-ordinated subject matter support network to assist prisons to address establishment specific issues.

We are reforming key policies and processes including risk identification and case management of people at risk of harm to themselves and/or to others; interventions available to those at risk to help them change their behaviour; and are developing policies on the management of debt. We are improving partnership working and information sharing, staff training and capability and staff support. We are continuing to improve the use of peer support. There is specific work taking place to make improvements to safety in the women estate.

The Government secured an additional £100 million from the Treasury to recruit an additional 2,500 prison officers by December 2018. The additional staff will allow us to move to a new model of Offender Management in Custody, including a Keyworker role (with associated training). Key workers will work with a small allocation of prisoners to provide individualised support. We are closing old prisons and building new ones, and our transforming our digital capability in prisons to provide services such as in-cell telephony to improve family contact.

References to other work or publications to support your testimony' (if applicable):

Safety in Custody Statistics

Deaths of Offenders in the Community Statistics