Written evidence submitted by the Independent Advisory Panel on Deaths in Custody (PRI0042)

The role of the Independent Advisory Panel on Deaths in Custody (IAPDC) is to advise Ministers and officials on how they can meet their human rights obligations to prevent deaths and protect the lives of people detained in state custody. The IAPDC welcomes the opportunity to submit evidence to the Justice Select Committee's (JSC) call for evidence on the prison operational workforce.

Since our sole objective is to prevent deaths in custody, our evidence will focus on two key areas: (i) the positive effects of a decent, experienced prison workforce on preventing deaths in custody; and (ii) the damaging impact of such deaths on staffing, health and wellbeing, and retention.

Summary:

The positive effects of a decent, experienced prison workforce on reducing deaths in custody

- Considerate, experienced, and well-resourced staff are vital to supporting and caring for those at risk of self-inflicted deaths and premature deaths from 'natural causes'. Staff are there to keep prisoners safe. Inadequate staffing levels and limited experience hinders prison regimes and purposeful activity, which are key to reducing risks of self-harm and suicide. Policy and operational assessments of the staffing crisis should feature the safety of prisoners at their heart, for which the Safety Impact Assessment (SIA), developed by the IAPDC, can be a vital tool.
- Without adequate staffing, serious risks to life within prisons will intensify. More must be done to ensure good staff are recruited and retained – not just for new-build prisons but to enable the running of productive regimes in all establishments. Good supervision and mentoring of new, often young and inexperienced, staff and good leadership are key to this.
- While the Panel welcomes the Committee's focus on prison workforce, attention must also be placed on dwindling healthcare staffing – both are essential to protecting lives in prison custody.

The impact of deaths in custody on staffing and retention

- Prison staff experience high levels of trauma when dealing with near misses, deaths in custody and suicidal behaviour. This may well be contributing to high sickness rates and attrition. It is vital that HMPPS understand how many staff it is losing to trauma specifically relating to deaths in custody. HMPPS should develop clear data and commission research to explore this link.
- Staff support after traumatic incidents must be prioritised and understood as an urgent matter of prison safety. We are aware of guidance and policy in place to support staff after a death, including the new postvention process developed in collaboration with the Samaritans, although more could be done to ensure officers are encouraged and

empowered to engage with these processes and discuss the impact of trauma, including through regular supervision for officers. Further work may be needed to ensure staff feel supported throughout the post-death investigation and inquest processes.

- The MoJ and HMPPS should consider introducing, and properly resourcing, a national strategy for staff wellbeing.
- The MoJ and HMPPS should ensure that they embed learning from deaths in custody – ultimately the most effective way of ensuring that prison workforce is not impacted by the systemic effects of deaths in custody.

The Panel has included further questions on these topics at the end of the submission.

The positive effects of a decent, experienced prison workforce on reducing deaths in custody

> *"Staffing is the main issue for it all. Suicide rates would come down if there was more staff".*
> *Prison officer*[1]

1. Summary: Staff have a key role to play in preventing deaths in custody. It is essential that prisons are adequately resourced and staff are incentivised to stay in the service. It is important to understand, in all discussions about staffing, that imbalances in the prisoner-staff ratio create real risks of both natural and self-inflicted deaths. There is a direct parallel to be drawn to similar situations in the early 2010s when staff-to-prisoner ratios fell and safety decreased as a result. Prisons without adequate staffing levels – or staff with sufficient experience – are unable to provide the person-centred care or run the purposeful regimes that are essential to protecting life within custody.

2. The prison population continues to grow,[2] with projections suggesting it will grow to 98,500 by March 2026.[3] At the same time, there remains a real crisis in prison capacity: in November 2022, 'Operation Safeguard' was invoked to allow prisoners to be held briefly in police cells pending places becoming available in prisons.[4] While these pressures on the system continue to build, officer numbers remain too low. Retention remains a serious problem that continues to worsen: as of 30 September 2022, there were 27,891 full time equivalent operational staff in the prison service (including staff in the Youth Custody Service), a decrease of 527 compared to September 2021.[5]

3. These issues were also raised by the Prison Reform Trust and the IAPDC at the May and November 2022 meetings of the Ministerial Board on Deaths in Custody. Both drew

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[1] Sweeney, F, Clarbour, J, Oliver, A. 'Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour', *Journal of Forensic Psychiatry and Psychology*, 2018; 29(3): 467–82.
[2] HM Prison & Probation Service and Ministry of Justice, 'Offender management statistics quarterly: April to June 2022', 27 October 2022, available here.
[3] Ministry of Justice, 'Prison Population Projections 2021 to 2026, England and Wales, 19 November 2021', p. 1, available here.
[4] IAPDC, 'IAPDC responds to announcement on prison capacity mitigations', 30 November 2022, available here.
[5] HM Prison & Probation Service and Ministry of Justice, 'HM Prison and Probation Service workforce quarterly: September 2022', 17 November 2022, available here.

attention to the risks faced by HMPPS by rising prisoner numbers and falling prison officer numbers, and the impact of these combined factors on safety and deaths in custody. There is precedent for this: a marked increase in suicides in 2014 coincided with a sharp decrease in prison officer numbers by 15% in 2013/14.[6]

4. Insufficient staffing has a range of dangerous systemic effects. It often leaves insufficient numbers of staff available at night or on weekends, making it very difficult to adequately respond to incidents such as ligatures. With fewer staff, it is far more difficult to effectively mitigate suicide risk factors within prisons, such as detecting mental ill health, being aware of key anniversaries and life events, and attending reviews as part of the Assessment, Care in Custody and Teamwork (ACCT) process. A lack of available staff often appears in Prevention of Future Deaths (PFD) reports issued by coroners after deaths in prison. A recent example is the report issued after the death of Lewis Stephen Johnson in 2019 while he was held at HMP Wealstun, citing as a matter of concern the prison's lack of healthcare staff during the night.[7]

5. Recruiting and retaining staff should be prioritised above other new initiatives – in existing prisons as well as the new prisons proposed for construction as part of the MoJ's White Paper. Motivated staff enable the delivery of full regimes and purposeful activity. Vitally, it will enable the keyworker model, introduced following Lord Harris' review into the self-inflicted deaths in custody of 18-24 year-olds, to be fully realised.[8] The Panel welcomed the introduction of this model in which prison officers are responsible for a set group of individual prisoners with whom they develop professional relationships through focused work and face-to-face contact. However, we saw this scheme effectively abandoned during the pandemic. It is vital that this commitment is now properly reprioritised and implemented.

6. Staff should be recruited for their ability to deal humanely with vulnerable people and with potentially traumatic incidents, such as deaths in custody, as well as for their empathy with prisoners. With the imperative at present to recruit and retain more and more staff, it may well be the case that prisons feel unable to focus on candidates with the ethos of rehabilitation and reform that effective prisons need. The vital public service that prison staff can provide – in helping keep prisoners safe – should be front and centre in recruitment. Communicating a clear rehabilitative ethos for the service is important for attracting high quality candidates.

7. The IAPDC's *Keeping Safe* report from 2017[9] drew on input from over 150 prisoners across 60 prisons on ways to help keep people safe in custody. Half of all responses concerned prison staff, focusing on their availability, attitudes and actions. Several noted that the reduction in workforce meant that much of limited staff time was spent dealing

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[6] Howard League for Penal Reform, 'Preventing prison suicide: Staff perspectives', 2016, p. 2, available here; Institute for Government, 'Performance Tracker 2019 – Prisons', 2019, available here.
[7] Prevention of Future Death report following the death of Lewis Johnson, 2 December 2022, available here.
[8] The Harris Review, *Changing Prisons, Saving Lives: Report of the Independent Review of into Self-inflicted Deaths in Custody of 18-24 year-olds*, July 2015, available here.
[9] IAPDC, *Keeping safe – preventing suicide and self-harm in custody. Prisoners' views collated by the IAP*, December 2017, available here.

with those most visible – as with one prisoner's response, "*I continue to feel unheard and out of sight out of mind"* – as well as the significant impact that both positive and negative staff attitudes can have on prisoner wellbeing. One prisoner noted: "*There are good staff but not enough of them*" while another pointed to the needs of staff as well: "*I hope this letter shows the frustration I feel, the prison officers need help too."* The report called for safe staff-to-prisoner ratios in all prisons.

8. Subsequent consultations with prisoners by the IAPDC have once more highlighted the importance of staff behaviour and attitudes. As a prisoner told the Panel during its recent consultation on suicide prevention, too often staff *"have a laid back stance and do not take prisoners crys [sic] for help seriously when they receive complaints of bullying by prisoners, and especially staff members…if they cannot keep prisoners safe – who else can?"*

9. As the IAPDC stated in a 2020 report on prison safety and COVID-19, *"The wellbeing of people in prison depends on the availability of staff who listen and who they can talk to and trust... Professional and considerate staff save lives."*[10] This has significant implications for the ways in which prisons seek to remedy staffing difficulties: for instance, it suggests that the use of seconded staff to make up shortfalls in particular prisons risks relying too heavily on staff who have not established these vital relationships with individual prisoners. Further, the Listener scheme can be a vital lifeline for prisoners in crisis. It works best when adequate staff are in post to facilitate it. Similarly, while some forms of technology can no doubt assist prison officers greatly in helping monitor prisoners in need (for example, the use of vital signs monitoring to supplement the observation of prisoners in crisis) it can be no substitute for meaningful human interaction and professional relationships.

10. At the same time, too large a proportion of existing staff are of limited experience, with almost one in three officers having been in post for fewer than three years.[11] This has left prison officers with around 100,000 fewer years of experience in 2022 than they had in 2010.[12] This raises serious questions about the capability of nearly a third of staff across the prison regime to manage risk and provide adequate care for prisoners.

11. Good line management, mentoring, and supervision is vital to supporting staff. For example, prison officers participating in the Unlocked graduate scheme benefit from regular tailored support from individual mentors. This kind of targeted support would benefit all officers across the estate. Leadership is critical – governors are the key culture setters of a prison and must set clear standards for engagement with prisoners.

12. Staff inexperience poses a particularly acute problem in light of the impact of the pandemic: almost one in three staff will have known little other prison regime than the severely restricted one provided during COVID-19, when prisoners faced conditions

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[10] IAPDC, ''*Just one thing' Prison safety and COVID-19'*, September 2020, p. 2, available here.
[11] HM Prison & Probation Service and Ministry of Justice, 'HM Prison and Probation Service workforce quarterly: September 2022', 17 November 2022, available here.
[12] Written Parliamentary Question to Ministry of Justice, 'Prison Officers', UIN 97564, tabled 28 November 2022, answered 1 December 2022, available here.

amounting to a prison within a prison, locked up for as many as 23 hours a day without access to meaningful activity.[13] This unacceptable situation prevails in many establishments. As of December 2022, only 14.8% of prisons are delivering a full, normal regime, with 50% providing only a 'majority of activities and services', 34% providing a 'reduced' regime, and 0.8% providing only 'basic' and 'not sustainable' activities and services.[14] Despite the devastating toll on the mental health of many in prisons and potentially increasing the risk self-harm and suicide,[15] governors and officers will likely remain reluctant to open up restricted regimes as long as they are operating with a restricted workforce. The impact of COVID remains unknown, partly as staff have had such limited access to assess the mental and physical health of those in their care.

13. The IAPDC welcomes increased HMPPS focus on the prison workforce, although ensuring adequate staffing levels and expertise of prison healthcare teams is similarly vital. The MoJ and HMPPS must work proactively with the Department of Health and Social Care and NHS England to ensure that healthcare staff in prison are working at full complement (this includes being not reliant on agency staffing) and that prison healthcare professions, such as nursing, are recognised as rewarding and respected careers and a clinical specialism. This would address issues which cause deaths, such as late identification and treatment of life-threatening conditions and deteriorating physical or mental health as well as delayed emergency response in the case of a critical incident.

14. Multi-disciplinary working is vital. Prison officers and healthcare staff will work best, and be best supported, when they work alongside others who play an important role in prisoner care, such as prison chaplains and prisoner families. As the review into prisoners' family ties by Lord Farmer identified, families are crucial to effective suicide prevention.[16]

15. Being able to ensure proper, in-person training is also vital, especially to ensure the ACCT process functions as it should and that it is properly focused on trauma and mental health, rather than simply security and control. This is made much more difficult to achieve where prisons are overstretched. Without effective leadership, negative staff culture and poor practice risk becoming embedded, and its effects may be far more long-lasting, and damaging, than the staffing pressures felt at present. It is also essential that, where they are required, disciplinary processes or prosecution after a death in custody are open and transparent, and lead to real learning and change.

16. Overall, the impact of a decent, experienced workforce in lessening the risks to life within prison makes clear the importance of effective planning and being 'wise before the event'. The IAPDC has worked hard in recent years to develop a Safety Impact Assessment, an intended process by which new policies and initiatives within prisons are

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[13] HM Inspectorate of Prisons, 'Annual Report 2021-22', 13 July 2022, available here.
[14] Written Parliamentary Question to Ministry of Justice, 'Prisons', UIN 99765, tabled 28 November 2022, answered 6 December 2022, available here.
[15] IAPDC, *"Keep talking, stay safe": A rapid review of prisoners' experience under Covid-19*, 1 June 2020, available here; IAPDC, *"Just one thing": Prison safety and COVID-19*, September 2020, available here.
[16] Lord Farmer, *The Importance of Strengthening Prisoners' Family Ties to Prevent Reduce Intergenerational Crime*, August 2017, available here.

assessed in advance for their impact on the safety of those in custody and mitigation introduced where risks are identified.[17] With MoJ and HMPPS now working with the IAPDC to implement and review the use of SIAs within prisons, the panel believes this process can be a vital tool to ensure that decisions regarding prison workforce are made with the protection of life firmly in mind.

The workforce impact of deaths in custody and prison officer trauma

> *"The whole ethos in this prison seems to be IT'S HAPPENED. GET OVER IT. CARRY ON because we've got to, we've got to let them out for feeding or, or exercise, or something'."*
>
> Prison officer[18]

17. Summary: Dealing with attempted suicides and deaths in custody is deeply traumatic for prison staff. It is vital that positive new initiatives to support staff after an incident, such as the use of Trauma Risk Management (TRiM) teams, are deployed effectively by prison governors and staff. Failing to support staff may risk creating a disturbing and damaging cycle of trauma following a death in custody, poor support leading to lower performance, high sickness rates and loss of staff, leading to deteriorating prison safety and, ultimately, further deaths in custody. Staff may themselves become at risk of suicide. Current prison practices and cultures may be acting as a real barrier to existing efforts to improve support for officers after a traumatic event.

18. Prisoners and staff are routinely exposed to significant trauma which risks seriously impacting staffing pressures, as explored in detail by Lord Harris' review into the self-inflicted deaths in custody of 18-24 year-olds.[19] HMPPS statistics show that among Band 3 to 5 prison officers mental and behavioural disorders are the most prevalent, non-COVID cause of working days lost (24.7%).[20] As found by one systematic review of studies of the impact of exposure to suicidal behaviour on staff and residents in prisons and other custodial settings, *"50-60% of both staff and residents will be directly exposed to the suicidal behaviour of others, suggesting a level of exposure of two to three times higher than the lifetime rate in the community"*.[21] The same study found *"strong evidence of long-term and profound mental health and wellbeing effects on a proportion of those exposed"*, including *"ongoing intrusive memories and emotional saliency over many months or years, although it was not confirmed that the exposure led to PTSD."*

19. Another systematic review of studies of prison officer attitudes towards prisoner self-harm identified the impact such incidents have on staff:

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[17] IAPDC, *A proposal for embedding staff and prison safety in all major decisions*, September 2019, available here.
[18] Marzano, L, Adler, JR, Ciclitira, K., 'Responding to repetitive non-suicidal self-harm in an English male prison: Staff experiences, reactions, and concerns', *Legal and Criminal Psychology*, 2013; 20(2): 241–54.
[19] The Harris Review, *Changing Prisons, Saving Lives: Report of the Independent Review of into Self-inflicted Deaths in Custody of 18-24 year-olds*, July 2015, available here.
[20] HMPPS and MoJ, 'HM Prison and Probation Service workforce quarterly: September 2022', 17 November 2022, available here, and in particular 'HMPPS workforce statistics bulletin: September 2022 tables, table 20, available here.
[21] Nottingham University Trent, 'The impact of exposure to suicidal behaviour in institutional settings', 2019, available here.

> *"Numerous reactions to self-harm were described by prison staff, varying from frustration and feeling attacked to feeling 'sad' and 'touched'. Many staff reported stress, anxiety, 'burnout' and 'exhaustion', which negatively affected their attitudes and care toward prisoners. Some staff felt 'traumatised' from witnessing self-harm and developed features of post-traumatic stress disorder, and others reported that they became clinically depressed and self-harmed themselves…Many staff were fearful of being blamed or punished for prisoners' self-harm, especially in Coroner's court."*[22]

20. Some guidance and documentation on support available to prison staff following a death in custody is in place. Targeted support is offered to staff after an incident through the use of TRiM teams. These consist of non-medical staff practitioners and managers trained in providing confidential support for trauma. Individual prisons have their own TRiM teams to which staff can self-refer or be referred by managers, and are used in conjunction with separate prison staff care teams, who provide a confidential listening service for staff.

21. The 'hot debrief' process involves a designated manager speaking to affected staff directly after an incident along with members of TRiM and/or staff care teams. These debriefing sessions are intended to provide an opportunity to share feelings and to offer practical and emotional support, rather than to analyse or 're-live' the incident. Following the debrief staff are required to be actively monitored, with managers keeping in regular contact for a minimum of four weeks afterwards. This is a good step towards providing immediate, targeted support to staff who have experienced a death in custody.

22. In addition, the Samaritans have worked with HMPPS to deliver a postvention service to support both prisoners and staff after a self-inflicted death in custody. This includes the provision of training to staff in how to help both prisoners and themselves in the aftermath of a death, as well as assistance from the Samaritans in providing targeted support. This is currently completing rollout across the estate and its effectiveness will be important to monitor.[23]

23. There remains limited up-to-date data and evidence on the impact of staff support after a death, including the impact of these new measures. Yet it appears in some instances that prison practices and cultures may act as a real barrier to these efforts to better support officers after a traumatic event. Much of the evidence available – canvassed below – has been gathered prior to the increased focus on staff support through initiatives such as TRiM. The IAPDC is concerned that further, concerted action is likely to be needed to target what appear to be significant barriers to staff receiving the support they need.

24. Through deaths in custody investigations, the Prisons and Probation Ombudsman (PPO) has highlighted occasions where they do not believe support provided to prisoners and staff after a death has been sufficient.[24] While staff support does not fall necessarily

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[22] The British Journal of Psychiatry, 'A systematic review and mixed-methods synthesis of the experiences, perceptions and attitudes of prison staff regarding adult prisoners who self-harm', June 2022, available here.
[23] Samaritans, 'Postvention in prisons', 30 October 2022, available here; Samaritans, *Pilot of postvention support in prisons – evaluation report*, July 2020, available here.
[24] Correspondence with IAPDC, 16 December 2022, on file with IAPDC.

within their remit to investigate the cause of death, PPO evidence on this practice serve as an important source of independent, informed insight on this issue.

25. For example, the PPO found in one case that after a death there was no evidence that any post-incident event had been held, raising questions whether staff had been adequately supported. They found occasions where some prison and healthcare staff, even those who had been directly involved in a death in custody, had not been invited to post-incident events – sometimes because of duties elsewhere. This suggests that despite the processes provided for by HMPPS following a death in custody, in some establishments they are not being prioritised in the interests of officer wellbeing or learning.

26. The PPO also reported hearing from prison and healthcare staff that the level of support they receive is *"not appropriate"*, *"inconsistent"*, *"not available at particular times"*, and *"not considered"* during other parts of the death investigation process, such as when identifying deceased prisoners or during investigations by police, PPO, and coroners, all of which can be retraumatising or themselves traumatic.

27. Prison officers surveyed in one study reported that they seldom or never received organisational or peer support and that formal supervision only occurred *"sometimes"*, despite the majority of prison officers having witnessed self-harm or attempted suicide more than 30 times.[25] Another study suggested that support from managers or co-workers is not a significant predictor of prison officers' mental health, which the authors speculated may be a result of the fact that it is simply too limited to make any impact,[26] with *"[p]erceptions of support from managers were particularly low and unrelated to mental health status."*

28. As a 2022 systematic review of prison staff perceptions and experiences of self-harm found, *"Staff frequently reported needing more practical and emotional support from managers…many staff avoided engaging with formal support systems. This was because of concerns about preserving their masculinity, confidentiality and avoiding being touched by stigma, as well as perceptions that accessing support represents weakness or poor coping. Staff also felt that opportunities for support following self-harm incidents were limited by pressures to maintain their duties and 'keep the regime going'."*[27]

29. The impact of trauma on staff, and the failure to properly support staff who are suffering, may then in turn pose risks to prisoners themselves. As the 2022 review of staff perceptions of self-harm in prisons found, *"Staff commonly reported 'building up tolerance', and becoming 'desensitised' or 'hardened' to self-harm following repeated exposure"*, which were *"thought to be associated with poorer risk identification and management, and intolerance, anger and cynicism toward prisoners"*, as well as

[25] London School of Economics, LSE Research Online, Bell, S. and Hopkin, Gareth and Forrester, A., 'Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: an exploratory survey', Issues in Mental Health Nursing, 2018, available here.
[26] Kinman, G., Clements, A.J., Hart, J., 'Job demands, resources and mental health in UK prison officers', *Occupational Medicine*, volume 67, issue 6, August 2017, pages 456-560, available here.
[27] The British Journal of Psychiatry, 'A systematic review and mixed-methods synthesis of the experiences, perceptions and attitudes of prison staff regarding adult prisoners who self-harm', June 2022, available here.

"avoiding involvement in self-harm incidents" and *"refraining from using personal discretion and adopting risk-averse practice to protect themselves."*

30. Failing to provide adequate support to prison staff after a death may risk a dangerous vicious cycle. A death in prison leaves staff at risk of trauma which, if not properly dealt with, risks poor performance, long-term sick leave, and resignations. Prison safety may deteriorate as a result, and the likelihood of further deaths in custody may increase – which may in turn lead to further unresolved trauma. This cycle may then intensify as the staffing crisis worsens, where staff support after a death may be deprioritised in favour of maintaining basic services.

31. Staff support after a death should therefore be treated as an urgent matter of safety and security, and not an optional extra to which prisons can attend when other pressures abate. The IAPDC believes that the SIA can play a vital role in ensuring that decisions regarding staff support are made with the protection of the lives of prisoners and staff firmly in mind.

32. it is important that leaders engage staff directly after an incident – simply signposting staff to the help that is available is not enough. Prisons should offer staff the opportunity to go on restricted duties in the immediate aftermath of a death, allowing them to step back from the potentially traumatising situation but remain in work where they can contextualise what has happened and move forward. Prisons should provide proactive support to those on sick leave, enabling them to take the time they need as they recover from an incident while also ensuring they continue to feel valued and supported while away from their work.

33. Regional posts dedicated to staff support have had a positive impact in providing a support function independent of the prison where an incident has taken place. MoJ and HMPPS should work together to fund substantial posts both at a headquarters and regional level dedicated to providing support to staff across prisons in England and Wales.

34. The investigation and inquest process can be retraumatising for staff involved in a death in custody, and it is likely that these processes have been almost mythologised among prison staff into stages of the process to be frightened of. The IAPDC understands that a HMPPS provide support to prison officers during inquests. It is vital that this is effective both for the mental wellbeing of staff and for the quality of the investigations themselves.

35. There is currently no national strategy for staff wellbeing across prisons in England and Wales after a death in custody. This could be significant in helping focus attention on the issue of staff support after traumatic incidents such as deaths in custody, emphasising to governors and staff themselves the importance of getting this right.

36. Greater high-quality data is needed to understand the full scale of these issues. For example, the precise prevalence of resignations and sickness absences and the extent to which they link to deaths in custody or other traumatic incidents remains unclear. The

MoJ and HMPPS should do more to identify, analyse, and publish this data, and work to understand the underlying, networked effects of these problems.

37. Overall, a vital part of helping staff move forward after a death is ensuring that such tragic events never happen again. As bereaved families very often express, *"The only thing that makes sense of the loss of your loved one is that maybe lessons will be learned and the same thing will not happen to someone else."*[28] The most effective way to ensure deaths in custody do not have the wider, systemic effects on workforce we have identified is to ensure the lessons from such deaths are properly learned and implemented. One means by which this could be better embedded is through post-inquest staff briefings to review evidence and conclusions from the investigation and then identify collective and individual learning. The prevention of death, and prisoner safety, must be at the heart of decision-making regarding prison workforce.

Further questions

38. The Panel has identified the following questions for the MoJ and HMPPS on these issues:

The impact of a decent, experienced prison workforce on reducing deaths in custody

i. To what extent has the keywork programme, vital to preventing deaths in custody, been reinstated since the end of the pandemic, and in which establishments?
ii. What more can be done to effective supervision and mentoring arrangements are in place for all staff?
iii. What is being done to ensure that healthcare staff in prisons are being proactively recruited and retained?
iv. When recruiting and supporting prison governors, how much emphasis is placed on their capacity to keep prisoners and staff safe?
v. How will MoJ and HMPPS make full use of the Safety Impact Assessment to ensure staffing policies and practices are implemented with the safety of prisoners firmly in mind?

The impact of deaths in custody on staffing and retention

vi. What information does MoJ and HMPPS hold on how the experience of traumatic incidents, such as deaths in custody, informs staff attrition and sickness rates?
vii. What additional support is offered to staff in establishments where there has been a cluster of self-inflicted deaths?
viii. What is HMPPS' assessment of the effectiveness of measures in place to support staff after a death and during the investigation process?
ix. What barriers remain to staff receiving the support they need after a death? What more can leaders do to encourage meaningful engagement in the support available?
x. Has the postvention service delivered with Samaritans been effective in supporting both prisoners and staff after a death?

[28] House of Commons Justice Committee, *The Coroner Service*, First Report of Session 2021-22, 18 May 2021, available here.

xi. There is currently no national strategy for staff wellbeing across prisons in England and Wales. Will the MoJ and HMPPS consider introducing one to emphasise the importance of this work and drive forward further change in this area?

39. The IAPDC would welcome the opportunity to provide further information or oral evidence if required by the Committee.

January 2023